



Office of Veterans Advocacy

BULLETIN

January 2023

STATE OF IDAHO

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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.**

Dial 988

(then press 1)

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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**



If you took part in any of these efforts, the VA will automatically presume you were exposed to radiation. The VA added more than 20 burn pit and other toxic exposure presumptive conditions based on the PACT Act. This change expands benefits for Gulf War era and post-9/11 veterans and includes these cancers:

- Brain cancer
- Gastrointestinal cancer of any type
- Glioblastoma
- Head cancer of any type
- Kidney cancer
- Lymphatic cancer of any type
- Lymphoma of any type
- Melanoma
- Neck cancer
- Pancreatic cancer
- Reproductive cancer of any type
- Respiratory (breathing-related) cancer of any type

These illnesses are now also presumptive:

- Asthma that was diagnosed after service
- Chronic bronchitis
- Chronic obstructive pulmonary disease (COPD)
- Chronic rhinitis
- Chronic sinusitis
- Constrictive bronchiolitis or obliterative bronchiolitis
- Emphysema
- Granulomatous disease
- Interstitial lung disease (ILD)
- Pleuritis
- Pulmonary fibrosis
- Sarcoidosis

If you served in any of these locations and time periods, the VA has determined you were exposed to burn pits or other toxins. This is called presumption of exposure.

On or after September 11, 2001, in any of these locations:

- Afghanistan
- Djibouti
- Egypt
- Jordan
- Lebanon
- Syria
- Uzbekistan
- Yemen
- The airspace above any of these locations

On or after August 2, 1990, in any of these locations:

- Bahrain
- Iraq
- Kuwait
- Oman
- Qatar
- Saudi Arabia
- Somalia
- The United Arab Emirates (UAE)
- The airspace above any of these locations

With regard to all claims for PACT conditions, (herbicide additional conditions, expanded locations, radiation exposure, burn pits, etc.), the VA did not begin deciding these claims until January 1, 2023. While they work on these claims, special attention will be given to those with active cancers. The VA is aware that this is going to create a backlog of claims, but have been hiring many new employees to help rate these claims as quickly as possible. The environmental exposure/burn pit presumptive conditions DOES NOT APPLY to the Vietnam veterans. With the addition of the new burn pit conditions, the previous requirement for asthma, sinusitis, and rhinitis to have manifested within 10 years of leaving active duty has been removed. The new herbicide presumptive conditions/locations will not carry a Nehmer Ruling effective date. The effective date will be the date the new act was signed into law, with the exception of DIC claims.

On October 1, 2022, the VA expanded health care eligibility for certain veterans as directed by the PACT Act. A one-year open enrollment period will be available for eligible Vietnam veterans, Gulf War veterans, and Post-9/11 veterans. Eligibility is based on dates and locations of service, regardless of disability claim status. Once the open enrollment period has closed, veterans from these groups will be eligible for VA health care as part of a phased process depending on their discharge date. Enhanced enrollment eligibility has been extended from 5 years to 10 as a result of the PACT Act. New eligibility for enhanced enrollment has been made for veterans who served in the following capacity:

- On or after August 2, 1990:
 - Iraq
 - Kuwait
 - Bahrain
 - Oman
 - Qatar
 - Saudi Arabia
 - Somalia (new)
 - U.A.E.
- On or after September 11, 2001:
 - Afghanistan
 - Djibouti
 - Egypt (new)
 - Jordan (new)
 - Lebanon (new)
 - Syria
 - Yemen (new)
 - Uzbekistan
 - Any risk of exposure recorded in an exposure record tracking system, including ILER
 - Any other location the VA Secretary determines is appropriate
 - Operations Iraqi Freedom, Enduring Freedom, New Dawn, Freedom's Sentinel, Inherent Resolve, or Resolute Support Mission

Open Enhanced Enrollment begins October 1, 2022, through October 1, 2023.

For more information on the PACT Act and VA benefits, please visit the VA's webpage for the PACT Act at www.va.gov/resources/the-pact-act-and-your-va-benefits. If you have any additional questions, please direct them to your Regional Quality Assurance Specialist (RQAS). Be aware of Scams, especially when it comes to Camp Lejeune Justice Act or PACT Act Claims!! You do not have to pay an attorney to file disability compensation/non-service connected pension or survivor benefit claims to the VA.

In regard to the Debt Management Center (DMC), veterans who previously requested a hardship suspension through September 30, 2022, do not need to act. The DMC automatically extended their hardship suspension until December 31, 2022. Veterans who were experiencing financial hardship were able to request a temporary hardship suspension until December 31, 2022, with no paperwork required. Relief options continue to be available. Veterans and beneficiaries should contact the DMC if they experience difficulties making payments. The VA began resuming referring delinquent benefit debts to the Department of the Treasury in October 2022. Veterans can avoid referral by contacting DMC for debt relief options. The VA wants to work with veterans before their debt becomes delinquent. If veterans do not pay or request relief within the timeframes listed in their letters, the VA may refer delinquent debts to the Department of the Treasury. The Treasury Department may add fees and interest to debts, keep all or part of federal or state payments to pay down the debt, refer veterans to private collection agencies, and/or garnish non-federal wages.

On October 1, 2022, the VA's Program of Comprehensive Assistance for Family Caregivers expanded to include eligible veterans and family caregivers of all eras. Previously, the PCAFC was only available to eligible veterans who served on or after September 11, 2001, or before May 7, 1975. This expansion now opens the program to eligible veterans who served after May 7, 1975, and before September 11, 2001. In order to be considered for PCAFC, the veteran generally must meet the following criteria:

- Have a VA service connected rating of 70% (singular or combined), and
- Need personal care services (requiring in-person personal care services) for a minimum of six continuous months based on any one of the following:
 - An inability to perform an activity of daily living
 - A need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury
 - A need for regular or extensive instruction or supervision without which the ability of the veteran to function in daily life, would be seriously impaired

On September 15th, 2022, the VA submitted an interim final rule to the Federal Register extending Program of Comprehensive Assistance for Family Caregivers (PCAFC) eligibility for legacy participants, legacy applicants, and their family caregivers until September 30, 2025. Prior to this rule change, eligibility was set to expire on September 30, 2022.

In September 2020, Congress passed legislation to create a three-digit national suicide hotline as an alternative to 911 for mental health emergencies. All telephone service providers were required to activate the code "988" for this service no later than

July 16, 2022. As part of the new 988 rollout, the VA released a memo with information regarding this new program. A couple of the key points are:

- Once a veteran’s telephone service provider activates 988, they may use this option to access the Veterans Crisis Line by dialing “988” then pressing “1”
- The current phone number, 800-273-TALK (8255) will remain active – there are no plans to discontinue this number

The VA’s Insurance Program is preparing to roll out a new benefit called the Veterans Affairs Life Insurance (VALife). This program will replace the Service-Disabled Veterans Insurance or Supplemental S-DVI and no new application for the Service-Disabled Veterans Insurance will be accepted after December 31, 2022. Those insured under S-DVI can keep their current coverage or switch to VALife. Veterans who are insured under S-DVI and elect to transfer their coverage to VALife can be insured under both programs during the initial two-year period after enrollment in VALife, if they apply between January 1, 2023, and December 31, 2021. Veterans who convert from S-DVI to VALife after December 31, 2025, cannot keep S-DVI during the VALife waiting period. So what is VALife?

- Veterans who have a service connected disability rating (0-100%) and are age 80 and under are eligible
- Service-disabled Veterans who are 81 or older may qualify
- Eliminated deadlines to apply (prior program had a strict-two year window)
- Coverage is available up to \$40,000 in \$10,000 increments
- Offers a Cash Value component after 2 years
- Can be an Investment Opportunity for Veterans
- Once locked, rates will never increase

Important Reminder! VALife opened for enrollment on January 1, 2023. Once enrolled, there is a two-year waiting period for coverage to begin.

The National Personnel Records Center (NPRC) has resumed normal operations as of March 7, 2022. To submit a request, go to www.archives.gov/veterans/military-service-records. For most veterans, the only reason you would need to contact the archives is if a DD-214 is needed, as you do not need to request any records prior to filing a VA disability claim. If the veteran has already filed a claim with the VA, our office may already have the veteran's DD-214 or might have access to it. Check with our office before you submit a request.

With the New Year, if anyone is rated 100% by the VA or is rated Individual Unemployable (IU) and you own your home (or paying on a mortgage), you must get a new VA benefit letter showing you are rated 100% or in receipt of IU, which MUST be dated after January 1, 2023. These letters must be taken to your County Assessor's office before April 15, 2023. You can generate your own VA letter on the VA.Gov website (if you can log on), stop by the VA Regional Office and request the letter from the Public Contact Team, call the VA 1-800 phone number, or call our office and we can submit the request for you.

If there are any questions, please feel free to contact our offices and have a fun and safe winter season. And go Buckeyes!

VETERANS ENROLLED IN VA HEALTH CARE ELIGIBLE FOR NEW TOXIC SCREENINGS

Press Release, November 7, 2022

The Department of Veterans Affairs medical centers and clinics across the country will offer enrolled veterans a new toxic exposure screening. These screenings are a key part of the PACT Act, a new law that empowers the VA to deliver care and benefits to millions of toxic exposed veterans and their survivors.

The screening takes five to 10 minutes and begins by asking veterans if they believe they experienced any toxic exposures while serving in the armed forces. Veterans who answer “yes” are then asked about specific exposures, including: open burn pits, Agent Orange, radiation, contaminated water, and other exposures. Veterans enrolled in VA health care will be offered an initial toxic exposure screening then follow-up screenings at least once every five years. “These screenings are an important step toward making sure that all toxic exposed veterans get the care and benefits they deserve,” said VA Secretary Denis McDonough. “At the end of the day, these screenings will improve health outcomes for veterans—and there’s nothing more important than that.”

Veterans who report concerns about toxic exposures will be connected to information about clinical resources and benefits. These screenings are a part of the VA’s broader efforts to provide world-class health care for toxic exposed veterans. Veterans can ask about receiving the screening at their next VA primary care provider appointment. If Veterans are not assigned to a Primary Care team or wish to be screened sooner than their next appointment, we invite them to contact their local facility and ask to be screened by the Toxic Exposure Screening Navigator.

The VA began a pilot of this program on September 6th. Since then, the VA has screened more than 19,000 veterans and found a 37% concern of exposure among those veterans. We encourage veterans not currently enrolled in VA health care to apply now. Visit www.va.gov/health-care/apply/application/introduction to learn more.

VA REACHES 1 MILLION VETERANS IN MILITARY EXPOSURE SCREENINGS

Press Release, January 4, 2023

The Department of Veterans Affairs marks a historic milestone by screening 1 million veterans for military exposures as part of the PACT Act signed into law August 10, 2022. The screenings are a key component of the law — which empowers the VA to deliver care and benefits to millions of toxic exposed veterans and their survivors. “Since we launched the toxic exposure screening program, VA connected with 1 million veterans around the country,” said VA Under Secretary for Health Shereef Elnahal, MD. “Our health care teams reached an incredible breakthrough in a short length of time. These screenings are paramount to improving the health outcomes for veterans and providing them with the health care and benefits they’ve earned as quickly as possible. This is among the first steps we have taken to deliver even more benefits and health care to veterans who have been exposed to toxins during their service.”

The VA surpassed initial screening expectations through extensive outreach campaigns to include hosting more than 90 Week of Action events across all 50 states, the District of Columbia, and Puerto Rico. While The PACT Act Week of Action ended December 17, 2022, veterans can obtain screenings at any time of the year with their VA health care provider. Veterans enrolled in VA health care will be offered an initial toxic exposure screening then follow-up screenings at least once every five years. The screening takes an average of five to 10 minutes and begins by asking veterans if they believe they experienced any toxic exposures while serving in the Armed Forces. Veterans who answer “yes” are then asked about specific exposures, including open burn pits, Agent Orange, radiation, contaminated water, and other exposures.

If a veteran has been exposed to toxins during their time of service, the VA wants to know. It not only impacts their individual future care, but it can also improve overall toxic exposure-related care and outcomes. If you are a veteran who has not been screened for toxic exposure or has never received care at a VA facility, we encourage you to contact them about enrolling in the VA health care system and about obtaining a toxic exposure screening. The VA encourages all eligible veterans and survivors to apply for their earned PACT Act-related health care and benefits now. Don’t wait until something is wrong before coming to the VA — their providers are trained to recognize issues and concerns unique to veterans.

VA TO BEGIN PROCESSING PACT ACT CLAIMS IMMEDIATELY FOR TERMINALLY ILL VETERANS

Press Release, December 12, 2022

The Department of Veterans Affairs announced it will begin processing PACT Act benefits claims for eligible terminally ill veterans. While the VA does not have the authorities or capabilities to begin fully processing PACT Act claims for all other veterans until January 1, 2023, the VA was able to expedite processing for terminally ill veterans to December 12th. This ensures terminally ill veterans will receive their earned benefits and health care on the earliest possible date. “These veterans have stepped up to serve our country in the times when we needed them most — and now it’s our job to step up for them,” said VA Secretary Denis McDonough. “It’s the right thing to do to get these heroes the world-class health care and benefits they’ve earned as soon as possible, and that’s exactly what we’re going to do.”

December 12th is the earliest date the VA could begin processing claims for terminally ill veterans. Until January 1, 2023, the VA will only finalize decisions on PACT Act claims that result in a grant of benefits for terminally ill veterans. Claims that cannot be granted immediately will be held for further evaluation after publication of sub-regulatory guidance implementing the PACT Act. When the VA can begin processing all PACT claims January 1, 2023, they will continue to prioritize the processing of PACT Act claims for terminally ill veterans. At that point, the VA will also prioritize PACT Act claims filed by veterans with cancer, veterans experiencing homelessness, veterans older than 85 years old, veterans experiencing financial hardship, and Medal of Honor and Purple Heart recipients.

From the moment that the PACT Act was signed into law, the VA’s priority has been getting veterans the benefits they deserve as quickly as possible. The VA sped up the timeline for veterans to get their PACT Act benefits by several years by deciding not to phase in PACT Act benefits through 2026, as written into the legislation, and instead make all conditions in the PACT Act presumptive on August 10th, the date President Biden signed it into law. Since President Biden signed the PACT Act into law on August 10th, more than 176,000 veterans have applied for PACT Act-related benefits. The VA is currently executing the largest veteran outreach campaign in its history to inform veterans, their families and survivors about the PACT Act and encourage them to apply for the health care and benefits they have earned.

For more information about PACT Act and how to file a claim, visit www.va.gov/PACT. If veterans, their families, caregivers, or survivors have questions about the PACT Act and wish to speak with someone to help, they may call 800-MyVA411 at any time.

VA WILL BEGIN PROCESSING PACT ACT CLAIMS FOR ALL VETERANS & SURVIVORS ON JANUARY 1ST
Press Release, December 29, 2022

The Department of Veterans Affairs will begin processing PACT Act benefit claims for all veterans and their survivors on January 1st. The PACT Act is the most significant expansion of veteran benefits and care in more than three decades, empowering the VA to help millions of toxic exposed veterans and their survivors.

Since President Biden signed the PACT Act into law August 10th, more than 213,000 PACT Act-related claims for benefits have been submitted. Additionally, more than 959,000 veterans have received the VA’s new toxic exposure screenings, with nearly 39% reporting a concern of exposure. “The PACT Act is the least we can do for the countless men and women...who suffered toxic exposure while serving their country,” said President Biden during the PACT Act bill signing ceremony. “It means access to life insurance, home loan insurance, tuition benefits, and help with healthcare. It means new facilities, improved care, more research, and increased hiring and retention of healthcare workers treating veterans.”

From the moment the PACT Act was signed into law, the VA’s priority has been getting veterans the benefits they deserve as quickly as possible. The VA sped up the timeline for many veterans to get their PACT Act benefits by several years by deciding not to phase in PACT Act benefits through 2026, as written into the legislation, and instead make all new PACT Act presumptions of exposure and service connection applicable August 10th.

January 1st is the earliest date the VA will have both the authorities and capabilities necessary to fully process all PACT Act claims. “We at VA are ready to process these claims and deliver PACT Act-related care and benefits to toxic exposed veterans and their survivors,” said VA Secretary Denis McDonough. “To all veterans and survivors: don’t wait, apply now – we will get you the care and benefits you deserve.” “Right now, VA is delivering more benefits, more quickly, to more veterans than ever before – and we are ready to deliver PACT Act benefits to all veterans starting January 1,” said Josh Jacobs, senior advisor for policy, who is currently performing the delegable duties of the Under Secretary for Benefits.

To prepare for the influx of PACT Act claims, the Veterans Benefits Administration has been aggressively hiring and training Veterans Service Representatives, Rating Veterans Service Representatives, and Legal Administrative Specialists around the nation. Over the past two years, the VA has hired more than 2700 individuals to help process veteran claims. As a result of these efforts, the VA is processing claims at the fastest rate in VA history: in 2022, the VA completed more than 1.7 million VA disability and pension claims for veterans, an all-time VA record that broke the previous year’s record by 12%.

While the VA did not have the capabilities to begin fully processing PACT Act claims for all veterans until Jan. 1, 2023, the VA was able to expedite processing for terminally ill veterans beginning December 12th. The VA continues to prioritize processing claims for terminally ill veterans, veterans with toxic exposure-related cancers, veterans experiencing homelessness, veterans older than 85 years old, veterans experiencing financial hardship, and Medal of Honor and Purple Heart recipients.

In most cases, if a veteran files a claim within the first year after the President signed the bill, the effective date for benefits will be August 10, 2022. For more information about PACT Act and how to file a claim, visit www.va.gov/PACT. If veterans, their families, caregivers, or survivors have questions about PACT Act and wish to speak with someone to help, they may call 800-MyVA411 at any time.

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 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.

VETERANS IN SUICIDAL CRISIS CAN GO TO ANY VA OR NON-VA CARE FACILITY FOR FREE

Press Release, January 13, 2023

Starting January 17th, veterans in acute suicidal crisis will be able to go to any VA or non-VA health care facility for emergency health care at no cost – including inpatient or crisis residential care for up to 30 days and outpatient care for up to 90 days. Veterans do not need to be enrolled in the VA system to use this benefit. This expansion of care will help prevent veteran suicide by guaranteeing no cost, world-class care to veterans in times of crisis. It will also increase access to acute suicide care for up to 9 million veterans who are not currently enrolled for VA health care.

Preventing veteran suicide is the VA’s top clinical priority and a top priority of the Biden-Harris administration. This effort is a key part of the VA’s 10-year National Strategy for Preventing Veteran Suicide and the Biden-Harris administration’s plan for reducing military and veteran suicide. In September, the VA released the 2022 National Veteran Suicide Prevention Annual Report, which showed that veteran suicides decreased in 2020 for the second year in a row, and that fewer veterans died by suicide in 2020 than in any year since 2006. “Veterans in suicidal crisis can now receive the free, world-class emergency health care they deserve – no matter where they need it, when they need it, or whether they’re enrolled in VA care,” said VA Secretary for Veterans Affairs Denis McDonough. “This expansion of care will save veterans’ lives, and there’s nothing more important than that.”

The VA has submitted an interim final rule to the federal register to establish this authority under section 201 of the Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act of 2020. The final policy, which took effect on January 17th will allow the VA to provide, pay for, or reimburse for treatment of eligible individuals’ emergency suicide care; transportation costs; follow-up care at a VA or non-VA facility for up to 30 days of inpatient care and 90 days of outpatient care. It also allows the VA to make appropriate referrals for care following the period of emergency suicide care, determine eligibility for other VA services and benefits, and refer eligible individuals for appropriate VA programs and benefits following the period of emergency suicide care.

Eligible individuals, regardless of VA enrollment status are veterans who were discharged or released from active duty after more than 24 months of active service under conditions other than dishonorable; former members of the armed forces, including reserve service members, who served more than 100 days under a combat exclusion or in support of a contingency operation either directly or by operating an unmanned aerial vehicle from another location who were discharged under conditions other than dishonorable; and former members of the armed forces who were the victim of a physical assault of a sexual nature, a battery of a sexual nature, or sexual harassment while serving in the armed forces.

Over the past year, the VA has announced or continued several additional efforts to end veteran suicide, including establishing 988 (then press 1) as a way for veterans to quickly connect with caring, qualified crisis support 24/7; proposing a new rule that would reduce or eliminate copayments for veterans at risk of suicide; conducting an ongoing public outreach effort on firearm suicide prevention and lethal means safety; and leveraging a national veteran suicide prevention awareness campaign, “Don’t Wait. Reach Out.”

VA CONTINUES AGGRESSIVE HIRING PUSH TO DELIVER PACT ACT CARE & BENEFITS

Press Release, December 8, 2022

The Department of Veterans Affairs is hiring qualified individuals to join the benefits team as the VA begins processing PACT Act claims starting in January 2023. These new VA employees will help ensure veterans and survivors get the PACT Act-related benefits they’ve earned in a timely manner. They will serve in the roles of Veterans Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist, and will work across 56 regional offices and 39 other special processing and call centers within the United States and Puerto Rico.

Veterans have filed more than 175,000 PACT Act-related claims since August 10th, when President Biden signed the act into law. “There are millions of veterans and survivors who are eligible for new benefits and health care as a result of the PACT Act, and we won’t rest until every one of them gets what they deserve,” said VA Secretary Denis McDonough. “That means aggressively hiring new VA team members to make sure we’re able to process claims and deliver care to veterans as quickly and effectively as possible. There’s no better mission than serving veterans, their families, caregivers, and survivors — and we encourage folks to apply to join our team today.”

The Veterans Health Administration is also aggressively hiring to prepare for a surge in PACT Act-related care. In FY 2022 VHA hired a record 48,500 new clinical and administrative staff, an increase of 5,000 more hires than in FY 2021. Since the start of the current fiscal year in October, The VHA achieved a net increase of 1,815 more employees onboarded compared to zero last year. As the VA aims for another record year, rapid and competitive hiring is a top priority for FY 2023. The department is

VA LAUNCHES LARGEST EVER LIVER CANCER SCREENING STUDY

Press Release, December 8, 2022

The Department of Veterans Affairs will embark on a study to determine the most effective screening technique for liver cancer, a deadly cancer that can be cured if caught early. This is the largest clinical trial in history related to liver cancer screening. The study will determine whether detecting liver cancer earlier with abbreviated MRI can make a difference for patients' risk of death. Better known as PREMIUM — PREventing Liver Cancer Mortality through Imaging with Ultrasound vs. MRI — the trial's objective is to determine whether screening with abbreviated magnetic resonance imaging is better than ultrasound, the current standard of care in reducing liver cancer deaths in veterans. "This type of large, multicenter trial could only be conducted by VA, the largest integrated health care system in the country," said Assistant Under Secretary of Health for Discovery, Education and Affiliate Networks Carolyn M. Clancy, M.D. "VA has a high prevalence of patients with advanced liver disease who could benefit from screening for liver cancer. The study has the potential to change clinical practice for tens of thousands of veterans and non-veterans alike, and it could answer key questions about liver cancer screening that have been debated for more than three decades."

This effort is a part of the Biden-Harris Administration's Cancer Moonshot to care for those with cancer and end cancer as we know it. Liver cancer is the sixth leading cause of cancer-related death in the U.S. The PREMIUM trial will recruit 4,700 veterans with cirrhosis (liver scarring caused by several different conditions) from 47 VA medical centers. The VA's Veterans Health Administration is the largest health care provider in the U.S. for patients with cirrhosis, a leading risk factor for liver cancer.

Enrollment will begin in 2023 and follow participants over an 8-year period. This is the first clinical trial to compare the two screening methods (ultrasound and MRI) for effect on patient death. Ultrasound has long been the standard of care for liver cancer screening. However, its quality can vary significantly depending on the person doing the procedure and the body type of the patient. MRI is the gold standard for detecting liver cancer once a mass is detected on ultrasound. Abbreviated MRI, a much shorter procedure than standard MRI, has shown promise in detecting liver cancer at early stages. The trial is led by co-chairs Dr. George Ioannou of the VA Puget Sound Healthcare System and Dr. Tamar Taddei of the VA Connecticut Healthcare System, sponsored by the VA Cooperative Studies Program and coordinated by the West Haven CSP Coordinating Center.

A HISTORY OF THE NEW YEAR

By Borgna Brunner

The celebration of the new year on January 1st is a relatively new phenomenon. The earliest recording of a new year celebration is believed to have been in Mesopotamia, c. 2000 B.C. and was celebrated around the time of the vernal equinox, in mid-March. A variety of other dates tied to the seasons were also used by various ancient cultures. The Egyptians, Phoenicians, and Persians began their new year with the fall equinox, and the Greeks celebrated it on the winter solstice.

The early Roman calendar designated March 1st as the new year. The calendar had just ten months, beginning with March. That the new year once began with the month of March is still reflected in some of the names of the months. September through December, our ninth through twelfth months, were originally positioned as the seventh through tenth months. Septem is Latin for "seven," octo is "eight," novem is "nine," and decem is "ten."

The first time the new year was celebrated on January 1st was in Rome in 153 B.C. In fact, the month of January did not even exist until around 700 B.C., when the second king of Rome, Numa Pontilius, added the months of January and February. The new year was moved from March to January because that was the beginning of the civil year, the month that the two newly elected Roman consuls—the highest officials in the Roman republic—began their one-year tenure. But this new year date was not always strictly and widely observed, and the new year was still sometimes celebrated on March 1st.

In 46 B.C. Julius Caesar introduced a new, solar-based calendar that was a vast improvement on the ancient Roman calendar, which was a lunar system that had become wildly inaccurate over the years. The Julian calendar decreed that the new year would occur with January 1st, and within the Roman world, January 1st became the consistently observed start of the new year.

In medieval Europe, however, the celebrations accompanying the new year were considered pagan and unchristian like, and in 567 the Council of Tours abolished January 1st as the beginning of the year. At various times and in various places throughout medieval Christian Europe, the new year was celebrated on December 25th, the birth of Jesus; March 1st; March 25th, the Feast of the Annunciation; and Easter.

In 1582, the Gregorian calendar reform restored January 1st as new year's day. Although most Catholic countries adopted the Gregorian calendar almost immediately, it was only gradually adopted among Protestant countries. The British, for example, did not adopt the reformed calendar until 1752. Until then, the British Empire—and their American colonies—still celebrated the new year in March.

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.

