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**VETERANS
SERVICES**

*Caring for
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BULLETIN

October

2020

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To be connected with a VA suicide prevention and mental health professional,
call the toll-free National Suicide Prevention hotline and indicate you are a veteran.
(800) 273-8255

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FROM BILL'S DESK

I hope everyone had a great the best summer possible under the ongoing circumstances and prepared for the fall weather changes and upcoming Holiday Season! Here are some of the issues ongoing within the Idaho Division of Veterans Services and the VA.

The Idaho Division of Veterans Services and Office of Veterans Advocacy has welcomed two new Veteran Service Officers since our last Bulletin. As mentioned previously, Debbie Harmon retired from our office in Pocatello on July 1st and we hired Darrel Homer as the second State Service Officer in that Office. Darrel has been serving as the Bonneville County Veteran Service Officer and is a Marine Corps Veteran, having served on active duty from 1982-1986. Our other new team member, Shay Henry, is working in the Boise VA Regional Office. Shay is a 25-year Retired Sergeant Major; having served on active duty in the Marine Corps from 1995-2020.

The Boise VA Regional Office moved into phase 2 of their reopening on September 28th. Phase 2 permits 50% of the workforce to return to the building and allows the public to enter the building. Both employees and the public are required to wear facemasks when entering the building. This means that we can once again have face-to-face interviews with veterans and family members in the Boise VA Regional Office, the first time since the third week of March!

The VA Medical Centers have begun providing Flu shots to veterans who are enrolled in the VA Medical Care System. Flu shots can also be obtained by veterans enrolled for VA Medical Care at any Walgreens Pharmacy by showing them your VA Medical Enrollment card. It is highly recommended that receive their flu shot this year.

The VA's Debt Management Center has continued to suspend collecting debts owed to the VA during the COVID-19 crisis. If you have an active debt being collected, you must call the VA's Debt Management Center and request the suspension.

In the last bulletin, I discussed the Board of Veterans Appeals' Virtual Video Conferences. The newest program being implemented by the Board involves pending Legacy Appeals. The Board is preparing to schedule 50,000 appeals hearings for FY21 out of an inventory of nearly 65,000 cases. In response to this backlog of legacy appeals, the BVA has decided that beginning this month, they will review and address the oldest docketed legacy hearing cases to determine if the appeal can be fully granted without the need for a hearing. If the BVA can fully grant the legacy hearing appeal, the decision will be issued and the hearing request will be removed from the legacy hearing inventory. Each of the fully granted decisions will include the following language in the decision; "The Board is aware that the veteran has requested a hearing. In light of delays in hearings scheduling caused by COVID-19, the Board ordered a review of some of the oldest docket legacy cases in our hearing queue that may be fully granted with evidence of record. Based on the grant of the appeal, the veteran's request for a hearing is no longer necessary and will be cancelled." If the BVA cannot grant the appeal based on the evidence of record, the case will remain in the Board's hearing queue and will be scheduled for a hearing in docket order as usual. Please note that if an appeal is not chosen for this program, it does not mean the appeal will be denied, it simply means that at the time of the BVA review, there was not enough evidence to grant the appealed issue(s) in full.

The Veterans Health Administration/Mission Act Expanded Caregiver Program went into effect on October 1st. Included in this bulletin is the VHA's Frequently Asked Questions. The expansion of the Caregiver Program will apply to veterans who discharged from the military prior to May 7, 1975, (two years later it will include all veterans). The veteran must be seriously injured/ill with a single or combined VA service connected disability rating of 70% or higher, must complete VA Form 10-10CG, go through a physical evaluation, have medical statements from their doctor stating they need a caregiver to assist them due to their disability/disease/condition, have a Home Visit by the VA Medical Center's Caregiver Office, and be approved by the VA Medical Center Caregiver Program. The caregiver can be a spouse, family member, or anyone over the age of 18 that resides with and takes care of the veteran. If approved, there will be 3 different levels of stipends in which the actual caregiver can get paid the stipend (not sure the actual monetary amounts). Keep in mind, this is a VA Medical Center benefit and is not applied for through the VA Regional Office/Veterans Benefits Administration.

In a recent precedent setting decision by the Court of Veterans Appeals, Wolfe v. Wilkie, the Court ruled the VA wrongfully denied some veterans reimbursement for Non-VA Emergency care. Due to this decision, the VA has sent out letters to veterans explaining they will reconsider some previous denials of these expenses. If a veteran has received one of these letters and wants the VA to reconsider a previous denial for reimbursement, the veteran must send a copy of the denied medical bill and all supporting evidence/documents to the address listed at the top of the VA letter. As a reminder, if a veteran has a medical emergency, they are supposed to try to make it to the nearest VA emergency room. If they cannot make it or the ambulance takes the veteran to the nearest private emergency room, you must ensure the private hospital is aware that veteran receives their care at whichever VA Medical Center they are treated, and get an authorization from the VAMC for that care!

Please help spread the word. If a veteran passes away, the veteran's VA monetary award stops and the surviving spouse will only receive VA benefits if they are eligible for Dependency Indemnity Compensation (DIC) for a service connected cause of death or Survivor's Pension (which is a means-based benefit). We are still working with many surviving spouse's who think they will continue to receive their spouse's full VA award after they pass, which is completely false. Along the same lines, when a veteran passes and is service connected, have whomever is completing the death certificate list any life-threatening service

connected issues on the death certificate as the cause of death or as a contributing cause of death. Do not just state that the death was a "Natural Cause" or "Age-Related" Keep in mind that DIC can be granted as a service connected cause of death for a presumptive condition the veteran was eligible, but never filed a claim for it.

As we prepare for the holiday season, I want to again remind everyone that ALL Honorably discharged veterans are now permitted to use the Online Military Exchange to purchase items with no taxes charged and free shipping. Log onto www.shopmyexchange.com for more information. Also, as of January 1, 2020, all veterans who have a VA Medical Enrollment Card that says "Service Connected Disability" or "Purple Heart" in the corner of the card are permitted on any Department of Defense installation to use the Commissary, Exchange and MWR activities.

If there are any questions, please feel free to contact our office and have a safe Fall Season!

PROGRAM FOR COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS LEGACY PARTICIPANTS & LEGACY APPLICANTS FREQUENTLY ASKED QUESTIONS

Who is considered a legacy participant in the PCAFC? Under the final rule, a legacy participant in the PCAFC is defined as an eligible veteran whose Family Caregiver(s) was approved and designated by the VA before the effective date of the final rule (i.e., October 1, 2020). The eligible veteran continues to be considered a legacy participant so long as his or her Primary Family Caregiver (approved and designated before the effective date) continues to be approved and designated as such. If a new joint application is received by the Department of Veterans Affairs (VA) on or after the effective date of the final rule that results in approval and designation of the same or a new Primary Family Caregiver, the veteran or servicemember will no longer be considered a legacy participant.

When is a Veteran applying to the PCAFC considered a legacy applicant? Under the final rule, a legacy applicant is a veteran or service member who submits a joint application for the PCAFC that is received by the VA before the effective date of the final rule (i.e., October 1, 2020) and for whom a Family Caregiver(s) is approved and designated on or after the effective date. The veteran or service member will continue to be considered a legacy applicant so long as his or her Primary Family Caregiver (approved and designated after the effective date pursuant to the joint application) continues to be approved and designated as such. If a new joint application is received by the VA on or after the effective date of the final rule that results in approval and designation of the same or a new Primary Family Caregiver, the veteran or service member will no longer be considered a legacy applicant.

How does the regulation affect PCAFC eligibility for legacy participants and legacy applicants and the stipend for their Primary Family Caregivers? Legacy participants and legacy applicants generally remain eligible for the PCAFC for 12 months following the final rule's effective date (i.e., until October 1, 2021). During this one-year period, a Family Caregiver of a legacy participant or legacy applicant will not be discharged or have his or her designation revoked based on the legacy participant or legacy applicant not meeting the new eligibility criteria in the final rule. Additionally, the stipend amount for the Primary Family Caregiver of a legacy participant or legacy applicant will not decrease in the 12 months following the final rule's effective date – it will either remain the same or increase – except in cases where the reduction is the result of the eligible veteran relocating to a new address.

When will VA reassess eligibility of legacy applicants and legacy participants for the PCAFC? Under the final rule, legacy applicants and legacy participants will be reassessed under the new eligibility criteria within 12 months of the effective date of the final rule (i.e., by October 1, 2021).

What will happen after the reassessment? Legacy participants and legacy applicants will be notified of reassessment results at the conclusion of the reassessment process. For legacy participants and legacy applicants who meet the new eligibility criteria, the VA will determine the applicable stipend amount under the new stipend payment methodology. If the reassessment results in an increase in the stipend amount, the increase will go into effect as of the date of the reassessment and the Primary Family Caregiver will receive a retroactive payment to account for the increase back to the effective date of the final rule. If the reassessment results in a decrease in the stipend amount, the VA will provide advanced notice of the decrease one year after the effective date of the final rule. The decrease will go into effect no earlier than 60 days after such notice. For legacy participants and legacy applicants who do not meet the new PCAFC eligibility criteria (and who are not discharged or revoked on another basis), the VA will provide formal advanced notice of discharge one year after the effective date of the final rule. The discharge will be effective no earlier than 60 days after such notice, and benefits will continue for 90 days after discharge from the program.

What services are available to me if VA determines I am no longer eligible for the PCAFC? The Caregiver Support Program offers numerous resources for caregivers under the Program of General Caregiver Support Services (PGCSS). The PGCSS offers training, education, respite care, self-care courses, the Peer Support Mentoring program, and the Caregiver Support Line available at (855) 260-3274 (Monday through Friday 8:00 a.m. to 8:00 p.m. EST). These services are available to support all caregivers of Veterans who are enrolled for VA health care.

PROGRAM FOR COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS SERIOUS INJURY AND IN NEED OF PERSONAL CARE SERVICES FREQUENTLY ASKED QUESTIONS

How has the VA revised the eligibility criteria for the Program of Comprehensive Assistance for Family Caregivers (PCAFC) with respect to the definitions of "serious injury" and "in need of personal care service?" Under the final rule, veterans (to include qualifying service members) will have to meet both of the following criteria to be eligible for PCAFC. Among other applicable eligibility criteria, the veteran must have a single or combined service-connected disability rating by the Department of Veterans Affairs (VA) of 70% or more, and be in need of personal care services requiring in-person personal care services for a minimum of six continuous months based on an inability to perform an activity of daily living (ADL) or a need for supervision, protection, or instruction.

How did VA revise the definition of serious injury? Under the final rule, the term "serious injury" is defined to mean any service-connected disability that is rated at 70% or more by the VA; or combined with any other service-connected disability or disabilities, and a combined rating of 70% or more is assigned by the VA. This includes any service-connected disability regardless of whether it resulted from an injury, illness, or disease. The serious injury would have to be incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001; effective on the expansion date specified in a future Federal Register document, on or before May 7, 1975; or effective two years after the expansion date specified in a future Federal Register document, after May 7, 1975, and before September 11, 2001. Expansion of PCAFC to eligible veterans who incurred or aggravated a serious injury in the line of duty in the active military, naval, or air service on or before May 7, 1975, will begin when the July 31, 2020, Secretary of Veterans Affairs certifies to Congress that a required information technology system has been fully implemented in October 2020. Expansion of PCAFC to eligible veterans who incurred or aggravated a serious injury in the line of duty in the active military, naval, or air service between May 7, 1975, and September 11, 2001, will begin two years after the date the Secretary of Veterans Affairs certifies to Congress that a required information technology system has been fully implemented.

Is PCAFC eligibility based solely on the 70% VA disability rating? No. Having a qualifying serious injury is only one component of PCAFC eligibility.

How does the VA define "in need of personal care service?" Under the final rule, this means the eligible veteran requires in-person personal care services from another person, and without such personal care services, alternative in-person caregiving arrangements (including respite care or assistance of an alternative caregiver) would be required to support the eligible veteran's safety.

Does the qualifying serious injury have to be connected to the veteran's need for personal care services? Under the final rule, the VA will no longer require a connection between the need for personal care services and the qualifying serious injury. The VA believes decoupling serious injury and the need for personal care services is necessary, as in most cases, the eligible veteran has multiple conditions that may warrant a need for personal care services. Veteran's needs may be so complex that it can be difficult to determine what specific condition out of many causes the need for personal care services. For example, an individual may have leg pain due to a service-connected spinal cord injury, but be able to manage his or her symptoms. After a number of years, the individual is diagnosed with diabetes unrelated to his or her military service. Over time, the individual develops neuropathy in his or her lower extremities, which results in the individual being unable to complete his or her ADLs independently. The onset of neuropathy could be related to either the spinal cord injury or diabetes.

How does the VA define a veteran's "inability to perform an ADL?" Under the final rule, "inability to perform an ADL" means the veteran or servicemember requires personal care services each time he or she completes one or more of the ADLs listed below. Requiring assistance with an ADL only some of the time does not constitute an inability to perform an ADL under this definition. The VA considers the following ADLs when determining PCAFC eligibility:

- Dressing or undressing oneself;
- Bathing;
- Grooming oneself in order to keep oneself clean and presentable;
- Adjusting any special prosthetic or orthopedic appliance, that by reason of the particular disability, cannot be done without assistance (this does not include the adjustment of appliances that nondisabled persons would be unable to adjust without aid, such as supports, belts, lacing at the back, etc.);
- Toileting or attending to toileting;
- Feeding oneself due to loss of coordination of upper extremities, extreme weakness, inability to swallow, or the need for a non-oral means of nutrition;
- Mobility (walking, going up stairs, transferring from bed to chair, etc.).

Is a veteran's eligibility impacted if the qualifying ADL is not performed every day? The VA recognizes not all ADLs need to be performed on a daily basis. For example, bathing is included in the definition of inability to perform an ADL, but may not be required every day. An eligible veteran may be able to maintain health and wellness by adhering to a less

frequent bathing routine. Therefore, the VA defines an inability to perform an ADL to mean the individual requires personal care services each time he or she completes one or more qualifying ADLs.

How does the VA define "need for supervision, protection, or instruction?" Under the final rule, this means an individual has a functional impairment that directly impacts the individual's ability to maintain his or her personal safety on a daily basis. This definition focuses on functional impairment instead of specific symptoms and diagnoses. The VA will not be restricted in which functional impairments it considers for purposes of this definition.

Why does the VA now define serious injury to include illnesses and diseases? The VA's explanation of this change is set forth in the final rule. Among other things, the VA explained the challenges it has experienced with the current definition of "serious injury," including inconsistent eligibility determinations by VA providers, and potential challenges associated with alternative approaches. The VA believes that, to the extent the statutory language allows, the statute should be construed in a manner that minimizes the potential for complex and time-consuming eligibility determinations and disparate treatment of veterans with similar service-connected conditions and similar medical needs arising from those conditions. The most equitable and reasonable approach to resolving these challenges is to recognize any service-connected disability as an "injury" for purposes of PCAFC. In doing so, the term "serious injury" accounts for the signature disabilities of earlier conflicts, including illnesses and diseases, such as diseases presumed to be the result of herbicide exposure in Vietnam and other places, and chronic multisymptom illnesses experienced by Persian Gulf veterans. Caregivers of veterans with illnesses and diseases incurred or aggravated in the line of duty, regardless of service era, will benefit from PCAFC assistance in the same manner as caregivers of veterans with injuries, such as traumatic brain injury and spinal cord injury. Along with the other changes in this definition, the VA believes the new definition of "serious injury" supports transparency in PCAFC eligibility decisions and improves understanding by Veterans, service members, and their caregivers.

VA COMPLETES TRANSFER OF U.S. ARMY CEMETERIES

Press Release, September 25, 2020

The U.S. Department of Veterans Affairs (VA) completed the consolidation of various Army post cemeteries, an action first outlined in the department's June 2018 Delivering Government Solutions in the 21st Century: Reform Plan and Reorganization Recommendations. The VA's National Cemetery Administration (NCA) accepted the last Army post cemetery when it took over operations of the Fort McClellan Post Cemetery in Anniston, Alabama. "Completion of the cemetery transfers highlights VA's role in increasing efficiency and streamlining operations across the federal government. It also spotlights the strong partnership between VA and the Department of Defense," said VA Secretary Robert Wilkie. "The former Army post cemeteries join the VA's 149 national cemeteries and the 4.9 million American veterans, service members, and their families honored in these national shrines."

The plan directed the transfer of the perpetual care and operation of 10 Army post cemeteries and one prisoner of war cemetery located on former active Army installations. The VA's comprehensive reform plan was built upon Executive Order 13781, signed by President Trump in March 2017. To increase efficiency, limit mission overlap, and maintain veteran's cemeteries at national shrine standards, the plan recommended the transfer of operations and maintenance of select military cemeteries to NCA. The consolidation alleviates duplicative mission requirements and increases burial options for veterans and their dependents.

Fort McClellan was established in 1917 as a mobilization camp for National Guard troops in World War I and served as a major training base for troops during World War II, as well as an internment camp for more than 3,000 prisoners of war. After the war, it served as a training facility. The post was closed as part of the 1995 Base Realignment and Closure round. The Fort McClellan Post Cemetery was established in 1918 and contains the remains of 441 U.S. military personnel and civilians. The cemetery is closed to new interments, although it will accommodate requests for subsequent interments in existing gravesites for eligible family members. The Army also transferred to the VA the Fort McClellan Enemy Prisoner of War Cemetery, which contains the remains of prisoners who died while in captivity during World War II. These cemeteries will be operated by Alabama National Cemetery in Montevallo, Alabama.

During the last 15 months, the following Army post cemeteries were transferred to the VA: Fort Lawton Post Cemetery (WA) in June 2019; Fort Missoula Post Cemetery (MT) in October 2019; Fort Sheridan National Cemetery (IL) and Fort Douglas Post Cemetery (UT) in December 2019; Vancouver Barracks National Cemetery (WA) in March 2020; and Fort Worden Post Cemetery (WA), Fort Stevens National Cemetery (OR), Benicia Arsenal Post Cemetery (CA), and Fort Devens Post Cemetery (MA) earlier this month.

For more information about Fort McClellan Post Cemetery or Fort McClellan Enemy Prisoner of War Cemetery, contact Steven Weir-Santos, Cemetery Director, Alabama National Cemetery, at (205) 665-9039. For more information about the transfer of other Army cemeteries, contact NCA Public Affairs at (202) 632-8035. To make burial arrangements at a VA national cemetery, call the National Cemetery Scheduling Office at (800) 535-1117.

VA REDUCES PRESCRIPTION OPIOID USE BY 64% DURING THE PAST EIGHT YEARS

Press Release, July 30, 2020

The U.S. Department of Veterans Affairs (VA) has announced it has successfully reduced prescription opioid use in patients within the VA health care system by 64%, from more than 679,000 veterans in fiscal year 2012 to 247,000 in fiscal year 2020 through quarter three. The VA achieved this reduction by aggressively emphasizing the safe and responsible use of prescription opioids and transforming the treatment of chronic pain using alternative therapies and treatments often in place of or in conjunction with pain medication. “Collectively, uncontrolled pain, distress and functional impairments can reduce the quality of life for veterans and their families, increasing the risk for overdose, substance use disorders, and suicide,” said VA Secretary Robert Wilkie. “More than one third of veterans in the VA health care system live with some form of chronic pain, and given the opioid crisis, it is our duty to do everything we can to help veterans avoid opioid overdose and provide them with alternative pain management treatment.”

The VA’s Opioid Safety Initiative also reduced the number of patients receiving opioids and benzodiazepines together by 87% since 2012, from nearly 123,000 down to nearly 16,000 veterans, as well as reduced the number of patients on long-term opioid medications by 70% and the number of patients on very high doses of opioids by 80%.

The VA has been addressing the use of opioids for more than 20 years and continually builds upon that work by employing four broad strategies to address the opioid epidemic: education, pain management, risk mitigation, and addiction treatment. The VA takes an interdisciplinary approach to care focused on a veteran’s whole health by using non-pharmacological, complementary pain management treatments, self-care, skill building, and support to transition from a biomedical to a biopsychosocial model of pain care. The VA’s initiatives respond to the challenges of pain management. Through its Opioid Overdose Education & Naloxone Distribution program, the VA distributed more than 416,000 prescriptions of naloxone, a life-saving medication used to block the effects of a potentially fatal opioid overdose. Under the Drug "Take Back" Program, veterans have safely returned approximately 192.3 tons of unwanted or unneeded medications as of June 30th. Specially trained VA pharmacists have conducted more than 55,000 outreach visits with VA staff on opioid safety, opioid overdose and naloxone distribution, and medication for opioid use disorder. The VA health care providers also participate in state prescription drug monitoring programs and receive training on safe opioid prescribing and the opioid crisis.

VA EXPANDS VETERAN ACCESS TO TELEHEALTH WITH IPAD SERVICES

Press Release, September 15, 2020

The U.S. Department of Veterans Affairs (VA) announced a new collaboration with Apple to increase veterans’ access to virtual care benefits. The VA’s iPad program provides qualifying veterans with cellular-enabled iPads to access telehealth services and currently helps more than 50,000 veterans across the country connect to VA health care services virtually. “VA will continue working diligently to provide veterans with the tools and resources necessary to access quality health care when and where they need it,” said VA Secretary Robert Wilkie. “VA’s partnership with Apple is an integral step in helping to bridge the digital divide for veterans everywhere. This is particularly critical during the COVID-19 public health emergency, when telehealth is being leveraged to protect the safety and well-being of both our veterans and clinicians.”

The VA has been a leader in telehealth services for decades and began the Connected Tablet program in 2016. A VA study found veterans who received tablets, reported high levels of satisfaction with care, were less likely to miss appointments, and found it easier and more convenient to access VA care. To standardize the program and provide veterans a consistent, quality experience, the VA will exclusively distribute iPads to veterans. iPads offer veterans the combination of portability, user experience, data privacy, and security made possible through Apple’s integrated hardware and software platform.

The collaboration between the VA and Apple, facilitated by the VA Secretary’s Center for Strategic Partnerships, provides the VA with Apple’s expertise to help enhance the platform and ensure veterans and health care professionals have the best telehealth experience. “VA’s iPad program provides unparalleled convenience and flexibility when attending my VA appointments,” said Fiona Garcia, a U.S. Air Force Veteran who served from 2001-2011. “After receiving an iPad in March, I’ve been able to receive VA care when and where I need it most. The technology also allows me to stay connected with my doctors when I am not near a Wi-Fi connection or near the VA medical center.”

As part of the VA’s commitment to supporting veteran health care, patients can also securely view and download their personal medical data using the Health Records on iPhone feature from Apple. Veterans who don’t currently have a video-capable device or internet service and are interested in the VA’s telehealth iPad program should consult their VA health care team to determine their eligibility.

VA'S HOME LOAN GUARANTY PROGRAM PROVIDES REGULATORY RELIEF IN RESPONSE TO COVID-19

Press Release, September 24, 2020

The U.S. Department of Veterans Affairs (VA) announced the VA is allowing home mortgage loan deferments for veterans who have experienced financial hardships due to the COVID-19 national emergency. In Executive Order 13924 President Trump directed federal agencies to rescind, modify, waive, or provide exemptions from regulations and other requirements that may inhibit economic recovery.

Many veterans have taken advantage of the loan forbearance program provided by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). Under the Act, borrowers who have federally-backed loans can receive forbearance of their monthly home loan payments, for up to 360 days. Forbearance does not mean forgiveness. As veterans exit their CARES Act forbearance periods, they must work with their mortgage company to determine when to repay the missed amounts. To protect against predatory lending, the VA regulations generally prohibit a large, lump-sum balloon payment from being included in the loan. However, temporarily waiving the regulation in these limited circumstances means veterans have additional options when resuming regular monthly payments after a CARES Act forbearance — without penalty, additional interest, or late fees. “A loan deferment can work like a reset button to help alleviate economic burdens some veterans may be experiencing,” said VA Secretary Robert Wilkie. “Providing loan deferment as an option could be the one thing standing between financial normalcy and foreclosure.”

The VA cannot require mortgage companies to offer loan deferments. Veterans who want to know whether loan deferment is an option should consult their mortgage company directly.

VA LAUNCHES WHITE RIBBON VA CAMPAIGN TO PROMOTE HEALTHY RELATIONSHIPS

Press Release, October 1, 2020

The U.S. Department of Veterans Affairs (VA) recently launched White Ribbon VA, a month-long national call to action to prevent and eliminate sexual harassment, sexual assault, and domestic violence in observance of National Domestic Violence Awareness Month. VA invites everyone to participate in this campaign by pledging to stop violence against others and to wear a white ribbon as a symbol of commitment throughout the month of October and beyond. “White Ribbon VA promotes positive cultural change and a respectful, safe, and welcoming health care environment for patrons, volunteers, and visitors in VA health care settings and surrounding communities,” said VA Secretary Robert Wilkie. “It is critically important everyone, including VA employees, feel welcome and physically and emotionally safe at all VA facilities. This means creating an environment that is free from incidents of all types of harassment, including sexual and discriminatory harassment. VA will not tolerate behaviors that create an intimidating, offensive, or hostile atmosphere.”

White Ribbon VA was inspired by the White Ribbon organization, a thought-leader in gender-based violence prevention and promoter of gender equity and healthy relationships. VA employees and community partners examine the far-reaching impact and implications of harassment, sexual assault, and domestic violence by pledging to never commit, excuse, or stay silent about sexual harassment, sexual assault, or domestic violence against others.

The VA collaborates with community partners to educate and help veterans, their families, staff, and community partners to honor VA health care settings as safe and welcoming environments by:

- Recognizing that touching, comments about appearance, or referring to people by condescending derogatory names may make them feel uncomfortable.
- Talking to others in my life about the repercussions of unwanted hugging, touching, or flirting.
- Giving everyone extra individual space.
- Understanding some veterans and others may have invisible wounds and experiences I may not fully understand.
- Leading by example through my thoughts, words, and actions.
- Remembering every single person expects courteous treatment or RESPECT.

The campaign also challenges negative, outdated concepts and inspires people to understand and embrace being part of positive change through awareness-raising, capacity-building, partnerships, outreach, technical assistance, and other educational opportunities. White Ribbon VA supports the continued implementation of the Stand Up to Stop Harassment Now! Campaign launched in VA health care facilities nationwide in fall 2019.

VA has been committed to applying the Intimate Partner Violence Assistance Program (IPVAP) since 2014 to promote safe, healthy relationships for veterans, their intimate partners, and VA staff. Currently, more than 90% of VA Medical Centers have a designated IPVAP coordinator and programming designed to raise awareness, provide professional development and education, develop professional standards in clinical practice, use data to inform program operations, and identify best practices using evidence-based and trauma-informed practices.

VA NOTIFIES VETERANS OF COMPROMISED PERSONAL INFORMATION

Press Release, September 14, 2020

The U.S. Department of Veterans Affairs (VA) Office of Management announced in September a data breach involving the personal information of approximately 46,000 veterans and actions taken by the department to prevent and mitigate any potential harm to those individuals. The Financial Services Center (FSC) determined one of its online applications was accessed by unauthorized users to divert payments to community health care providers for the medical treatment of veterans. The FSC took the application offline and reported the breach to the VA's Privacy Office. A preliminary review indicates these unauthorized users gained access to the application to change financial information and divert payments from the VA by using social engineering techniques and exploiting authentication protocols. To prevent any future improper access to and modification of information, system access will not be reenabled until a comprehensive security review is completed by the VA Office of Information Technology.

To protect these veterans, the FSC is alerting the affected individuals, including the next-of-kin of those who are deceased, of the potential risk to their personal information. The department is also offering access to credit monitoring services, at no cost, to those whose social security numbers may have been compromised. Veterans whose information was involved are advised to follow the instructions in the letter to protect their data. There is no action needed from veterans if they did not receive an alert by mail, as their personal information was not involved in the incident.

Veterans or the veteran next-of-kin that receive notification their information is potentially at risk from this incident can direct specific questions to the FSC Customer Help Desk by emailing VAFSCVeteransSupport@va.gov or by writing to VA FSC Help Desk, Attn: Customer Engagement Center, .P.O. Box 149971, Austin, TX 78714-9971.

VA OFFERS VIRTUAL ASSISTANCE FOR VETERANS TO CONNECT FASTER WITH COUNSELORS

Press Release, August 31, 2020

The U.S. Department of Veterans Affairs (VA) announced a new artificial intelligence platform designed to enhance customer service and provide timely responses to veterans. The electronic Virtual Assistant (e-VA) allows veterans to receive a timely response to basic questions, automated alerts, follow-up messages, appointment reminders, and the ability to schedule and reschedule appointments. "For our veterans, e-VA means communicating with more flexibility and convenience and the ability to connect with our counselors and staff via text and email," said VA Secretary Robert Wilkie. "For VA, e-VA connects with our veterans, efficiently handles administrative functions, works with our case management system and also provides management with additional reporting tools."

The Veterans Benefits Administration's (VBA) Veteran Readiness and Employment (VR&E) Service released e-VA in a staggered approach to four VBA districts — Southeast, Pacific, Continental, and Northeast — with the completion of the national deployment August 11th. The platform provides modern, streamlined, and responsive customer service support to VR&E veterans, as well as automates routine administrative activities for VR&E Vocational Rehabilitation counselors and staff. Participants will be allowed to submit documentation from a smartphone, tablet, or computer. Additionally, all correspondence through e-VA will be included in the veteran's electronic file.

Veterans receiving VR&E services will receive a text message or an email introducing e-VA as VR&E's new electronic Virtual Assistant. Veterans must opt-in to start using the service. Upon opt-in acceptance, e-VA will be available immediately.

VA LAUNCHES PROGRAM TO SEND CARING LETTERS TO 90,000 VETERANS

Press Release, October 5, 2020

The U.S. Department of Veterans Affairs (VA) recently announced its Veterans Crisis Line (VCL) formally launched the Caring Letters Program, an evidence-based suicide prevention intervention that involves sending periodic messages with simple expressions of care and concern to veterans who use VA health care and contact the VCL. The program aligns with the 2019 VA/DOD Clinical Practice Guidelines, which suggests brief, nondemanding follow-up communication keeps veterans engaged and could facilitate opportunities for connecting them with treatment options. "In the first 11 weeks of the program VCL has mailed Caring Letters to almost 30,000 veterans," said VA Secretary Robert Wilkie. "This is one of the largest caring letters programs ever implemented. We're planning to send letters to over 90,000 veterans over a 12-month period of time."

Research has found caring letters can reduce the rate of suicide and suicide behaviors for individuals receiving them. Caring letters are thought to reduce suicide by promoting a feeling of caring connection and reminding veterans that help is available if they need it.

VA COMPLETES DIGITIZATION OF ARCHIVED VIETNAM-ERA DECK LOGS

Press Release, September 28, 2020

The U.S. Department of Veterans Affairs (VA) announced completion of an interagency effort with the National Archives and Records Administration (NARA) to digitize declassified deck logs to process claims faster for eligible Vietnam-era veterans. The U.S. Navy and Coast Guard deck logs within NARA contain helpful information being used to validate claims for Blue Water Navy (BWN) veterans who served in the offshore waters of the Republic of Vietnam, to establish presumption to herbicide exposure for service-connected disability benefits. “The team at NARA recognizes the importance of this effort making it easier for BWN veterans to receive the benefits they’ve earned without burdening them with paperwork,” said VA Secretary Robert Wilkie. “Since January 1st, VA has processed thousands of claims and encourages every veteran, dependent, and surviving spouse who is eligible to file a claim as soon as possible.”

Data contained in deck logs is used when deciding VA benefit claims. Also known as ship logs or captain's logs, information was manually inputted to chronologically document the daily activities of a navy ship or unit. VA provided the digital images of deck logs to NARA, available in the National Archives Catalog. “Through this scanning project, VA contractors digitized declassified Navy and Coast Guard deck logs from 1956-1978 in NARA's holdings, including the log of the hospital ship USS Sanctuary which I served aboard during the Vietnam conflict,” said Archivist of the United States David S. Ferriero. “As a veteran from this era, I recognize the unprecedented value this provides to veterans making these logs easily accessible online.”

Digitization of all available Navy deck logs for ships that served in Vietnam were completed in December 2019, while Coast Guard deck logs were completed in September. Veterans, dependents, and surviving spouses may contact approved Veterans Service Organizations for assistance in filling a claim.

GO GREEN AND GET THE BULLETIN VIA EMAIL

In our continual effort to reduce costs and lessen our “ecological footprint,” the Office of Veterans Advocacy is again asking for your help. In order to reduce printing and mailing costs, as well as the amount of paper used, we are asking you to volunteer to receive the bulletin via email.

The bulletin will arrive in your in-box every quarter as a PDF document, which will allow to you forward or print and disseminate as many copies as you like. In addition to receiving the quarterly bulletin, you will also receive our annual Veterans Resource Directory via email.

If you can help us with our goal of reducing costs and the saving paper, please sign up at veterans.idaho.gov/listserv or you can email listserv.admin@veterans.idaho.gov. And don’t forget you can always view and print the Bulletin and Resource Directory by visiting our website at www.veterans.idaho.gov.

DATES TO REMEMBER

October 12.....	Columbus Day
October 13.....	U.S. Navy established, 1775
October 14.....	Star Spangled Banner adopted as National Anthem, 1931
October 19.....	Revolutionary War ends, 1781
November 1.....	Daylight-saving time ends, set clocks back one hour
November 3.....	Election Day
November 10.....	U.S. Marine Corps established, 1775
November 11.....	Veteran's Day, <i>see history below</i>
November 19.....	Lincoln gives Gettysburg Address, 1863
November 26.....	Thanksgiving Day
December 3.....	Army-Navy Football Game, Philadelphia, PA, 2:30 p.m. EST
December 7.....	Pearl Harbor bombed, 1941
December 16.....	Boston Tea Party, 1773
December 25.....	Christmas Day

CONVENTION SCHEDULES

American Legion

- Mid-Winter..... To be determined
- State..... To be determined
- National..... To be determined

AMVETS

- National..... To be determined

Disabled American Veterans

- Mid-Winter..... To be determined
- State..... To be determined
- National..... To be determined

Marine Corps League

- National..... To be determined

Military Order of the Purple Heart

- National..... To be determined

Veterans of Foreign Wars

- Mid Winter..... To be determined
- State..... To be determined
- National..... To be determined

Vietnam Veterans of America

- National..... To be determined

THE HISTORY OF VETERANS' DAY

Formerly Armistice Day, Veterans' Day is a holiday observed annually in the United States in honor of all those, living and dead, who served with the U.S. armed forces in wartime.

Some states observe the holiday on November 11th and others on the fourth Monday of October. Armistice Day, the forerunner of Veterans' Day, was proclaimed in 1919 to commemorate the termination (at 11:00 a.m. on November 11, 1918) World War I. On the first anniversary of the truce, U.S. President Woodrow Wilson issued a proclamation eulogizing fallen Allied soldiers and referring to November 11th as Armistice Day. It became a holiday in the United States, France, Great Britain, and Canada.

The holiday acquired its present name and broadened significance in the United States in 1954. In Canada it is known as Remembrance Day, and in Great Britain, it is known as Remembrance Sunday.

DAV VAN CONTACTS TO AND FROM VA MEDICAL CENTERS

BOISE & SURROUNDING AREA TO BOISE VAMC

All appointments for rides must be made 72 hours in advance.

For the schedule or an appointment, call Jim Rossette at the Boise VA Medical Center (208) 422-1000 ext. 7555.

LEWISTON & SURROUNDING AREA TO SPOKANE VAMC

All appointments for rides must be made 72 hours in advance.

For the schedule or an appointment, call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

LIBBY & SURROUNDING AREA TO SPOKANE VAMC

All appointments for rides must be made 72 hours in advance.

For the schedule or an appointment, Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

COEUR D'ALENE & SURROUNDING AREA TO SPOKANE VAMC

All appointments for rides must be made 72 hours in advance.

For the schedule or an appointment, Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

SANDPOINT & SURROUNDING AREA TO SPOKANE VAMC

All appointments for rides must be made 72 hours in advance.

For the schedule or an appointment, call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

LEWISTON TO WALLA WALLA VAMC

Thursdays: Walla Walla VA Medical Center Van. 8:00 a.m. departure from the CBOC at 1630 23rd Avenue, Building 2.

Arrives at Walla Walla at 10:00 a.m. Departs Walla Walla at 1:30 p.m. Arrives Lewiston at 3:30 p.m.

If your appointment runs past the departure time of 1:30, there is no alternative for returning to Lewiston.

POCATELLO, IDAHO FALLS, & SURROUNDING ARE TO SALT LAKE CITY VAMC

All appointments for rides should be made 72 hours in advance.

For the schedule or an appointment, call the VTS/DAV Transportation Office at (800) 613-4012 ext. 2003 or 1027.

