

# Office of Veterans Advocacy BULLETIN April 2022

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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

ALL EMPLOYMENT ACTIVITIES AND SERVICES ARE ADMINISTERED IN A NONDISCRIMINATORY MANNER IN CONFORMANCE WITH FEDERAL AND STATE EEO AND CIVIL RIGHTS LAWS



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If you've not already done so, please volunteer to receive the bulletin via email by emailing Jennel Binsky at jennel.binsky@veterans.idaho.gov



#### FROM BILL'S DESK

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I hope everyone thawed out from winter and is enjoying the spring weather! I am passing along information concerning the Idaho Division of Veterans Services and the Department of Veterans Affairs. Thanks go out to the Veterans of Foreign Wars' National Veterans Service for many of these updates.

As mentioned in our last Bulletin, we've had numerous personnel changes within the Office of Veterans Advocacy. The new Administrative Assistant in our Pocatello Office is Emberly Bertasso, who replaced Arlene Davis. In our office here in the Boise VA Regional Office, we welcome Iris Higgins (Retired Air Force) who replaced Lance Santiago and Nick Percy (Marine veteran) who replaced Shay Henry. In our office in the Caldwell Department of Labor Office, Abel Silva (Retired Marine) replaced Michele Padgette. We welcome all of the new members of our Team and I am sure that all of you will enjoy working with them.

The Boise VA Regional Office has finished construction on the second floor and is now operational with the Veterans Health Administration Tele-Health work. With the decrease in Covid-19 cases in Ada County, masks are no longer required in the Regional Office, but are still required in all VA Medical Facilities. The Boise VA Regional Office and VA Medical Center are currently in the process of hiring various types of positions. If interested, log onto the USAJobs website.

The Veterans Benefits Administration (VBA) has been busy with many different changes to the 38 Code of Federal Regulations. I've discussed that the VA is now granting the additional presumptive service-connected conditions relating to airborne particulate environmental exposures (to include Burn Pits) for veterans who served in the Southwest Asia Theater of Operations (Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations) from August 2, 1990, to the present; OR Afghanistan, Djibouti, Syria, and Uzbekistan during the Persian Gulf War from September 19, 2001, to the present for the conditions of Asthma, rhinitis, and sinusitis. To be eligible for these new presumptive conditions, the veteran must show a current diagnosis of one or more of these conditions which manifested within 10 years of a qualifying period of military service.

On April 26, 2022, the VA added nine rare respiratory cancers to the list of presumed service-connected disabilities due to military environmental exposures to fine particulate matter. The nine cancers are Squamous cell carcinoma of the larynx, Squamous cell carcinoma of the trachea, Adenocarcinoma of the trachea, Salivary gland-type tumors of the trachea, Adenosquamous carcinoma of the lung, Large cell carcinoma of the lung, Salivary gland-type tumors of the lung, Sarcomatoid carcinoma of the lung, and typical and atypical carcinoid of the lung. The VA determined through a focused review of scientific and medical evidence there is biological plausibility between airborne hazards and carcinogenesis of the respiratory tract — and the unique circumstances of these rare cancers warrant a presumption of service connection. Any veteran who has or had one of the listed cancers at any time during or after separation from military service and served any amount of time in the Southwest Asia theater of operations beginning August 2, 1990, to the present, or Afghanistan, Uzbekistan, Syria or Djibouti beginning September 19, 2001, to the present may be eligible for disability compensation benefits.

With the additional presumptive conditions related to herbicide exposure from Vietnam (hypothyroidism, bladder cancer, and parkinsonism), the VA has continued its mandated Nehmer Review to see if an earlier effective date can be awarded to Vietnam veterans who previously filed claims for these issues. The VA reports 25% of all of its VA Regional Office employees are working these herbicide presumptive claims and Nehmer Reviews. This work is being centralized to one of 12 different VA Regional Offices (Boise VA Regional Office is not one of them) and this has created huge delays in Vietnam herbicide-presumptive claims being completed. It is not uncommon to see some of these claims taking over a year and a half or longer to be completed. Requests to expedite these claims will only be granted if a veteran is homeless, has a terminal condition, or is experiencing extreme financial hardship.

The VA is also in the process of making changes to its current rating tables located in the 38 Code of Federal Regulations including:

- Changes to mental disorders including a General Rating Formula combining traumatic mental disorders and eating disorders. The proposed changes will more accurately capture the occupational impairment caused by mental disabilities, provide more adequate compensation for financial losses experienced by veterans with service-connected mental disorders, no longer require "total occupational and social impairment" to attain a 100% evaluation and will include a 10% minimal evaluation for having one or more service-connected mental health conditions.
- Changes for ear, nose and throat, and auditory disabilities which proposes to evaluate tinnitus as a symptom of the underlying disease that causes it and evaluates sleep apnea based on its responsiveness to treatment or lack thereof. The new sleep apnea criteria will not prevent veterans from obtaining a 50% evaluation. Lastly, the change will establish a General Rating Formula for many respiratory conditions that will make it slightly easier to attain 100% based on pulmonary function testing and incorporate two additional metrics for evaluation (VO2 Max and METs).

• Changes to digestive rules which proposes to add 8 diagnostic codes (in the 38 CFR Rating Tables), revises 38 diagnostic codes, and removes 8 diagnostic codes. The proposed changes will remove subjective terms and replace them with objective criteria, will revise irritable bowel syndrome and hemorrhoids to allow for higher evaluations, and will add diagnostic codes for celiac disease and gastroesophageal reflux disease.

The National Personnel Records Center (NPRC) has resumed normal operations as of March 7, 2022. To submit a request, you can log onto www.archives.gov/veterans/military-service-records.

As I mentioned in the last bulletin, there was a backlog in the VA's Centralized Printing and Mailing of correspondence. The VA is continuing to send letters to veterans and surviving family members informing them of the backlog, which is creating confusion because many of the recipients have not recently submitted claims to the VA. Be aware this is a massmailing from the VA and does not require any action on the part of claimants.

The VA's Debt Management Center reports they previously suspended collection on new debts from April 2020 to September 30, 2021, and has implemented a phased restart of due process letters on October 1, 2021. They are are currently about 66% through our phased restart and anticipate completing the release of paused letters in July 2022. Any veteran needing relief will receive it. Veterans can request a pause on collections until September 30, 2022 (about 14,000 have requested this to date) and veterans can extend their payment plan up to 5 years with no financial status report.

The VA Medical Center's Family Caregiver Program is preparing to expand to all generations of Veterans beginning October 1, 2022. More information on the program can be found at: www.va.gov/family-member-benefits/comprehensive-assistance-for-family-caregivers/

The new State Veteran's Home located in Post Falls is nearing completion with an expected dedication ceremony on Veterans Day 2022.

This year, we will be conducting the Annual County and Post Service Officer Training at the Riverside Hotel in Garden City/Boise August 3-5. We were forced to cancel the training for the past two years due to Covid-19, but we will definitely have it this year (barring any major setbacks).

As we are now in May and Memorial Day is quickly approaching, Always Remember Our Fallen. We have many opportunities available to conduct our observances to include the Idaho State Veterans Cemeteries in Boise and Blackfoot, the Snake River National Cemetery in Buhl, and many local and pioneer cemeteries throughout the State. I cannot think of a more important holiday than Memorial Day, as our freedoms are due to our many Heroes who have gone before us. If there are any questions, please feel free to contact any of our offices, and have a fun and safe spring season!

#### VA CONTINUES IMPLEMENTATION OF NEW ELECTRONIC HEALTH RECORDS SYSTEM AT 2<sup>nd</sup> SITE Press Release, March 28, 2022

#### 

The Department of Veterans Affairs launched its new electronic health record system March 26<sup>th</sup> at Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla, Washington. By launching at Walla Walla and affiliated sites, the VA marks another step toward health care transformation by modernizing the software that tracks and stores patient information.

The EHR system will replace the department's current system, which is more than 30 years old, with a single platform shared with the Department of Defense and the Department of Homeland Security's U.S. Coast Guard. "This is a critical milestone in our efforts to support a lifetime of seamless care for service members from active duty to veteran status," said Program Executive Director of the VA's Electronic Health Record Modernization Integration Office Terry Adirim, M.D. "This new electronic health record [system] will grant VA personnel access to patient records for service members and veterans in a single system, enabling them to provide quick, safe and effective care for all veterans."

By adopting a common EHR system, VA health care providers will gain access to a veteran's entire medical record for care received at a DOD facility or a VA facility anywhere in the world. It also allows access to a single point of entry for participating community providers to request and access the VA, DOD, and USCG patient health care data needed for patient care. The March 26<sup>th</sup> launch at Jonathan M. Wainwright Memorial brings all VA clinics in the Walla Walla catchment area online with the new EHR system, including facilities in Richland and Yakima, WA; Boardman, Enterprise, and LaGrande, OR; and Lewiston, ID. The next rollout of the new EHR system was scheduled for April 30<sup>th</sup> at the VA Central Ohio Healthcare System in Columbus, Ohio.

The VA embarked upon a system-wide transformation of its electronic health record system in 2017. This is the VA's second deployment of its new EHR system. The first occurred in October 2020 at select sites in the Pacific Northwest, to include Mann-Grandstaff VAMC in Spokane, WA, and its community-based outpatient clinics, as well as the West Consolidated Patient Account Center in Las Vegas.

#### VA ESTABLISHES PRESUMPTIVE SERVICE CONNECTION FOR RARE RESPIRATORY CANCERS Press Release, April 25, 2022

#### 

As part of President Biden's Unity Agenda commitment to support the nation's veterans, the Department of Veterans Affairs is adding nine rare respiratory cancers to the list of presumed service-connected disabilities due to military environmental exposures to fine particulate matter. The following list of rare respiratory cancers have been added to the VA's regulations through an Interim Final Rule published in the Federal Register on April 26, 2022:

- Squamous cell carcinoma of the larynx.
- Squamous cell carcinoma of the trachea.
- Adenocarcinoma of the trachea.
- Salivary gland-type tumors of the trachea.
- Adenosquamous carcinoma of the lung.
- Large cell carcinoma of the lung.
- Salivary gland-type tumors of the lung.
- Sarcomatoid carcinoma of the lung.
- Typical and atypical carcinoid of the lung.

The VA determined through a focused review of scientific and medical evidence there is biological plausibility between airborne hazards and carcinogenesis of the respiratory tract — and the unique circumstances of these rare cancers warrant a presumption of service connection. The rarity and severity of these illnesses and the reality these conditions present, is a situation where it may not be possible to develop additional evidence, prompted the VA to take this action. "Last year we made promises to fundamentally change and improve how we establish and expedite presumptions — now we're keeping them," said VA Secretary Denis McDonough. "We are taking a new approach to presumptives that takes all available science into account, with one goal in mind — getting today's veterans — and veterans in the decades ahead — the benefits they deserve as fast as possible."

The VA will begin processing disability compensation claims for vveterans who served any amount of time in the Southwest Asia theater of operations beginning August 2, 1990, to the present, or Afghanistan, Uzbekistan, Syria, or Djibouti beginning September 19, 2001, to the present. Any veteran who has or had one of the listed cancers at any time during or after separation from military service may be eligible for disability compensation benefits. The VA will contact impacted veterans and survivors to inform them about their eligibility and will provide information on how to apply. Veterans, survivors, or dependents who had claims previously denied for any of these respiratory cancers are encouraged to file a supplemental claim for benefits. To apply for benefits, veterans and survivors may visit VA.gov or call toll-free at 800-827-1000.

#### NEWLY RELEASED SURVEY DATA SHOWS THE VA LEADS IN PATIENT EXPERIENCE Press Release, March 10, 2022

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The Department of Veterans Affairs hospitals outperform community hospitals, on 10 of 11 metrics, in Medicare's latest Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient survey report. The January 26<sup>th</sup> report found 54% of VA medical centers received 4 or 5 HCAHPS Stars for the Patient Survey Rating compared to 35% of community hospitals. "VA has seen significant improvement in our patient experience scores since first being included in Care Compare in 2018," said Deputy Under Secretary for Health, performing the delegable duties of the Under Secretary for Health Steven L. Lieberman, M.D. "Four years ago, only 26% of VA hospitals received 4 or 5 HCAHPS Stars for Patient Survey Rating — rising to 54% — in the latest January 2022 results."

There are 11 HCAHPS Star Ratings appearing on Care Compare: one for each of 10 specific measures of patient experience plus an overall Summary Star rating. The Centers for Medicare and Medicaid Services updates the HCAHPS Star Ratings each quarter. The most recent ratings provided scores for 109 VA hospitals. Hospitals with fewer than 100 completed surveys are not assigned HCAHPS Star Ratings, however their HCAHPS measure scores are reported on Care Compare. HCAHPS Star Ratings are developed from patient surveys administered through VA's Survey of Health Care Experience of Patients and in the private sector through the HCAHPS survey. The same questions are asked on both VA and community hospital surveys to evaluate the patient experience. In addition to hospital comparisons, the VA Quality of Care site provides ratings for outpatient care, nursing homes including State Veterans Homes, and MISSION Act quality comparisons.

#### VA INGENUITY AFFORDS FORMERLY INCARCERATED VETERANS RESOURCES FOR REHABILITATION Press Release, April 6, 2022

#### 

The Department of Veterans Affairs introduced new efforts to improve interagency coordination and expand outreach to criminal justice partners, to better help those reentering into society after incarceration. In conjunction with a presidential proclamation designating April as Second Chance Month, the initiative is part of the Biden-Harris administration's goal to provide meaningful redemption and rehabilitation for formerly imprisoned persons. "Justice-involved veterans deserve an opportunity to fully reintegrate into society," said VA Secretary Denis McDonough. "During Second Chance Month, the VA is taking action to enable veterans committed to rejoining society, post-incarceration, by expanding the use of a web-based tool to identify and connect them to needed VA care, while also restoring VA benefits faster."

In partnership with the Social Security Administration and Bureau of Prisons, the Veterans Benefits Administration is working diligently to streamline information-sharing processes among these three agencies to ensure VBA receives prison release dates for veterans within 30 days after release to improve timeliness to reinstate benefits as applicable.

Currently, veterans bear the administrative burden of restoring benefits post-incarceration. Once released, a veteran notifies the VA, and the department then must obtain verification of prison release dates from corrections facilities. This multi-step process causes a delay in the restoration of a wide range of health, rehabilitation, and subsistence benefits for veterans. It also hinders their successful and full reintegration into our communities. Through collaborative information-sharing, the VBA will ensure the load is on the agency, not the veteran. Assistance available to impacted veterans includes:

- Expansion of the VA's existing outreach campaign to state prison systems and jails to increase the number of veterans to whom it can offer individualized reentry services and connect more veterans to post-release services while they are still incarcerated.
- Assistance through the VA's Veterans Reentry Search Service, a free web-based tool criminal justice partners and prison and jail staff can use to identify incarcerated veterans and connect them to needed services post release.
- Help through Health Care for Reentry Veterans and Veterans Justice Outreach which make up Veterans Justice Programs. Its mission is to identify justice-involved veterans and engage them through outreach to facilitate access to VA services at the earliest possible point.
- Outreach by Veterans Justice Programs specialists for the purpose of linking veterans to needed Veterans Health Administration services and other community resources.

The Bureau of Justice Statistics reports there are approximately 107,400 veterans in state or federal prison. Following release, these veterans are at increased risk of homelessness, suicide, and death by drug overdose — that's why it's vital to re-connect veterans to VA care and benefits to which they may be entitled, post-incarceration.

#### VA ADVANCES EQUITY IN BENEFITS, SERVICES, & HEALTH CARE Press Release, April 14, 2022

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The Department of Veterans Affairs released its Equity Action Plan, April 14<sup>th</sup>, to eliminate barriers to health care, benefits, and services, and create opportunities to improve access and experiences for historically marginalized veterans. The VA's Equity Action Plan is part of the Biden-Harris administration's broader focus on advancing equity as outlined in Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. "The department's mission is to ensure equity and access for all those who served their country in uniform and the Equity Action Plan is a natural extension of that mission," said VA Secretary Denis McDonough. "We have efforts underway to change policies, processes, and procedures, as well as identify infrastructure and data enhancements to enable access to all veterans, including underserved veterans."

To serve all veterans, the VA must reach the most marginalized and underserved — regardless of race, gender, age, or socio-economic status. The plan sets forth a myriad of goals to effectively incorporate equity across the department. To help achieve broad equity in every area of VA operations and engagement this includes:

- Building and maintaining trust with underserved veterans.
- Developing data to measure equitable delivery of care and services.
  - Improving access for advancing outcomes when it comes to:
    - Health care, benefits and services for underserved veterans.
    - Contracts awarded to minority, small disadvantaged and women-owned businesses.

This follows the creation of an Inclusion, Diversity, Equity, and Access task force, April 1, 2021, which developed a set of 20 recommendations to ensure equitable treatment and experiences for all VA employees and veterans and their families, caregivers, and survivors.

### VA ESTABLISHES NEW THRESHOLD FOR REPORTING BENEFIT & MEDICAL DEBT Press Release, February 2, 2022

The Department of Veterans Affairs published a final rule in the Federal Register, February 2<sup>nd</sup>, amending the VA's procedures for reporting debt to consumer reporting agencies. These revisions change the VA's minimum requirements for reporting debt. The rule also provides opportunity for relief and helps veterans experiencing financial hardship. This is especially important now that the department has resumed debt collection activities as of October 1, 2021. "Reporting debt to consumer reporting agencies impacts credit worthiness and negative reports may cause financial distress for veterans," said VA Secretary Denis McDonough. "Late remittance or nonpayment can lead to debt collection. However, overpayment of benefits funds is often debt accrued through no fault of the veteran.

These new changes will result in a 99% reduction in unfavorable debt reported to consumer reporting agencies, thus reducing financial distress for veterans." Previously, roughly 530,000 allowable VA debts were reported annually to CRAs resulting in approximately 60,000 delinquent VA debts being referred to credit reporting agencies each year. The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 authorizes the VA Secretary to prescribe regulations for establishing the minimum threshold and methodology used to determine debt reported by the department. Under these new amendments, the VA will not report to CRAs until all available collection efforts are exhausted and the specified debt becomes classified as not collectible. Additionally, the department will not report debts owed by veterans determined to be catastrophically disabled and entitled to VA's cost-free health care due to low income. "This action by the Department of Veterans Affairs sets an important new standard to halt the financial distress many families face when medical debt unfairly hits their credit report," said Consumer Financial Protection Bureau Director Rohit Chopra. "I expect that many in the health care industry will seek to follow Secretary McDonough's lead to end the practice of forcing patients to pay up through aggressive credit report coercion."

Relief options will continue for veterans still experiencing financial distress. Enhanced relief options include repayment plans, waivers, and temporary hardship suspensions. The VA will also continue to report any debt incurred by individuals who have committed fraud, misrepresentation, or bad faith. Veterans and beneficiaries with questions regarding overpayments of benefits may reference frequently asked questions, go online to submit requests or call 800-827-0648. For questions about medical and pharmacy copayment debt, Veterans can contact the Health Resource Center at 866-400-1238.

#### VA SUPPORTS WOMEN VETERAN ENTREPRENEURS IN HOW TO OBTAIN GOVERNMENT CONTRACTS Press Release, March 3, 2022

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Graduates from the Department of Veterans Affairs' Women Veteran-Owned Small Business Initiative recently finished the VetBizLadyStart program, paving a way for their future in the federal marketplace. The inaugural 14-week program, completed in early February, provided women transitioning out of the military, tools and resources to manage and grow their small businesses in government contracting. Training modules and small group discussions were hosted by successful women mentors from the government and commercial sector. The initiative works to bridge the gap between economic disparities by providing disadvantaged populations equal access to contracts.

President of WJM Professional Services LLC Veronica Lane, was one of 20 women veterans who participated in the sessions. "I am grateful for completing this program and the opportunity to meet with motivated women veterans," Lane said. "My goals were to ramp up and receive four contract awards and apply for an increased line of credit from my business banker — and I was able to accomplish both!" VA Chief of Staff Tanya Bradsher attended the ceremony. "The graduation marks a step toward fulfilling President Biden's Executive Order Advancing Racial Equity in Underserved Communities," Bradsher said. "What better way to answer the call than a program that brings results for our women veterans, who in turn can use these tools to become successful business contractors, bringing opportunities back to those in their communities."

The EO aims to identify and remove barriers in the federal government that impact the ability of individuals within underserved socioeconomic categories to seek viable economic opportunities. According to the Small Business Administration, only 15% out of 2.5 million veteran-owned business are owned by women veterans. The Women Veteran-Owned Small Business Initiative, part of the VA's Office of Small and Disadvantaged Business Utilization, is focused on using VetBizLadyStart to increase awareness of opportunities for women-owned small businesses to increase these numbers. VetBizLadyStart is a federally funded program and collaborates with the Women's Business Centers of the District of Columbia, Maryland, and Virginia's Old Dominion University. Entrepreneurship programs are offered through each organization to assist women in preparing for procurement.

#### VETERAN COMMUNITIES RECEIVE LATEST RESOURCES FOR CROHN'S DISEASE & ULCERATIVE COLITIS Press Release, March 9, 2022

The Department of Veterans Affairs encourages veterans affected by inflammatory bowel diseases to access a new website that raises awareness of Crohn's disease and ulcerative colitis, www.crohnscolitisfoundation.org/veterans. Veterans can use the site to get step-by-step instructions to access treatment and links to VA resources — connecting with online communities and peer to peer support to improve their quality of life. "A 2020 study of VA data found that rates of anxiety, depression, and post-traumatic stress disorder increased among veterans diagnosed with inflammatory bowel disease over time," said National Center for Healthcare Advancement and Partnerships Nurse Executive Tracy L. Weistreich, Ph.D. "It's important we find ways to assist our veterans with all issues relevant to this chronic condition, especially veterans who may not be receiving care through VA."

Through this partnership, the Crohn's & Colitis Foundation will provide educational materials and share resources widely with VA staff, veterans, and the public to increase knowledge about inflammatory bowel diseases and treatment options. The VA will train the Foundation on veteran-specific concerns like suicide prevention and share free resources such as the Veterans Crisis Line.

#### GO GREEN AND GET THE BULLETIN VIA EMAIL

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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 Word 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 email Jennel Binsky at jennel.binsky@veterans.idaho.gov. Thanks for your help with this most worthwhile endeavor! And don't forget you can always view and print the Bulletin and Resource Directory by visiting our website at www.veterans.idaho.gov.

#### HISTORY OF THE STAR SPANGLED BANNER

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On March 3, 1931, U.S. President Herbert Hoover signed an act that officially made "The Star Spangled Banner" the national anthem for the United States. Before this time, the United States had been without any national anthem.

The words of "The Star Spangled Banner" were first written on September 14, 1814, by Francis Scott Key as a poem titled, "The Defense of Fort McHenry." Key, a lawyer and an amateur poet, was being detained on a British warship during the British naval bombardment of Baltimore's Fort McHenry during the War of 1812. When the bombardment subsided and Key witnessed that Fort McHenry was still flying its huge American flag, he began writing his poem. (Historical Note: This flag was truly huge! It measured 42 by 30 feet!) Key recommended that his poem be sung as a song to the popular British tune, "To Anacreon in Heaven." It soon became known as "The Star Spangled Banner."

"The Star Spangled Banner" was published in a number of newspapers at the time, but by the Civil War it had become one of the most popular patriotic songs of the United States. By the late 19th century, "The Star Spangled Banner" had become the official song of the U.S. military, but it wasn't until 1931 that the United States officially made "The Star Spangled Banner" the official national anthem of the country.

Interestingly, it was Robert L. Ripley of "Ripley's Believe It or Not!" that spurred the interest of the American people to demand "The Star Spangled Banner" to become the official national anthem. On November 3, 1929, Ripley ran a panel in his syndicated cartoon stating that "Believe It or Not, America has no national anthem." Americans were shocked and wrote five million letters to Congress demanding Congress proclaim a national anthem.

#### DATES TO REMEMBER

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April 6	United States enters WWI, 1917
April 17	Easter
April 23	United States Army Reserve 98th birthday
May 8	Mother's Day
May 14	Women's Auxiliary Army Corps founded, 1942
May 20	Armed Forces Day
May 30	Memorial Day – See the history of Memorial Day at the bottom of this page
	D-Day – Invasion of Europe, 1944
	United States Army birthday
5	Flag Day
June 19	Father's Day
June 20	Army Air Corps is created, 1941

#### CONVENTION SCHEDULES – ALL DATES SUBJECT TO CHANGE

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State .....July 14-17, 2022, Moscow, ID

National.....August 26-September 1, 2022, Milwaukee, WI

#### AMVETS

National.....August 16-20, 2022, New Orleans, LA

Disabled American Veterans

State .....June 8-13, 2022, Lewiston, ID National.....August 6-9, 2022, Orlando, FL

#### Marine Corps League

National.....August 15-19, 2022, Daytona Beach, FL

#### Military Order of the Purple Heart

National.....August 14-19, 2022, Rapid City, SD

Veterans of Foreign Wars

State .....June 8-13, 2022, Lewiston, ID

National.....July 16-21, 2022, Kansas City, MO

#### Vietnam Veterans of America

National..... August 9-13, 2022, Greenville, NC

#### THE HISTORY OF MEMORIAL DAY

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Memorial Day, originally called Decoration Day, is a day to remember those who have died in our nation's service. After the Civil war many people in the North and South decorated graves of fallen soldiers with flowers.

In the Spring of 1866, Henry C. Welles, a druggist in the village of Waterloo, NY, suggested that the patriots who had died in the Civil War should be honored by decorating their graves. General John B. Murray, Seneca County Clerk, embraced the idea and a committee was formed to plan a day devoted to honoring the dead. Townspeople made wreaths, crosses and bouquets for each veteran's grave. The village was decorated with flags at half mast. On May 5 of that year, a processional was held to the town's cemeteries, led by veterans. The town observed this day of remembrance on May 5 of the following year as well.

Decoration Day was officially proclaimed on May 5, 1868 by General John Logan in his General Order No. 11, and was first observed officially on May 30, 1868. The South did not observe Decoration Day, preferring to honor their dead on separate days until after World War I. In 1882, the name was changed to Memorial Day, and soldiers who had died in other wars were also honored.

In 1971, Memorial Day was declared a national holiday to be held on the last Monday in May. Today, Memorial Day marks the unofficial beginning of the summer season in the United States. It is still a time to remember those who have passed on, whether in war or otherwise. It also is a time for families to get together for picnics, ball games, and other early summer activities.

#### DAV VAN CONTACTS TO AND FROM VA MEDICAL CENTERS

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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 23<sup>rd</sup> 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.

