

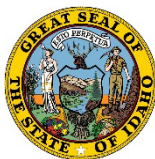


# Idaho Division of **VETERANS SERVICES**

*Caring for  
America's  
Heroes*

## **The Office of Veterans Advocacy Bulletin**

### **January 2024**



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To be connected to a VA Suicide prevention and mental health professional, call the toll-free National Suicide Prevention Hotline, and indicate you are a veteran.

Call or Text **988** or **(800) 273-8255**

ALL EMPLOYMENT ACTIVITIES AND SERVICES ARE ADMINISTERED IN A NON-DISCRIMINATORY 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 Tiffany Barrett at*

**[tiffany.barrett@veterans.idaho.gov](mailto:tiffany.barrett@veterans.idaho.gov)**



## FROM BILL'S DESK

\*\*\*\*\*

I hope everyone had an Outstanding Holiday Season and off to a Happy New Year. Within our office, we have had some personnel changes: Our long time Administrative Assistant in the VA Regional Office (Jennel Binsky) has moved on to a new chapter after serving in this role for over 25 years and has been replaced by Jess Tegnell. I want to thank Jennel for her many years assisting Veterans and Family members, and I wish her the best of luck in the future while welcoming Jess in her new position! We now have a new/additional Veteran Service Officer in the VA Regional Offices- Rodrigo Madrigal-Vega. Rodrigo is an Army Veteran of seven years and served as an Artillery Forward Observer. We also have changes in our Pocatello Office (co-located in the Idaho Department of Labor Office) as Darrel Homer has moved on to a new career after serving with us for three years. Darrel has been replaced by Emberly Bertasso (who was the Administrative Assistant of the Pocatello Office). In her place, we have just hired Savannah Escobar as our new Administrative Assistant I in our Pocatello Office. Welcome to the Team!

I want to thank the Department of Veterans Affairs and the Veterans of Foreign Wars, National Veterans Service for most of the updates that I am providing.

The VA implemented a Cost-of-Living Allowance Increase of 3.2% beginning on all monetary awards for January 1, 2024.

The Boise VA Regional Office continues to hire for various positions within the VA Regional Office and they are planning on hiring approximately 20 more employees within Fiscal Year 2024. If anyone is interested, log onto USAJobs.com and apply.

Nationwide, the VA has completed 1.97 million claims in 2023 and has a goal of 2.4 million claims being completed in 2024. There are currently a little over 1 million claims pending and half of those are PACT Act Presumptive claims. 37% of the pending claims are considered backlogged. For Idaho Veterans, there are approximately 2,800 PACT Act claims pending, 5,200 claims have been granted which equated to \$22 Million Dollars paid out in retroactive benefits (80% Grant Rate).

This was posted in the last bulletin, but it is worth repeating. The VA has released the new Plot Allowance Rates for Fiscal Year 2024. The Service-Connected Burial Benefit remains at \$2,000. For the Non-Service-Connected Burial Benefit, if a Veteran passes away after October 1, 2023, the VA will pay \$948.00 for the Burial Allowance and if the Veteran is interred in a private cemetery, the VA will also pay \$948.00 for the Plot Allowance Rate. The VA does not pay the claimant the Plot Allowance Rate if a Veteran is interred at a State or National Veterans Cemetery. If a Veteran passed away after January 5, 2023, and before October 1, 2023, the VA will pay \$893.00 for the Non-Service Connected Burial Benefit. If the Itemized Funeral Bill breaks out a separate amount charged for transportation of remains, the VA will reimburse a "reasonable amount" for transportation of remains charges on both the Service Connected and Non-Service-Connected Burial Allowances. As a reminder, a Non-Service-Connected Burial Claim **MUST** be submitted within **TWO YEARS** of the Veterans passing. There is no time limit to file for a Service-Connected Burial Allowance.

**\*\*\* Soap Box Time \*\*\*** Many times per month, my Team and I assist surviving spouses that think that they will continue to receive the Veteran's monthly VA award. The Veteran's award stops once the Veteran passes away and the surviving spouse then must qualify for Dependency Indemnity Compensation (DIC) for a service-connected cause of death or Survivor's Pension. If they do not qualify for either benefit, they will not be receiving anything from the VA once the Veteran passes away.

On November 3, 2023, a final rule was issued in the Federal Register that establishes presumptive service connection for certain cancers due to exposure to fine particulate matter during eligible service in the Southwest Asia Theater of Operations. This final rule follows the April 26, 2022 interim final rule ([87 FR 24421 April 26, 2022](#).) The M21-1 has also been updated to reflect these changes ([M21-1 Part VIII, Subpart ii, Chapter 2, Section A](#)). Eligible service for this presumption includes active military, naval or air service in the Southwest Asia theater during the Persian Gulf War from August 2nd, 1990, onward as well as Afghanistan, Syria, Djibouti, or Uzbekistan on or after September 19, 2001.



The nine presumptive cancers included in this regulation are:

- Squamous Cell Carcinoma (SCC) of the Larynx
- SCC 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
- Sacomatoid Carcinoma of the Lung
- Typical and Atypical Carcinoid of the Lung

The provisions of this final rule shall apply to all claims for service connection of the above cancers if received by VA on or after 4/26/2022 or that were pending before VA, the CAVC or the CAFC on April 26, 2022.

VA has released official guidance to mortgage servicers calling for a pause on foreclosures on VA-backed loans. VA expects that any foreclosures filed since November 17, 2023, will be put on hold, along with any other in-process or upcoming foreclosures on VA-backed loans. The foreclosure process will be paused for these Veterans through May 31, 2024, giving additional time to these veterans to find solutions to stay in their homes. Veterans who are struggling with VA-backed mortgage payments can visit the VA Housing Assistance website <https://www.va.gov/housing-assistance/> or call VA at 877-827-3702 for assistance.

Between 2011 and 2022, due to discrepancies in data matching, VA was unable to reliably verify the self-reported social security income of Veterans and survivors receiving pensions (VA Non-Service-Connected Pensions for Veterans and Survivor Pensions for Surviving Spouses). When income verification resumed in July 2022, roughly 9,900 beneficiaries were determined to have higher income levels than self-reported. This resulted in VA pension overpayments which – in some cases – spanned many years. Recognizing the hardship and distress that these pension debts may cause, VA has paused the collection of all established pension debts and the establishment of new pension debts while they determine the path forward. Because this is a particularly vulnerable population of Veterans and survivors, VA is pursuing all available options to provide as much pension debt relief as possible. VA will be reaching out directly to affected Veterans and survivors to let them know that pension debt collection has been paused while we pursue options for relief – and they will keep them updated throughout every step of this process. Additionally, to prevent issues like this from happening in the future, VA will be conducting a review to understand why the data discrepancies occurred and why it took so long to address.

On September 26, 2023, the VA Central Office discovered a recent error in CHAMPVA's computer system which resulted in CHAMPVA beneficiaries paying incorrect out of pocket expenses. As a result of the system error, some CHAMPVA beneficiaries were overcharged while others were potentially undercharged. The VA has fixed the system error they and are monitoring the system closely to ensure that the issue does not reoccur. VA has identified over 6,000 families who were over-charged, and VA is in the process of reimbursing those families by the end of the calendar year. VA is working to identify beneficiaries who were undercharged and evaluating potential funds owed to VA. The VA will explore all debt relief options if families are identified as owing funds to VA as a result correcting this system error.

**If anyone wants to file a Camp Lejeune Justice Act Claim/Lawsuit, it must be submitted before August 10, 2024. The Camp Lejeune Justice Act involves getting an attorney and filing a lawsuit against the Department of the Navy. It has nothing to do with service connection and the VA.**

Department of Defense Annual Report on Suicide in the Military -Attached to this update is the 2022 Department of Defense Annual Report on Suicide in the Military provided by the Office of Force Resiliency. This report is published annually to provide suicide data for Service members and their families & describes current and ongoing efforts to address suicide in the Department of Defense (DoD).

**Some Key Takeaways:**

- Fewer Service members died by suicide in 2022 (492) than last year (524)
- The suicide rate for the Active Component increased by 3% compared to 2021. Reserve and National Guard, rates decreased by 12% and 18%
- The overall trend from 2011 – 2022 for the Active Component is increasing, and there is no decreasing or increasing trend for the Reserve and National Guard between 2011-2022
- Firearms are the leading method of suicide death (69% Total, 65-81% by Component)
- Fewer family members died by suicide in 2021 (168) than in previous years (~200) and rates are 16% lower than in 2020.
- Firearms continue to be the leading method of suicide death (56-61%)

**Veterans can access help by:**

- Dialing 988 then pressing 1
- Using the online chat feature at <https://www.veteranscrisisline.net/>
- Texting 838255

The Boise State Veterans Home is slated to begin construction of the new Home (on the same grounds as the current Home) by May 2024. The Lewiston State Veterans Home should begin their remodel project next year and the Pocatello Home in the next 2-3 years. Once complete, all four State Veterans Homes will be single bed/single bathrooms.

Reminder- we are now in 2024 and if a Veteran needs a new VA Benefit Letter showing their current disability rating/income for the State's 100% Service Connected Property Tax Program (Annual Property Tax reduced by up to \$1,500 on the December 2024 Bill for either being rated 100% or Individual Unemployability) or the Property Tax Reduction Act (Circuit Breaker Program), you can 1) go onto VA.gov and request a benefit letter, call the VA's 1-800 number and request the letter (800-698-2411), stop by the Boise VA Regional Office and request the letter from the VA Public Contact Team, or 4) contact your Veteran Service Officer and they can request it for you. The State did pass a new Law last year which says if a Veteran is rated Permanent and Total, the County Assessor's Office/State Tax Commission does not need a new letter each year as they did in the past.

If there are any questions, please feel free to contact our offices and enjoy the Winter Weather and associated activities.

Semper Fidelis,

*Bill Heyob*

Bill Heyob  
SgtMajor/USMC (Retired)  
Bureau Chief/State Veteran Service Officer  
Office of Veterans Advocacy  
Idaho Division of Veterans Services

# Department of Defense Annual Report on Suicide in the Military: Calendar Year (CY) 2022



## Office of Force Resiliency

Ms. Beth Foster

Executive Director Force Resiliency

Dr. Liz Clark

Director Defense Suicide Prevention Office

**MSO/VSO Briefing – Embargoed until 10/26/23 AT 1300**

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## CY 2022 | Setting the Stage



### Bottom Line Up Front



The Annual Report publishes **annual suicide data (counts & rates)** for Service members and their families & describes **current and ongoing efforts to address suicide** in the Department of Defense (DoD). Some of the data appear promising but we remain cautiously optimistic and continue to aim for a decrease in long-term trends.

### Key Takeaways



#### Service Member Data (2022)

- Fewer Service members died by suicide in 2022 (492) than last year (524). The suicide rate for the Active Component increased by 3% compared to 2021. For the Reserve and National Guard, rates decreased by 12% and 18%.
- The overall trend from 2011 – 2022 for the Active Component is increasing, and there is no decreasing or increasing trend for the R and NG between 2011-2022.
- Military suicide rates are largely similar to the US population between 2011-2021
- Firearms are the leading method of suicide death (69% Total, 65-81% by Component)

#### Family Member Data (2021- latest available)

- Fewer family members died by suicide in 2021 (168) than in previous years (~200) and rates are 16% lower than in 2020. Decreases observed especially for male spouses & dependents.
- Firearms continue to be the leading method of suicide death (56-61%)

#### Current & Ongoing Efforts / Way Forward

- Focus on fostering a supporting environment, addressing stigma as a barrier to care, improving delivery of mental health care, promoting a culture of lethal means safety, & revising suicide prevention training

### Way Forward



The Department is focusing on the **suicide prevention priorities identified by the SecDef on September 26, 2023**, based on the **recommendations from the Suicide Prevention and Response Independent Review Committee (SPRIRC)**.

Implementation efforts will focus on:

- Drafting plans of action & milestones (POAMs) for approved actions
- Evaluating and tracking SPRIRC progress



# CY 2022 | Service Member Key Data

**BLUF**

Fewer Service members died by suicide in 2022 (492) than in 2021 (524). Suicide rates in 2022 were similar in the Active Component (3%▲ but not statistically significant) and slightly lower among the Reserve and National Guard (12% ▼ & 18% ▼ but not statistically significant) than in 2021. Between 2011-2022, AC suicide rates have an increasing trend and no trend for Reserve and National Guard. We aim for a decrease in long-term trends.

## 2022 Suicide Counts & Rates

**492 Total Service Members**  
Died by Suicide (CY21, 524)  
331 Active | 64 Reserve | 97 Guard

Per 100,000 Service Members

**25.1 Active Component**  
Service Members (CY21, 24.3)

**19.1 Reserve**  
Service Members (CY21, 21.8)

**22.2 National Guard**  
Service Members (CY21, 27.0)

## KEY TAKEAWAYS



Active Component suicide rates **gradually increased between 2011-2022**

(Although rates in the last two years appear slightly lower than in 2020)

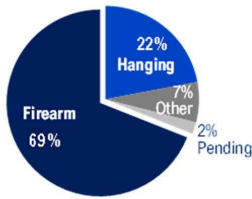
Reserve & Guard suicide rates fluctuate year-to-year but there is **no increasing or decreasing trend** from 2011-2022



Since 2011, military suicide rates are, in most years, **similar to the U.S. population**

(Accounting for age & sex differences - military is younger & mostly male)

## Most Common Method | Firearm



Showing Total Force data.  
By Component: AC, is 65%,  
R is 70% and NG is 81%

## Demographic & Contextual Data

### Active Component

68% Young (under 30)  
91% Enlisted  
93% Male

This is similar among the Reserve and Guard, consistent with prior years and largely reflects Total Force demographics

## Health & Life Stressors (DoDSER)

45% Behavioral health diagnosis

42% Relationship problems

26% Workplace issues

26% Admin./legal issues

10% Financial issues



Behavioral health problems are treatable and **seeking help is a sign of strength**

## WHAT THIS TELLS US:

Suicide prevention needs a **comprehensive, integrated approach**. The DoD aims to:

- Foster supportive environments
- Address stigma as a barrier to care
- Improve delivery of mental health care
- Promote a culture of lethal means safety
- Revise suicide prevention training

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# Suicide Rates | Active Component by Service

## KEY TAKEAWAYS

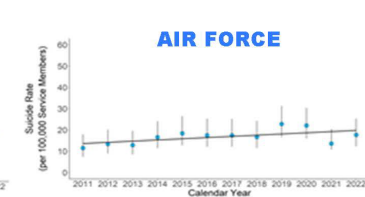
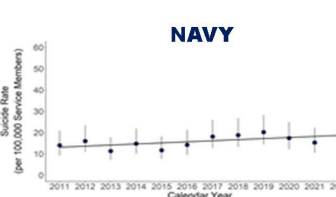
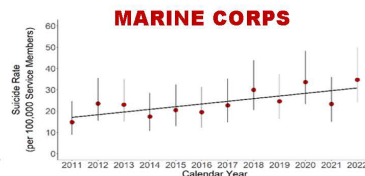
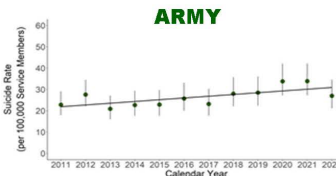
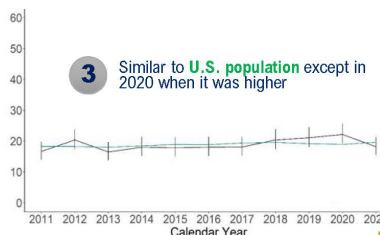
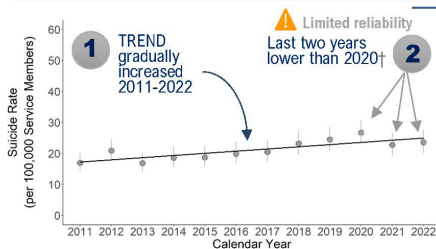


Suicide rates for the **Active Component (AC) Service members gradually increased 2011-2022\***. Although in the last two years the rates are lower than in 2020†.

In most years, the AC suicide rate was **similar to the U.S. population**, except in 2020 when it was higher\*.

Suicide rates for **all Services\* gradually increased from 2011- 2022**. Suicide rates for each Service in 2022 had different year-to-year changes (see below).

▲ Year-to-year comparisons have limited reliability and serve as preliminary insights.



\*Statistically significant—high confidence this is a true difference and not due to chance

†Not statistically significant—low confidence this is a true difference (e.g., likely due to chance or normal variation).

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# Suicide Rates | Reserve & National Guard

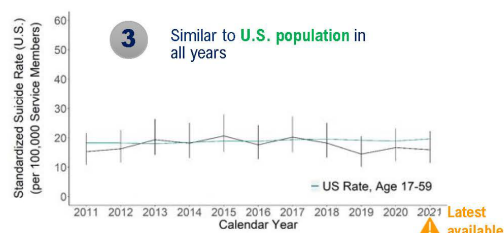
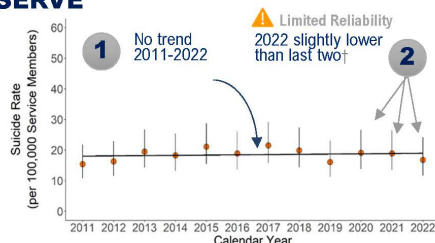
## KEY TAKEAWAYS



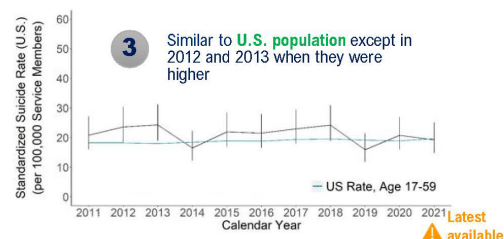
Suicide rates for the **Reserve & National Guard** did not have an increasing or decreasing trend 2011-2022. They fluctuate year-to-year and in 2022 suicide rates for both appear slightly lower than in the previous two years<sup>†</sup>.

Between 2011 and 2021, Reserve suicide rates were **similar to suicide rates in the U.S. population in all years**. In the same time frame, the National Guard suicides rates were similar to the U.S. population except in 2012 and 2013.

### RESERVE



### NATIONAL GUARD



<sup>†</sup>Not statistically significant—low confidence this is a true difference (e.g., likely due to chance or normal variation).

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## CY 2022 | AC Service Member Additional Data

From the DoD Suicide Event Report System Data (DoDSER)

### Among AC Service Members who died by suicide in 2022:

#### 87% Occurred in the Continental U.S. (CONUS)

Within the U.S. suicide deaths occur typically where there are the largest concentrations of Service members for example in California, Texas, Virginia, and North Carolina)

And most occurred in either private residences or military barracks/berthing/housing (Location of injury/ death)



### New in the DoDSER

4% Identified as gay, lesbian, or bisexual

14% Experienced abuse before age 18

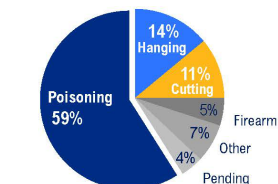


Over time, this new information from the DoDSER may help shape understanding of suicide risk

### Among 1,287 reported suicide attempts for AC Service Members in 2022:

319 Army  
274 Marine Corps  
282 Navy  
403 Air Force

31% of attempts were among female Service members and 69% were among male Service members.



**Poisoning** (drug and non-drug) was the most common method among those who experienced a nonfatal suicide attempt.

### Within the year before the attempt

48% Reported behavioral health diagnosis  
38% Reported intimate relationship problems  
26% Reported workplace difficulties  
20% Reported administrative/legal problems  
11% Reported experiencing assault or harassment  
10% Reported financial difficulties



Behavioral and mental health problems are treatable and seeking help is a sign of strength

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## CY 2021\* | Family Member Key Data

\*Family member data lags 1 year based on sourcing from CDC



BLUF

Fewer Family members died by suicide in 2021 (168) than in previous years (~200) and rates appear slightly lower than previous years, especially for male spouses and dependents (None are statistically significant differences in rates but are moving in the right direction.) Compared to 2020 there is a 16% ▼ for all family members, 14% ▼ for spouses, 26% ▼ for dependents.

## 2021 Suicide Counts &amp; Rates

**168 Total Family Members** Died by Suicide (CY20, 202)  
114 Spouses | 54 Dependents

Per 100,000 Family Members

**6.5 Family Members** (CY20, 7.7)  
Spouses & Dependents

**11.2 Spouses** (CY20, 13.0)

**3.4 Dependents** (CY20, 4.3)  
Minor & non-minor

Most Common Method | Firearm

Spouses

61%

Dependents

56%

Demographic &amp; Contextual Data

## SPOUSES

52% Female  
84% < 40 years old  
48% Service history

## DEPENDENTS

30% Female  
69% < 18 years old  
<5% Service history

## KEY TAKEAWAYS



**Suicide rates for Family members appear slightly lower than in previous years.**

Suicide rates for male family members (spouses and dependents combined) appear lower in 2021 versus 2020.



In 2021, suicide rates for **spouses & dependents were similar to the suicide rates in the U.S. population** when accounting for age and sex differences.

## SPOUSES

- Male spouses accounted for about 48% of spouse suicides but made up about 14% of all military spouses
- About 48% had any service history (78% of men and 20% of women)
- About 44% of female military spouses used a firearm, whereas about 35% of women 18-60 years old in the U.S. population used a firearm

## DEPENDENTS

- Male dependents accounted for about 70% of dependent suicides deaths
- About 69% of dependents who died by suicide were under 18 years old
- Less than 5% of dependents who died by suicide had any service history

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## Summary | Current &amp; On-going Efforts



## Fostering a Supportive Environment

- "Taking Care of Our People" initiatives delivered key quality-of life-benefits
- Hired & trained over 400 members of the specialized prevention workforce
- Conducted On-Site Installation Evaluations (OSIE) at 19 sites & 12 ships through 2023
- Expanded the year-long suicide prevention communication campaign

## Addressing Stigma as a barrier to care

- Reviewed 600+ policy documents in ongoing effort to identify and remove stigmatizing language
- Revitalized the Real Warriors Campaign to support psychological health/readiness
- Created resources to support parents & educators

## Improving Delivery of Mental Health Care

- Implemented the ability for Service members to request referrals for mental health evaluations for any reason
- Examined clinical & implementation intervention methods to translate into evidence-based care
- Implemented programs that help address unique challenges in accessing mental health services among the National Guard and Reserve.

## Promoting a Culture of Lethal Means Safety

- Partnered with federal agencies to examine safe storage policy
- Enforcing existing restrictions on private firearms in barracks and promoting secure storage of privately owned firearms when residing on installation in barracks/dormitories and in family housing when children reside in the home.
- Initiated pilots to explore appropriate settings & effective communication on safe storage in early military career training
- Updated policy on program evaluation & supported Service-level LMS program evaluation capabilities

## Highlighted Service-Specific Efforts



**Army** initiated efforts to **integrate LMS across the enterprise** & established a LMS Mini-site with a Communications Toolkit, a LMS Catalogue & Community of Practice for Army Professionals.



**Marine Corps** developed a public facing **online interactive Suicide Prevention Resource** for active duty, families, & those who support Marines, in addition to the 7 Total Force Fitness efforts.



**Navy's** Sailor Assistance and Intercept for Life (**SAIL**) **increased usage** from 49% (2020) to 62% (2022), with overall 2400+ Sailors voluntarily participating.



**Air Force** is **expanding Wingman Connect**, (increases social connection and resilience) to include Airmen and Guardians during Technical Training School.



**National Guard Bureau** is **implementing Project SafeGuard** in three States. PSG is a peer-to-peer program on lethal means safety, peer counseling, & gun locks delivered by trained Service members.

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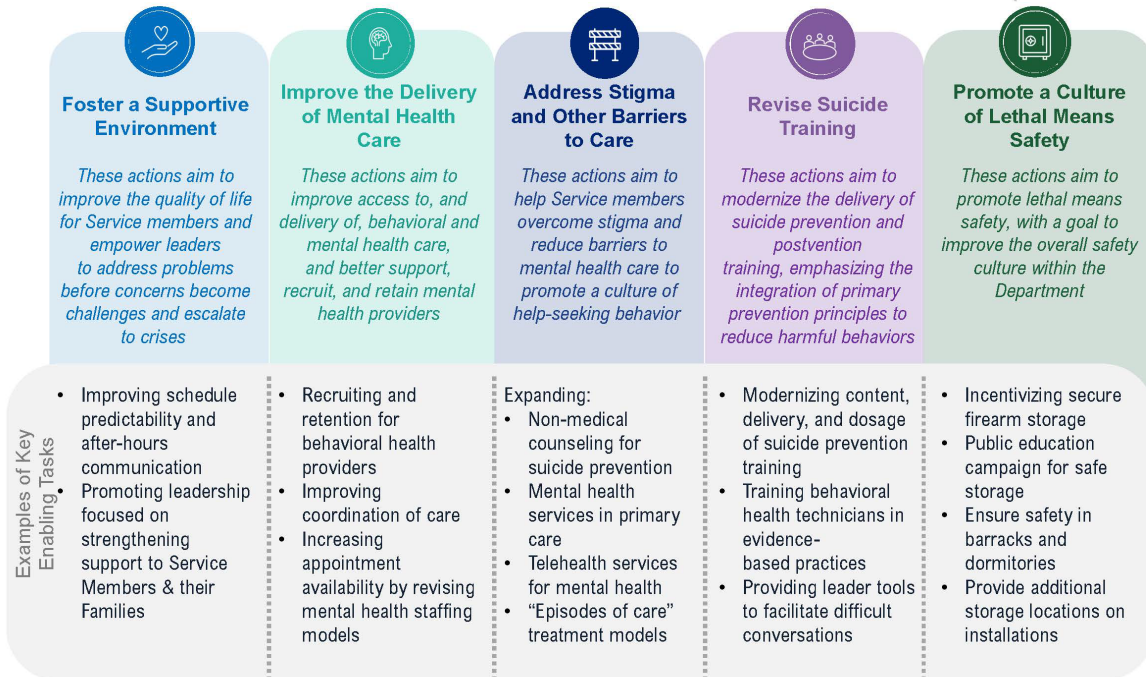


## Way Forward

Secretary of Defense's Priority Initiatives based on Suicide Prevention and Response Independent Review Committee (SPRIRC)



Secretary Austin approved a campaign plan with 5 Lines of Effort & enabling tasks to strengthen the DoD's suicide prevention strategy, adopted and modified from the SPRIRC recommendations. These actions are part of the unprecedented focus of DoD's leadership, consistent with the Taking Care of People initiative.



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## Service Member | Demographics



**Table 2** Demographic and Contextual Characteristics of Active Component Service Members who died by suicide in CY 2022 (Rate per 100,000, count (number), percent)

	Total	Rate	Count	Percent
	--	331	100%	
<b>Sex</b>				
Male	28.3	308	93.1%	
Female	9.9	23	6.9%	
<b>Age Group</b>				
17-19	--	16	4.8%	
20-24	31.9	135	40.8%	
25-29	23.8	73	22.1%	
30-34	24.0	51	15.4%	
35-39	23.6	38	11.5%	
40-44	--	16	4.8%	
45-49	--	2	0.6%	
50+	--	0	0.0%	
<b>Race</b>				
White	26.3	237	71.6%	
Black/African American	22.5	51	15.4%	
Asian/Pacific Islander	--	18	5.4%	
Am. Indian/Alaskan Native	--	4	1.2%	
Other/Unknown	22.8	21	6.3%	
<b>Rank</b>				
E (Enlisted)	28.2	301	90.9%	
E1-E4	28.1	153	46.2%	
E5-E9	28.3	148	44.7%	
O (Commissioned Officer)	11.1	24	7.3%	
W (Warrant Officer)	--	5	1.5%	
Cadet	--	1	0.3%	
<b>Marital Status</b>				
Never Married	27.6	165	49.8%	
Married	22.4	147	44.4%	
Divorced	--	19	5.7%	
Widowed	--	0	0.0%	

**Table 3** Demographic and Contextual Characteristics of Reserve and National Guard Service Members who died by suicide in CY 2022 (Rate per 100,000, count (number), percent)

	Total	Reserve			National Guard		
		Rate	Count	Percent	Rate	Count	Percent
		--	64	100%		97	100%
<b>Sex</b>							
Male	21.9	56	87.5%		25.2	88	90.7%
Female	--	8	12.5%		--	9	9.3%
<b>Age Group</b>							
17-19	--	5	7.8%		--	2	2.1%
20-24	--	15	23.4%		40.8	45	46.4%
25-29	--	18	28.1%		--	15	15.5%
30-34	--	8	12.5%		--	15	15.5%
35-39	--	9	14.1%		--	11	11.3%
40-44	--	5	7.8%		--	2	2.1%
45-49	--	3	4.7%		--	3	3.1%
50-54	--	1	1.6%		--	4	4.1%
55-59	--	0	0.0%		--	0	0.0%
60-74	--	0	0.0%		--	0	0.0%
<b>Race</b>							
White	18.3	41	64.1%		22.7	77	79.4%
Black/African American	--	14	21.9%		--	14	14.4%
Am. Indian/Alaskan Native	--	3	4.7%		--	1	1.0%
Asian/Pacific Islander	--	5	7.8%		--	3	3.1%
Other/Unknown	--	1	1.6%		--	2	2.1%
<b>Rank</b>							
E (Enlisted)	22.7	58	90.6%		24.3	91	93.8%
E1-E4	30.8	37	57.8%		29.3	55	56.7%
E5-E9	14.6	21	32.8%		19.3	36	37.1%
O (Commissioned Officer)	--	6	9.4%		--	5	5.2%
W (Warrant Officer)	--	0	0.0%		--	1	1.0%
Cadet	--	0	0.0%		--	0	0.0%
<b>Marital Status</b>							
Never Married	25.0	38	59.4%		26.5	62	63.9%
Married	--	18	28.1%		14.6	26	26.8%
Divorced	--	8	12.5%		--	8	8.2%
Widowed	--	0	0.0%		--	1	1.0%



# CY 2022 | Service Member Suicide Data

**Table 1.** Annual Suicide Counts and Unadjusted Rates per 100,000 Service Members in the Active Component, Reserve, & Guard, and by Service, CY 2020–2022

	CY 2020		CY 2021		CY 2022	
	Rate	Count	Rate	Count	Rate	Count
<b>Active Component</b>	<b>28.6</b>	<b>383</b>	<b>24.3</b>	<b>328</b>	<b>25.1</b>	<b>331</b>
Army	36.2	174	36.1	175	28.9	135
Marine Corps	34.5	63	23.9	43	34.9	61
Navy	19.0	65	17.0	59	20.6	71
Air Force	24.3	81	15.3	51	19.7	64
Space Force	--	NA	--	NA	--	0
<b>Reserve</b>	<b>21.7</b>	<b>77</b>	<b>21.8</b>	<b>76</b>	<b>19.1</b>	<b>64</b>
Army	22.2	42	24.8	46	20.8	37
Marine Corps	--	10	--	14	--	6
Navy	--	13	--	10	--	7
Air Force	--	12	--	6	--	14
<b>National Guard</b>	<b>27.5</b>	<b>121</b>	<b>27.0</b>	<b>120</b>	<b>22.2</b>	<b>97</b>
Army	31.5	105	31.2	105	24.8	82
Air Force	--	16	--	15	--	15

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## Suicide Rates and Demographics Military Family Members

**Table 4.** Military Family Member Suicide Rates per 100,000 Individuals by Their Service Member's Military Population, CY 2019–CY 2021

Military Population	CY 2019		CY 2020		CY 2021	
	Rate	Count	Rate	Count	Rate	Count
<b>Total Force</b>	<b>7.7</b>	<b>202</b>	<b>7.7</b>	<b>202</b>	<b>6.5</b>	<b>168</b>
Spouse	12.6	130	13.0	133	11.2	114
Dependent	4.5	72	4.3	69	3.4	54
<b>Active Component</b>	<b>7.1</b>	<b>117</b>	<b>7.9</b>	<b>130</b>	<b>6.4</b>	<b>103</b>
Spouse	12.6	85	13.0	87	11.7	78
Dependent	3.3	32	4.4	43	2.6	25
<b>Reserve</b>	<b>8.7</b>	<b>40</b>	<b>8.4</b>	<b>38</b>	<b>8.1</b>	<b>36</b>
Spouse	--	17	16.0	25	12.3	20
Dependent	7.9	23	--	13	--	16
<b>National Guard</b>	<b>8.5</b>	<b>45</b>	<b>6.6</b>	<b>34</b>	<b>5.6</b>	<b>29</b>
Spouse	14.6	28	11.1	21	--	16
Dependent	--	17	--	13	--	13

Notes | Source(s): DEERS, Military Services, NDI, Defense Manpower Data Center (DMDC; denominators only); Rates for groups with fewer than 20 suicides are not reported because of statistical instability (DoDI 6490.16); Only DoD Services are reported here; therefore, Coast Guard family member suicide rates are not included in this report; Includes family members who were also themselves Service members to capture the full extent of suicide among military family members (22.5% currently serving in CY 2021, 18.8% in CY 2020).

**Table 5.** Military Spouse & Dependent Suicide Rates per 100,000 Individuals by Sex, CY 2019–CY 2021

	CY 2019		CY 2020		CY 2021	
	Male	Female	Male	Female	Male	Female
<b>SPOUSES</b>						
<b>Total Force</b>	<b>51.2</b>	<b>6.8</b>	<b>47.4</b>	<b>7.7</b>	<b>39.6</b>	<b>6.7</b>
Active Component	52	7	47.5	7.9	42.2	7.1
Reserve	--	--	--	--	--	--
National Guard	--	--	--	--	--	--
<b>DEPENDENTS</b>						
<b>Total Force</b>	<b>6.7</b>	<b>--</b>	<b>6.2</b>	<b>--</b>	<b>4.8</b>	<b>--</b>
Active Component	4.4	--	5.9	--	4.3	--
Reserve	--	--	--	--	--	--
National Guard	--	--	--	--	--	--

Notes | Source(s): DEERS, Military Services, NDI (suicide counts); DMDC (denominators); Per CDC requirements, counts under 10 are suppressed and corresponding percentages are suppressed or masked (i.e., < 1.0%) to protect the confidentiality of military family members;



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## VA covers cost of Parkinson's care for family members of Veterans who served at Camp Lejeune

FOR IMMEDIATE RELEASE

November 10, 2023

5:15 am

**WASHINGTON** — Today, VA announced that family members of Veterans exposed to contaminated drinking water at Marine Corps Base Camp Lejeune from Aug. 1, 1953 to Dec. 31, 1987 are now eligible for reimbursement of health care costs associated with Parkinson's disease under the [Camp Lejeune Family Member Program](#).

These family members are also [eligible for health care reimbursement](#) for esophageal cancer, lung cancer, breast cancer, bladder cancer, kidney cancer, leukemia, multiple myeloma, renal toxicity, miscarriage, hepatic steatosis, female infertility, myelodysplastic syndromes, scleroderma, neurobehavioral effects, and non-Hodgkin's lymphoma.

"Veterans and their families deserve no-cost health care for the conditions they developed due to the contaminated water at Camp Lejeune," said **VA's Under Secretary for Health Dr. Shereef Elnahal, M.D.** "We're proud to add Parkinson's to the list of conditions that are covered for Veteran family members, and we implore anyone who may be living with this disease — or any of the other conditions covered by VA's [Camp Lejeune Family Member Program](#) — to apply for assistance today."

Veterans who served at Camp Lejeune are also eligible for no-cost Parkinson's health care and other VA benefits. Recent studies have also shown that the risk of Parkinson's disease is [70% higher](#) for Veterans stationed at Camp Lejeune.

Thanks to the [PACT Act](#), the biggest expansion of Veteran health care and benefits in generations, [Veterans and their families can also now file lawsuits](#) for harm caused by exposure to contaminated water at Camp Lejeune. To apply for health care reimbursement under the Camp Lejeune Family Member Program, visit [the program website](#). To apply for Veteran benefits related to Camp Lejeune, visit [VA.gov/CampLejeune](#).

## VA calls on mortgage servicers to pause foreclosures of VA-guaranteed loans through May 31, 2024

FOR IMMEDIATE RELEASE

November 17, 2023

7:00 pm

**WASHINGTON** — Helping Veterans and their families stay in their homes is a top priority at VA. Over the past year, we've been able to help more than 145,000 Veterans and their families retain their homes and avoid foreclosure. Even in the dynamic housing market of the last several years, rates of foreclosures of VA-backed mortgages are among the lowest in the country. And at the same time, we know that there are still Veterans struggling to make their payments.

To ensure these Veterans can stay in their homes, we are taking two steps:

1. **We are calling on mortgage servicers to pause foreclosures of VA-guaranteed loans through May 31, 2024.** During this pause we will work with servicers on workable home retention solutions for Veterans; and
2. **We are extending the COVID-19 Refund Modification program through May 31, 2024.** This program is aimed at helping Veterans and their families keep their homes by allowing VA to purchase a portion of the loan, creating a non-interest bearing second mortgage. Simultaneously, the mortgage servicer will modify the loan to make it current and work with Veterans to ensure the new payment is affordable. It's important to note that in a rising interest rate environment, the modified payment amount could increase, and loss mitigation options may vary by servicers.

By pausing foreclosures and extending the COVID-19 Refund Modification program, we can continue assisting Veterans with their loans while we launch our newest home retention option, the VA Servicing Purchase (VASP) program. Through VASP, VA will purchase defaulted VA loans from mortgage servicers, modify the loans, and then place them in the VA-owned portfolio as direct loans. This will empower us to work with Veterans experiencing severe financial hardship to adjust their loans – and their monthly payments – so they can keep their homes.

We want every Veteran with a loan to know that VA is here to help – and we encourage any Veteran who is struggling with making their payments to visit the [VA Housing Assistance](#) website or contact their servicer to understand available home retention options. We have loan technicians working with Veterans to help them stay in their homes, including discussing available home retention options such as repayment plans, special forbearance, loan modification, and more. And we will continue to actively review our portfolio of loans and work with loan servicers to do everything in our power to keep all Veterans and survivors with a VA-guaranteed mortgage in their homes.

Look for more information on the [VA home loans](#) website.



## VA has screened 5 million Veterans for toxic exposures, paving the way for early detection and treatment of health conditions

FOR IMMEDIATE RELEASE

December 12, 2023

10:30 am

*A key component of the PACT Act and President Biden's Unity Agenda for the nation, these toxic exposure screenings begin an important conversation about exposure health risks between Veterans and their medical providers*

**WASHINGTON** — Today, the Department of Veterans Affairs announced that it has screened 5 million Veterans for toxic exposures — a critical step to detecting, understanding, and treating potentially life-threatening health conditions. Of the 5 million Veterans who have received the screening, 2.1 million (43%) reported at least one potential exposure.

The screening takes five to 10 minutes and begins with VA health providers asking Veterans if they believe they experienced any toxic exposures while serving in the armed forces. Veterans who answer yes are then asked follow-up questions and offered connections to information on benefits, registry-related medical exams, and other clinical resources, as indicated. Their responses to the screenings are then added to their VA medical record to be included as part of their future care.

This milestone comes just 13 months after the screening [launched](#) at VA medical centers and clinics nationwide as a part of the PACT Act. The PACT Act expanded VA health care and benefits to millions of Veterans, paving the way for VA to deliver [more care and more benefits to more Veterans than ever before](#) in 2023.

“By screening Veterans for toxic exposures, we can improve their health care and detect potential health challenges as early as possible,” said **VA Secretary Denis McDonough**. “This leads to better health outcomes — and better quality of life — for these heroes who were exposed to toxins while serving our country.”

“We have made significant progress toward our goal to screen all Veterans enrolled in VA health care for toxic exposures at least once every five years,” said **VA Under Secretary for Health Shereef Elnahal, M.D.** “But most importantly, this milestone means we’ve had 5 million opportunities to provide Veterans with the exposure-informed care they deserve.”

The screening covers a variety of different types of toxic exposures, but the two most reported exposures are burn pits and Agent Orange, which together make up more than 60% of Veteran responses. More than half of the Veterans screened (2.6 million) are 65 years old or older, with Veterans under 45 making up just over 900,000 of those screened. Of the nearly 650,000 Women Veterans who regularly use VA care, more than 535,000 have been screened for toxic exposures.

While the toxic exposure screening does not play a role in determining disability compensation, it does provide an opportunity to connect Veterans with the resources they need to file a claim. Each Veteran who reports a potential exposure receives a letter with information about how to apply for benefits.

To fulfill the goal of screening every Veteran enrolled in VA health care at least once every five years, VA is exploring new and innovative ways to reach out to Veterans, including those who are vulnerable or don’t routinely access VA care. The Department is also in the pilot stages of developing a self-screening tool that

will make the initial question of the screening even more easily accessible to Veterans with access to web-based electronic communications.

The PACT Act has expanded and extended access to VA health care for Veterans. Thanks to the PACT Act and other new laws, many groups of Veterans are now able to enroll directly in VA health care without first applying for VA benefits – including World War II Veterans, Vietnam Veterans, Gulf War Veterans, Veterans who deployed to a combat zone and transitioned out of the service less than 10 years ago, and [more](#). As President Biden directed, all remaining toxic-exposed Veterans will be eligible to enroll directly in VA health care next year under the PACT Act – including any Veteran who served in Iraq, Afghanistan, and many other combat zones during the Persian Gulf War or after 9/11. Veterans who aren't currently enrolled can [submit an application](#) and receive their toxic exposure screening after enrollment.

The PACT Act also expanded VA benefits for millions of Veterans, making more than 300 health conditions “presumptive” for service connection. This means that if an [eligible](#) Veteran has one of these health conditions, VA automatically assumes that the condition was caused by the Veteran's service and provides compensation and care accordingly. VA encourages Veterans and their survivors to apply for these benefits now at [VA.gov/PACT](#).

For more information about how the PACT Act is helping Veterans and their survivors, visit VA's [PACT Act Dashboard](#). To apply for care or benefits today, visit [VA.gov/PACT](#) or call 1-800-MYVA411.



#### **VA Pension Debt Notification**

VA provides [pension payments](#) to wartime Veterans of low income and their survivors. These payments are based on income level, which is self-reported by the Veteran or family member who receives the payments. In addition to this self-reporting, VA has traditionally verified the recipients' self-reported income using data matching.

Between 2011 and 2022, due to discrepancies in data matching, VA was unable to reliably verify the self-reported social security income of Veterans and survivors receiving pensions. When income verification resumed in July 2022, roughly 9,900 beneficiaries were determined to have higher income levels than self-reported. This resulted in VA pension overpayments which – in some cases – spanned many years.

As legally required, VA established debts for these Veterans and survivors – meaning that VA determined that the amount of the overpayments was due back to VA. There are also approximately 30,000 additional Veterans and survivors who may have pension debts that have not yet been established. Many of these Veterans and survivors are elderly, and all are low-income, so these debts represent a significant hardship.

Recognizing the hardship and distress that these pension debts may cause, VA has paused the collection of all established pension debts and the establishment of new pension debts while we determine the path forward. Because this is a particularly vulnerable population of Veterans and survivors, VA is pursuing all available options to provide as much pension debt relief as possible. We will be reaching out directly to affected Veterans and survivors to let them know that pension debt collection has been paused while we pursue options for relief – and we will keep them updated throughout every step of this process. Additionally, to prevent issues like this from happening in the future, VA will be conducting a review to understand why the data discrepancies occurred and why it took so long to address.

We apologize to affected Veterans and their survivors for any distress that these pension debt notifications may have caused. For questions about debt management, we encourage these Veterans and survivors to visit our [debt management website](#) or call us at [800-827-0648](#).



The Veterans Property Tax Reduction benefit reduces property taxes for qualified veterans with a 100% service-connected disability or receive 100% compensation due to individual unemployment.

If you qualify, the property taxes on your home and up to one acre of land might be reduced by as much as \$1,500. The program doesn't have an income limit.

If we grant this benefit to a qualifying veteran who then dies, the surviving spouse can use it for the current property. The benefit isn't transferable to a new property.

*Note: The benefits won't reduce solid waste, irrigation, or other fees that government entities charge.*

## Who qualifies

You might qualify for Veterans Property Tax Reduction in 2024 if you meet both of these requirements:

- The U.S. Department of Veterans Affairs recognizes you as 100% service-connected disabled, or you receive 100% compensation due to individual unemployment.
- You owned and lived in a home in Idaho that was your primary residence before April 15, 2024.
  - The property must have a current homeowner's exemption.
  - The home can be a mobile home.

*Note: You might qualify if you lived in a care facility or nursing home. Contact your county assessor's office for information.*

## How to apply

1. Contact your county assessor for an application or download one from [tax.idaho.gov/property](https://tax.idaho.gov/property).
2. Get a current letter from U.S. Department of Veterans Affairs confirming your 100% service-connected disability rating or individual unemployment as of January 1, 2024.

3. Complete the application. The assessor's office will help you. You must file the application with your assessor's office from **January 1 through April 15, 2024**.

### Notes:

- *This benefit isn't automatically renewed. You must apply and qualify each year.*
- *If approved, your benefit will appear on your December 2024 property tax bill.*

## More tax relief options

You also might qualify and apply for the following tax relief programs in addition to, or instead of, the Veterans Property Tax Reduction benefit:

- **Property Tax Reduction** – This program reduces the amount of taxes qualified individuals pay on their home and up to one acre of land. Benefits range from \$250 to \$1,500. There's an income limit for this program.
- **Property Tax Deferral** – This program defers the taxes on the home and up to one acre of land for qualified individuals. The deferred taxes become a lien on the property and must eventually be repaid, with interest, to the State of Idaho. There's an income limit for this program.

Contact your county assessor for more program information and an application.

## To learn more, contact:

- Your county assessor
- Tax Commission: (208) 334-7736 in the Boise area or toll free at: (800) 334-7756 ext. 2
- Hearing impaired: Use the Idaho Relay Service (TDD) (800) 377-3529
- [tax.idaho.gov](https://tax.idaho.gov)

*This information is for general guidance only. Tax laws are complex and change regularly. We can't cover every circumstance in our guides. This guidance may not apply to your situation. Please contact us with any questions. We work to provide current and accurate information, but some information could have technical inaccuracies or typographical errors. If there's a conflict between current tax law and this information, current tax law will govern.*



# VETERAN RESOURCE GUIDE

QUICKLY FIND VETERAN RESOURCES NEAR YOU

Benefits

Education

Social

Work

Legal

Housing

& more



## Where Idaho Veterans Can:

- Find trusted organizations in your area
- Search anonymously from anywhere
- Customize search options to find all local available resources



[www.idahoveteransguide.org](http://www.idahoveteransguide.org)



NATIONAL VETERANS LEGAL SERVICES PROGRAM

**NVLSP ALERT:**

**TO GET REIMBURSED FOR POST-2010 EMERGENCY MEDICAL EXPENSES, VETS MUST APPLY TO VA BY FEB. 22, 2024**

Last year, VA announced that it had created a unique, one-year open period during which veterans enrolled in VA Health Care can apply for VA reimbursement of their emergency medical expenses at non-VA facilities for emergencies that occurred at any time during the last 14 years (that is, after Feb. 1, 2010). This right to a new reimbursement decision applies even if the veteran was previously denied reimbursement or never applied for reimbursement in the past.

**But to be eligible for this new reimbursement decision, the veteran must apply to VHA for reimbursement on or before FEBRUARY 22, 2024.**

To file a reimbursement claim, a veteran must complete and sign VA Form 10-583 and mail or deliver it to the nearest VA medical facility to where you live. You can get a copy of VA Form 10-583 at [www.va.gov/communitycare/programs/veterans/file-a-claim.asp](http://www.va.gov/communitycare/programs/veterans/file-a-claim.asp). or <https://www.va.gov/resources/reimbursement-of-non-v-a-prescriptions-or-medical-expenses/>

You can find the nearest VA medical facility to you at [www.va.gov/find-locations/](http://www.va.gov/find-locations/)

The VA form must be **received** by the VA medical facility by the **February 22, 2024 deadline**. If you decide to hand-deliver the form, get a VA employee to sign his or her name and date of receipt to the copy of your signed VA Form 10-583 that you keep for your records. If you decide to mail the completed VA form, it should be sent in a way that allows you to prove the date on which the medical facility received the form – for example, by Priority Mail, or Federal Express.

To the extent possible, you should also include the following along with the completed form:

- a statement identifying the dates of the medical emergency care, and the name of the non-VA facility at which emergency medical care was provided;

1100 Wilson Boulevard, Suite 900 • Arlington, VA 22209 • Tel 202.265.8305 • Fax 202.328.0063  
Email: [info@nvlsp.org](mailto:info@nvlsp.org) • [www.nvlsp.org](http://www.nvlsp.org)



- a copy of any invoices provided by the non-VA facility for the medical services;
- a copy of receipts of any payments you made for the non-VA medical services; and
- if Medicare, Medicaid or other private health care insurance covered part of the emergency expenses, a copy of any Explanation of Benefits or Medical Care Summary Notice prepared by these insurers.

You should keep a copy for your records of all the papers you provide to the VA medical facility.

The one-year open period for applying for reimbursement is an outgrowth of NVLSP's victory in the lawsuit *Kimmel v. Secretary of Veterans Affairs*. In that case, the U.S. Court of Appeals for the Federal Circuit invalidated the part of VA's reimbursement regulation that prohibited VA from reimbursing a veteran with private health insurance for the veteran's coinsurance liability not covered by insurance. In February 2023, VA announced the one-year open period to apply for reimbursement so that veterans who had emergencies in the past can take advantage of the favorable changes in the VA reimbursement system that have taken place over the last 14 years.

**GET ADVICE:** During the last two years, did VA deny you reimbursement for emergency medical expenses you incurred at non-VA facilities? If so, NVLSP may be able to advise you on what to do about it. Contact us at [reimbursement.help@nvlsp.org](mailto:reimbursement.help@nvlsp.org) with the date of the VA denial letter, and, if possible, a copy of the denial letter.

#### **About The National Veterans Legal Services Program (NVLSP)**

The National Veterans Legal Services Program (NVLSP) is an independent, nonprofit veterans service organization that has served active duty military personnel and veterans since 1981. NVLSP strives to ensure that our nation honors its commitment to its 18 million veterans and active duty personnel by ensuring they have the benefits they have earned through their service to our country. NVLSP has represented veterans in lawsuits that compelled enforcement of the law where the VA or other military services denied benefits to veterans in violation of the law.

###



**VA** | Boise VA Medical Center



# 2024 VETERANS LEGAL CLINICS



**FREE TO ATTEND  
FOR VETS & SPOUSES**

Legal Clinics are held from 2PM to 4PM in Bldg. 54 at the Boise VA Medical Center 500 W. Fort St. Boise, ID 83702.

Assistance with Estate Planning & Wills are not included at these Legal Clinics.

Please contact Amanda Pentland, LCSW at (208) 422-1064 for additional information.

**January 18, 2024  
February 15, 2024  
March 21, 2024  
April 18, 2024  
May 16, 2024  
June 20, 2024**

## Pocatello Legal Assistance

Legal Providers	Type of Providers	Types of Case	Walk in or Appointment?	Hours of Operation	VA Contact
Richard A. Deihl Jr. Deputy City Attorney City of Pocatello Legal Dept	Idaho Lawyers Association Volunteer Lawyers Public Defenders Office	Any type	Walk-ins	3 <sup>rd</sup> Weds. Of each month	Jodi Shelton VJO, LCSW (208) 242-9245 jodi.shelton@va.gov





# DON'T FEED THE SHARKS



[DontFeedTheSharks.org](http://DontFeedTheSharks.org)

## What is a "Claim Shark"?

- A Claim Shark is an individual or company that charges hefty fees to "assist" or "consult" veterans with filing their VA benefit claims – this practice is illegal!
- Claim Sharks are not VA accredited, meaning they aren't required to adhere to the well-established professional and ethical standards of VA accreditation, so their advice can often be misleading or even fraudulent.
- Like a "Loan Shark," once you're in, you can't get out, and may be subject to new and hidden fees whenever you get a new rating, no matter who does the work.

## Some of their predatory practices are:

- Promising or guaranteeing an increased disability rating or percentage increase.
- Advertising expedited VA claims decisions.
- Requesting login credentials to access a veteran's personal information through secure VA websites like eBenefits or VA.gov.
- Using confusing tactics or ambiguous language to mislead claimants or coerce them into signing a contract.
- Telling veterans to forego VA exams and offering health consultations within their own network of doctors.

## Who are the Claim Sharks?

- |                      |                         |
|----------------------|-------------------------|
| ✎ Trajector Medical  | ✎ Patriot Angels        |
| ✎ Vet Benefits Guide | ✎ Veteran Care Services |
| ✎ Veterans Guardian  | ✎ VetComm               |
| ✎ VA Claims Insider  | ✎ VA Claims Academy     |
| ✎ Telemedica         | ✎ Vet Assist            |

## Veterans can protect themselves by:

- Always working with VA accredited representatives.
- Attending all exams ordered by VA.
- Not signing contracts.
- Not agreeing to fees or payments from future benefits.
- Not agreeing to pay for medical consultations or opinions.
- Not providing access to Protected Health Information or Personal Identifiable Information.

## Who is NOT a Claim Shark?

- VA accredited veterans service organization representatives, like the VFW
- VA accredited claims agents
- VA accredited attorneys
- Attorneys assisting with Camp LeJeune lawsuits who do not charge excessive fees





## 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 Word document, which will allow you to 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 Tiffany Barrett at [tiffany.barrett@veterans.idaho.gov](mailto:tiffany.barrett@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](http://www.veterans.idaho.gov).

## DATES TO REMEMBER

★★

January 1 .....	New Year’s Day
January 16 .....	Martin Luther King Jr. Day
February 2.....	Groundhog Day
	Army Nurse Corp created, 1901
February 8.....	Boy Scouts of America founded, 1910
February 14.....	Valentine’s Day
February 20.....	President’s Day – <i>See the history of President’s Day at the bottom of this page</i>
March 3 .....	Star Spangled Banner made the U.S. National Anthem, 1931
March 12.....	Girl Scouts of America founded, 1912
	Daylight Saving Time begins ( <i>set clocks ahead one hour</i> )
March 16.....	U.S. Military Academy, West Point, NY founded, 1802
March 17 .....	St. Patrick’s Day

## HISTORY OF PRESIDENT'S DAY



The original version of the holiday was in commemoration of George Washington’s birthday in 1796 (the last full year of his presidency). Washington, according to the calendar that has been used since at least the mid-18th century, was born on February 22, 1732. According to the old style calendar in use back then, however, he was born on February 11<sup>th</sup>. At least in 1796, many Americans celebrated his birthday on the 22<sup>nd</sup>, while others marked the occasion on the 11<sup>th</sup> instead.

By the early 19<sup>th</sup> century, Washington’s Birthday had taken firm root in the American experience as a bona fide national holiday. Its traditions included Birthnight Balls in various regions, speeches and receptions given by prominent public figures, and a lot of revelry in taverns throughout the land. Then along came Abraham Lincoln, another revered president and fellow February baby, born on the 12<sup>th</sup> of the month. The first formal observance of his birthday took place in 1865, the year after his assassination, when both houses of Congress gathered for a memorial address. While Lincoln’s Birthday did not become a federal holiday like George Washington’s, it did become a legal holiday in several states.

In 1968, legislation (HR 15951) was enacted that affected several federal holidays. One of these was Washington’s Birthday, the observation of which was shifted to the third Monday in February each year, whether or not it fell on the 22<sup>nd</sup>. This act, which took effect in 1971, was designed to simplify the yearly calendar of holidays and give federal employees some standard three-day weekends in the process.

Apparently, while the holiday in February is still officially known as Washington’s Birthday (at least according to the Office of Personnel Management), it has become popularly (and, perhaps in some cases at the state level, legally) known as “President’s Day.” This has made the third Monday in February a day for honoring both Washington and Lincoln, as well as all the other men who have served as president.

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National.....August 23-29, 2024, New Orleans, LA

National.....August 5-10, 2024, Springfield, IL

National.....August 3-6, 2024, Phoenix, AZ

National.....August 12-16, 2024, Rancho Mirage, CA

## National.....July 15-18, 2024, Orlando, FL

National.....July 27-Aug 1, 2024, Louisville, KY

## BOISE &amp; 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.**

*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.

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**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.**

*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.

