



Idaho Division of
**VETERANS
SERVICES**

*Caring for
America's
Heroes*

BULLETIN

**April
2017**

STATE OF IDAHO

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GOVERNOR

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

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



TABLE OF CONTENTS

From Bill’s Desk.....	3-4
VA Announces Caregiver Partnerships	4
VA Offering Up to 8\$ Million in Grants for Adaptive Sports the Aid Disabled Veterans	4
VA Fixes the Veterans Crisis Line.....	5
DoD Announces New Outreach Efforts to Veterans Regarding Discharges & Records	5
VA Supports the Great American Spit Out, Encourages Veterans to Quit Tobacco.....	6
New Regulation Decreases Cost of Outpatient Medication for Most Veterans	6
VA Establishes Presumption for Diseases Due to Exposure to Camp Lejeune Water Supply.....	7
Big Game Hunt Offered for 2 Disabled Veterans	7
Disabled Veterans Elk Hunt Application.....	8-9
VA Intends to Expand Mental Health Care to Other-than-Honorable Servicemembers	10
VA & DoD Study is a Major Breakthrough for Understanding PTSD.....	10
Go Green and Get the Bulletin Via Email.....	11
VA Partnership Provides Organizations with Path to Support Homeless Veterans	11
Dates to Remember.....	12
Convention Dates	12
The History of Memorial Day.....	12
DAV Van Schedules.....	13-14

**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**



In a January 11, 2017 update, the VA clarified that fatty liver, also called hepatic steatosis, is not a disability for which service connection can be granted. By itself, it is simply considered an abnormal laboratory finding.

The VA has announced that it is amending its regulation regarding fertility counseling and treatment available to eligible veterans and spouses. The VA currently provides certain infertility services other than in vitro fertilization (IVF) services to veterans as part of the medical benefits package. This interim final rule authorizes IVF for a veteran with a service connected disability that results in the inability of the veteran to procreate without the use of fertility treatment. It also states that the VA may provide fertility counseling and treatment using assisted reproductive technologies (ART), including IVF, to a spouse of a veteran with a service-connected disability that results in the inability of the veteran to procreate without the use of fertility treatment. As part of the medical benefits package, the VA provides many different types of fertility treatments and procedures to veterans. These include infertility counseling, laboratory blood testing, surgical correction of structural pathology, reversal of a vasectomy or tubal ligation, medication, and various other diagnostic studies or treatments and procedures. Full implementation of this regulation requires the VA utilize and optimize existing capabilities for care in the community and develop internal processes that will provide veterans with a seamless path to receiving ART services. Veterans can immediately schedule appointments with their local VA health care system for eligibility determinations, clinical evaluation and consultation, and initial treatment. The interim final rule was published in the Federal Register on January 19, 2017. Although the interim rule references September 30, 2017, as the date the funding expires, the funds are authorized through September 30, 2018.

The Department of Defense has announced a renewed effort to ensure veterans are aware of the opportunity to have their discharges and military records reviewed. Through enhanced public outreach, engagement with Veterans Service Organizations, Military Service Organizations, and other outside groups, as well as direct outreach to individual veterans, the DoD is encouraging all veterans who believe they have experienced an error or injustice to request relief from their service's Board for Correction of Military/Naval Records (BCM/NR) or Discharge Review Board (DRB). All veterans who desire a correction to their service record or who believe their discharge was unjust, erroneous, or warrants an upgrade, are encouraged to apply for review. Some key information to include in requests for discharge upgrades include:

- It is very important to explain why the veteran's discharge or other record was unjust or erroneous. For example, how it is connected to, or resulted from unjust policies, a physical or mental health condition related to military service, or some other explainable or justifiable circumstance.
- It is important to provide support, where applicable, for key facts. For example, if a veteran has a relevant medical diagnosis, it would be very helpful to include medical records that reflect that diagnosis.
- It is helpful, but not always required, to submit copies of the veteran's applicable service records. The more information provided, the better the boards can understand the circumstances of the discharge.

Discharge upgrades can also be granted on the basis of clemency. Veterans who believe their post-service conduct and contributions to society support an upgrade or correction should describe their post-service activity and provide any appropriate letters or other documentation of support.

VA OFFERING UP TO \$8 MILLION IN GRANTS FOR ADAPTIVE SPORTS THAT AID DISABLED VETERANS

News Release February 22, 2017

The Department of Veterans Affairs announced it is providing up to \$8 million in grants to fund adaptive-sports programs that offer activities for disabled veterans and members of the armed forces who have disabilities. The application period for the fiscal 2018 Adaptive Sports Grant began February 21, 2017, and will close at 11:59 p.m. (EST) on April 21, 2017. "We know disabled veterans and military members of all ages and abilities report better health and an improved quality of life when participating in adaptive sports," said VA Secretary Dr. David Shulkin. "We encourage organizations to apply for a grant to better assist those who have faced life changes due to their military service. At VA, caring for veterans, day in and day out, is a noble cause."

Previous VA grants included eligible nonprofits, veterans' groups, universities and municipalities, which plan, develop, manage and implement adaptive sports activities. Funding may be used for training, program development, coaching, sports equipment, supplies, program evaluation and other activities related to adaptive-sports program implementation and operation. In fiscal 2016, the VA awarded \$7.8 million in adaptive-sports grants to 90 programs providing services nationwide. The Grant Notice of Funding Availability is published on the Grants.gov website, www.grants.gov, under opportunity number VA-ASG-2018-01, linked through www.grants.gov/web/grants/search-grants.html?keywords=adaptive%20sports. For more information about the VA's Adaptive Sports Program, go to www.va.gov/adaptivesports/va_grant_program.asp.

VA FIXES THE VETERANS CRISIS LINE

News Release March 21, 2017

In response to the recently released VA Office of Inspector General (OIG) report that reviewed processes from June 6, 2016, through December 15, 2016, of the Veterans Crisis Line (VCL), the Department of Veterans Affairs released the following statement.

The Department of Veterans Affairs is proud to announce that the challenges with the Veterans Crisis Line have been resolved. Prior to the opening of our new Atlanta call center our call roll over rate often exceeded 30%. Our current call roll over rate is less than 1%, with over 99% of all calls being answered by the VCL. “Suicide prevention is one of our highest priorities,” said Secretary of Veterans Affairs David J. Shulkin. “Fixing the Veterans Crisis Line was a critical step in keeping our commitment to veterans.”

To reach a trained VA professional who is specially trained to attend to emotional crises for veterans and Servicemembers, dial the National Suicide Prevention Hotline number at (800) 273-TALK (8255). Veterans should choose option 1 to reach a VCL Responder. You can also text 838255, and a VCL responder will text back.

DOD ANNOUNCES NEW OUTREACH EFFORTS TO VETERANS REGARDING DISCHARGES & RECORDS

News Release December 30, 2016

The Department of Defense announced a renewed effort to ensure veterans are aware of the opportunity to have their discharges and military records reviewed. Through enhanced public outreach, engagement with Veterans Service Organizations (VSOs), Military Service Organizations (MSOs), and other outside groups, as well as direct outreach to individual veterans, the department encourages all veterans who believe they have experienced an error or injustice to request relief from their service’s Board for Correction of Military/Naval Records (BCM/NR) or Discharge Review Board (DRB).

Additionally, all veterans, VSOs, MSOs, and other interested organizations are invited to offer feedback on their experiences with the BCM/NR or DRB processes, including how the policies and processes can be improved.

In the past few years, the department has issued guidance for consideration of post-traumatic stress disorder (PTSD), as well as the repealed “Don’t Ask, Don’t Tell” and its predecessor policies. Additionally, supplemental guidance for separations involving victims of sexual assault is currently being considered.

The department is reviewing and consolidating all of the related policies to reinforce the department’s commitment to ensuring fair and equitable review of separations for all veterans. Whether the discharge or other correction is the result of PTSD, sexual orientation, sexual assault, or some other consideration, the department is committed to rectifying errors or injustices and treating all veterans with dignity and respect. With the announcement, the department is reaffirming its intention to review and potentially upgrade the discharge status of all individuals that are eligible and that apply.

Veterans who desire a correction to their service record or who believe their discharge was unjust, erroneous, or warrants an upgrade, are encouraged to apply for review. For discharge upgrades, if the discharge was more than 15 years ago, the veteran should complete DD Form 293 and send it to their service’s DRB (the address is on the form). For discharges over 15 years ago, the veteran should complete the DD Form 149 and send it to their service’s BCM/NR (the address is on the form). For corrections of records other than discharges, veterans should complete the DD Form 149 and submit their request to their service’s BCM/NR (the address is on the form).

There are three keys to successful applications for upgrade or correction. First, it is very important to explain why the veteran’s discharge or other record was unjust or erroneous. For example, how it is connected to, or resulted from unjust policies, a physical or mental health condition related to military service, or some other explainable or justifiable circumstance. Second, it is important to provide support, where applicable, for key facts. If a veteran has a relevant medical diagnosis, for example, it would be very helpful to include medical records reflecting that diagnosis. Third, it is helpful, but not always required, to submit copies of the veteran’s applicable service records. The more information provided, the better the boards can understand the circumstances of the discharge.

BCM/NRs are also authorized to grant relief on the basis of clemency. Veterans who believe their post-service conduct and contributions to society support an upgrade or correction should describe their post-service activity and provide any appropriate letters or other documentation of support.

Personnel records for veterans who served after 1997 should be accessible online and are usually retrievable within hours of a request through the Defense Personnel Records Information Retrieval System (DPRIS). To obtain one’s personnel records from DPRIS, go to www.dpris.dod.mil/, then select “Individual Veteran Access” on the left side of the website and follow the instructions. Veterans will need to register for a logon and verify their current mailing address before requesting records. The whole process usually takes less than 10 minutes. Those who served prior to 1997 or for whom electronic records are not available from DPRIS, can request their records from the National Personnel Records Center (NPRC) using the eVetRecs website at www.archives.gov/veterans/military-service-records/.

VA SUPPORTS THE GREAT AMERICAN SPIT OUT, ENCOURAGES VETERANS TO QUIT TOBACCO

News Release February 22, 2017

The U.S. Department of Veterans Affairs' urged veterans with smokeless tobacco habits to participate in the "Great American Spit Out" on February 23rd. Sponsored by the Department of Defense, the annual nationwide observance challenges smokeless tobacco users to quit for good by committing to a "quit date." "Whether you're using smokeless or smoking tobacco, quitting is possible," said Kim Hamlett-Berry, the VA's national program director for Tobacco and Health Policy and Programs. "VA has the tools to help veterans set a quit date, find their personal motivation — be it to improve your health or to just save money — and provide the support and treatment they need to quit for good. We're confident that, with the right information and resources, many more veterans will choose to be tobacco-free."

Veterans who use smokeless tobacco must deal with the heavy economic burdens that come with dipping or chewing. According to the American Cancer Society, a one-can-a-day habit can cost more than \$1,400 a year. "By quitting smokeless tobacco, veterans can spend less time worrying about their health and budget and more time participating in the activities they love," Hamlett-Berry said.

Research shows smoking is one of the most preventable causes of premature death. Yet smokeless tobacco, such as dip and chew, is dangerous and often overlooked. According to the U.S. Department of Health and Human Services (HHS), smokeless tobacco products contain 2,000 chemical compounds, including 30 cancer-causing chemicals, such as arsenic, nickel, lead and formaldehyde. These substances can increase a user's risk of death from heart disease and stroke; cause cancer of the mouth, esophagus and pancreas; and result in painful, chronic dental problems, such as mouth sores and tooth loss, HHS reported. The Center for Tobacco Products Smokefree.gov initiative noted dip and chew tobacco contained more nicotine than cigarettes, which may cause an even stronger addiction than smoking.

To observe this year's Spit Out, the VA is partnered with other federal agencies, including the Centers for Disease Control and Prevention's Office of Smoking and Health, the Substance Abuse and Mental Health Services Administration, the National Cancer Institute's Smokefree.gov Initiative and the Food and Drug Administration's Center for Tobacco Products. Veterans interested in becoming tobacco-free can access VA resources, including:

- Tobacco Quitline: Call 855-QUIT-VET (855-784-8838). This VA hotline connects veterans with a trained counselor who can help them develop a quit plan, provide individualized counseling and identify strategies to prevent relapse.
- SmokefreeVET: Text "VET" to 47848. Veterans can sign up for the VA's text-message support program, which offers 24/7 encouragement, advice and tips to help tobacco users quit for good.
- Smokefree.gov Quit Plan: Veterans can use the resources developed alongside Smokefree.gov to build a plan that prepares them for quitting smokeless tobacco and increases their likelihood of staying tobacco-free.

To learn more about tobacco cessation, visit www.publichealth.va.gov/smoking/index.asp.

NEW REGULATION DECREASES COST OF OUTPATIENT MEDICATION COPAY FOR MOST VETERANS

News Release February 24, 2017

The Department of Veterans Affairs is amending its regulation on copayments for veterans' outpatient medications for non-service connected conditions. The VA currently charges non-exempt veterans either \$8 or \$9 for each 30-day or less supply of outpatient medication, and under current regulations, a calculation based on the medication of the Medical Consumer Price Index (CPI-P) would be used to determine the copayment amount in future years. "Switching to a tiered system continues to keep outpatient medication costs low for veterans," said VA Under Secretary for Health Dr. David J. Shulkin. "Reducing their out-of-pocket costs encourages greater adherence to prescribed outpatient medications and reduces the risk of fragmented care that results when multiple pharmacies are used; another way that VA is providing better service to veterans."

This new regulation eliminates the formula used to calculate future rate increases and establishes three classes of outpatient medications identified as Tier 1, Preferred Generics; Tier 2, Non-Preferred Generics including over-the-counter medications; and Tier 3, Brand Name. Copayment amounts for each tier would be fixed and vary depending upon the class of outpatient medication in the tier. These copayment amounts will be effective February 27, 2017:

- \$5 for a 30-day or less supply - Tier 1 outpatient medication
- \$8 for a 30-day or less supply - Tier 2 outpatient medication
- \$11 for a 30-day or less supply - Tier 3 outpatient medication

These changes apply to veterans without a service-connected condition, or veterans with a disability rated less than 50% who are receiving outpatient treatment for a non-service connected condition, and whose annual income exceeds the limit set by law. Medication copayments do not apply to former Prisoners of War, catastrophically disabled veterans, or those covered by other exceptions as set by law. Copayments stop each calendar year for veterans in Priority Groups 2-8 once a \$700 cap is reached.

VA ESTABLISHES PRESUMPTION FOR DISEASES DUE TO EXPOSURE TO CAMP LEJEUNE WATER SUPPLY

News Release March 14, 2017

The Department of Veterans Affairs regulations to establish presumptions for the service connection of eight diseases associated with exposure to contaminants in the water supply at Camp Lejeune, NC are effective as of March 14, 2017. “Establishing these presumptions is a demonstration of our commitment to care for those who have served our Nation and have been exposed to harm as a result of that service,” said Secretary of Veterans Affairs, Dr. David J. Shulkin. “The Camp Lejeune presumptions will make it easier for those veterans to receive the care and benefits they earned.”

The presumption of service connection applies to active duty, reserve and National Guard members who served at Camp Lejeune for a minimum of 30 days (cumulative) between August 1, 1953, and December 31, 1987, and are diagnosed with any of the following conditions:

- adult leukemia
- aplastic anemia and other myelodysplastic syndromes
- bladder cancer
- kidney cancer
- liver cancer
- multiple myeloma
- non-Hodgkin’s lymphoma
- Parkinson’s disease

The area included in this presumption is all of Camp Lejeune and MCAS New River, including satellite camps and housing areas. This presumption complements the health care already provided for 15 illnesses or conditions as part of the Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012. The Camp Lejeune Act requires the VA to provide health care to veterans who served at Camp Lejeune, and to reimburse family members, or pay providers, for medical expenses for those who resided there for not fewer than 30 days between August 1, 1953, and December 31, 1987.

BIG GAME HUNT OFFERED FOR 2 DISABLED VETERANS

The Idaho Division of Veteran Services will be coordinating an all-expense-paid deer or elk hunt for two disabled veterans in 2017. The purpose of the hunt is to offer disabled veterans an opportunity to participate in a big-game hunt that might otherwise be prevented by the seriousness of their disability.

Tags are provided at no charge to the successful applicant by the Idaho Department of Fish and Game under a special program. The selected veterans may choose antlered or antlerless deer or elk in compliance with established seasons. Specific tag information will be provided to the selected veteran. The hunt will occur on a private ranch in Unit 45, north of Mountain Home, Idaho. Hunt dates will need to be coordinated well in advance, based on established seasons. In most cases, hunts occur in October or early November. Hunters will be expected to provide their own transportation to Mountain Home or Boise. Rustic cabin/bunkhouse accommodations, meals, and on-site transportation and assistance will be provided at the ranch at no cost to the veteran. If the veteran has or requires a medical caregiver, these items will also be provided at no charge for the caregiver. The cabin/bunkhouse is not barrier-free, so hotel accommodations in Mountain Home will be provided if necessary. Hunters will need to make arrangements for their prescription and medical supplies, if any. Hunters will be responsible for their own meat processing and mounting in the event their hunt is successful.

Please fill out the application found on the next two pages of this bulletin or on the Idaho Division of Veterans Services web page at veterans.idaho.gov. Once completed, you can mail it to the Idaho Division of Veterans Services, Attn: Disabled Veterans or Elk Hunt, 351 Collins Road, Boise, ID 83702; fax it to (208) 780-1301; or email it to kevin.wallior@veterans.idaho.gov. **All personal information submitted will be confidential and used only by the selection committee.**

A committee consisting of personnel from Idaho Division of Veterans Services and Idaho veterans will make the final selections. The selected veterans will be notified by the Idaho Division of Veterans Services and will be contacted by the ranch to coordinate hunt dates and other specifics. Applications must be submitted no later than May, 1, 2017. If you have any questions or would like further information, please contact Kevin Wallior at (208) 780-1300 or via email at kevin.wallior@veterans.idaho.gov.

DISABLED VETERANS ELK HUNT APPLICATION

PERSONAL DATA

PLEASE PRINT

ALL PERSONAL INFORMATION WILL BE CONFIDENTIAL & USED ONLY BY THE SELECTION COMMITTEE

LAST NAME: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ CELL PHONE: _____

EMAIL ADDRESS (OPTIONAL): _____

EMERGENCY CONTACT

LAST NAME: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RELATIONSHIP: _____

PHONE NUMBER: _____ CELL PHONE: _____

EMAIL ADDRESS (OPTIONAL): _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Will you be bringing your own firearm and ammunition?
(If not, a firearm and ammunition will be provided) Yes _____ No _____

Will a caretaker be accompanying you? Yes _____ No _____

Will you want the meat? Yes _____ No _____

Do you have the necessary clothing? Yes _____ No _____

What is your percent of disability? _____ %

Is your disability combat related? Yes _____ No _____

Please describe the nature and extent of your disability: _____

Please describe how and where you received your disability: _____

Do you have a copy of your DD Form 214?
(Please enclose a copy of your DD Form 214)

Yes _____ No _____

Do you have a disability letter from the Department of
Veterans Affairs?
(Please enclose a copy of your disability letter)

Yes _____ No _____

Do you require special meals?

Yes _____ No _____

If so, please list your special meal requirements: _____

Do you have any other special needs?

Yes _____ No _____

Would the extent of your disability require special
transportation during the hunt?
(ATV, wheelchair, crutches, walker, etc.)

Yes _____ No _____

Do you have a medical condition other than your disability
that could be aggravated during the hunt. If so list below.

Yes _____ No _____

WHY I WANT TO ATTEND AN ELK HUNT

Please answer in 200 words or less why you want to attend a big game hunt: _____

By signing below, I waive all liability connected with my participation in the hunt.

Applicant Name (printed): _____

Signature of Applicant: _____ Date: _____

VA INTENDS TO EXPAND MENTAL HEALTH CARE TO OTHER-THAN-HONORABLE SERVICEMEMBERS

News Release March 8, 2017

Department of Veterans Affairs Secretary Dr. David J. Shulkin while testifying in a House Veterans Affairs Committee hearing on March 7, 2017, announced his intention to expand provisions for urgent mental health care needs to former servicemembers with other-than-honorable (OTH) administrative discharges. This move marks the first time a VA Secretary has implemented an initiative specifically focused on expanding access to assist former OTH servicemembers who are in mental health distress and may be at risk for suicide or other adverse behaviors. "The President and I have made it clear that suicide prevention is one of our top priorities," Shulkin. "We know the rate of death by suicide among veterans who do not use VA care is increasing at a greater rate than veterans who use VA care. This is a national emergency that requires bold action. We must and we will do all that we can to help former servicemembers who may be at risk. When we say even one veteran suicide is one too many, we mean it."

It is estimated that there are a little more than 500,000 former service members with OTH discharges. As part of the proposal, former OTH servicemembers would be able to seek treatment at a VA emergency department, Vet Center, or contact the Veteran Crisis Line. "Our goal is simple, to save lives," Shulkin continued. "Veterans who are in crisis should receive help immediately. Far too many veterans have fallen victim to suicide, roughly 20 every day. Far too many families are left behind asking themselves what more could have been done. The time for action is now."

Before finalizing the plan in early summer, Shulkin will meet with Congress, Veterans Service Organizations, and Department of Defense officials to determine the best way forward to get these veterans the care they need. "I look forward to working with leaders like Congressman Mike Coffman from Colorado, who has been a champion for OTH servicemembers. I am grateful for his commitment to our nation's veterans and for helping me better understand the urgency of getting this right," added Shulkin.

Veteran in crisis, should call the Veterans Crisis Line at 1-800-273-8255 (press 1) or texting 838255. Information about the Crisis Line is available at www.VeteransCrisisLine.net.

VA & DOD STUDY IS A MAJOR BREAKTHROUGH FOR UNDERSTANDING PTSD

News Release March 24, 2017

Researchers from the Department of Veterans Affairs (VA) and Department of Defense (DOD) recently released findings of a new study called Prospective Post-Traumatic Stress disorder Symptom Trajectories in Active Duty and Separated Military Personnel, which examines Post Traumatic Stress Disorder (PTSD) symptoms in veterans, compared with active-duty populations. This is the first known study comparing PTSD symptom trajectories of current service members with those of veterans, and is the product of a collaborative effort from the VA and DOD researchers analyzing data from the Millennium Cohort Study (MCS), the largest prospective health study of military service members.

According to the VA's National Center for PTSD, the PTSD rate among Vietnam veterans was 30.9% for men and 26.9% for women. For Gulf War veterans, the PTSD rate was 12.1%. Operation Enduring Freedom/Operation Iraqi Freedom veterans had a PTSD rate of 13.8%. "Knowing there are similarities in how PTSD affects service members and veterans makes it easier to pinpoint which treatments are the best to control the condition," said Dr. Edward Boyko, an epidemiologist and internist at the VA Puget Sound Health Care System in Washington state, and the VA's lead researcher on the Millennium Cohort Study.

Officials involved with the project said they are hoping the collaboration will improve the understanding of veterans' health needs, relative to their experiences in service. "The data that MCS researchers have been collecting since 2001 is incredibly valuable for both the DOD and VA," said Dr. Dennis Faix, director of the Millennium Cohort Study and preventive medicine physician. "Going forward, working with VA will allow both agencies to make sure we are getting the best information to develop a comprehensive understanding of the continuum of health in current and former service members."

The results of the joint VA DOD study will appear in the Journal of Psychiatric Research's June 2017 issue. It is the first of many joint future publications expected to result from the collaboration between the VA and MCS. You can learn more about the study at millenniumcohort.org.

DAV VAN SCHEDULES TO AND FROM THE SPOKANE VA MEDICAL CENTER

LEWISTON & SURROUNDING AREA

Wednesdays: Spokane VA Medical Center. 6:00 a.m. departure from the State Veterans Home at 821 21st Avenue.

Picks up in Genesee, Moscow, Viola, Potlatch, Tensed, Plummer, and Worley. Arrives Spokane at 9:30 a.m.

Fridays: Spokane VA Medical Center. 6:00 a.m. departure from the State Veterans Home at 821 21st Avenue.

Picks up in Uniontown, Colton, Pullman, Colfax, Steptoe, Rosalia, and Spangle, WA. Arrives Spokane at 9:00 a.m.

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

Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

*****If you are interested in being a volunteer driver, please call Voluntary Services at (509) 434-7503*****

LIBBY & SURROUNDING AREA TO SPOKANE VAMC

Tuesdays and Thursdays: 6:00 a.m. departure from Libby, MT.

Picks up in Troy MT, Bonner's Ferry, Sandpoint, Priest River, and Newport WA. Arrives at Spokane VA Medical Center at 9:00 a.m.

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

Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

COEUR D'ALENE & SURROUNDING AREA TO SPOKANE VAMC

Daily: Door to door pick up and return, times variable.

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

Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

SANDPOINT & SURROUNDING AREA TO SPOKANE VAMC

Mondays, Wednesdays, and Fridays:

Picks up in Noxon, Clark Fork, Hope, Sandpoint, Laclede, Priest River, Newport, Diamond Lake, Chattaroy. Arrives at Spokane at 9:00 a.m.

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

Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940 ext. 7019.

WALLA WALLA VA MEDICAL CENTER VAN TO AND FROM LEWISTON

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*****

SALT LAKE CITY VA MEDICAL CENTER

April 3, 5, 7, 11, 13, 17, 19, 21, 25, 27

May 1, 3, 5, 9, 11, 15, 17, 19, 23, 25, 31

June 2, 6, 8, 12, 14, 16, 20, 22, 26, 28, 30

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

Call the VTS/DAV Transportation Office at (800) 613-4012 ext. 2003 or 1027.

