

BULLETIN

January 2017

STATE OF IDAHO

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



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



FROM BILL'S DESK

I hope everyone had a safe and enjoyable holiday season and are ready for 2017 with any challenges and changes ahead. Since our last Bulletin, we have had a couple of changes within our Office of Veterans Advocacy. In Twin Falls, our long-time Veteran Service Officer, Kevin Hammond, moved on and we welcomed Robert Smith as his replacement on our team. Many of you probably already know Robert, as he has served as the Jerome County Veteran Service Officer for quite some time and is involved in many veteran service activities in the Magic Valley. Robert is a Marine Desert Storm veteran and will make a great addition to our team. In Lewiston, Rockey Davis is retiring effecting January 1st, 2017, and is being replaced by Joe Riener. Joe is a retiree from the Air Force and has been very active in the VFW and various veteran programs in the Lewiston/Cottonwood areas. We welcome both Joe and Robert to the OVA and wish Rockey the best of luck on his retirement. With the introductions complete, the following are some of the points of interest concerning VA benefits.

The VA and the SSA have launched a new initiative that enables the VA to share medical records electronically with Social Security Disability processors which will save time and money and will result in better service for veterans. Congress has approved a COLA increase for Calendar Year 2017 which equates to 0.3% for VA awards, Social Security awards, and DoD retired pay.

The CEI at the Warrington College of Business Administration in Gainesville, FL is hosting a free program to assist disabled veterans succeed in business. The Veterans Entrepreneurship Program is designed for veterans who are interested in starting a business or who have an existing business. The program consists of three phases that provide practical training in venture creation and growth, and is accompanied by a support structure for participants as they pursue their ventures. In phase one, veterans work on developing business concepts through online discussions moderated by the college's entrepreneurship faculty. In phase two, veterans arrive in Gainesville for an intense eight day workshop on the University of Florida campus with faculty, guest entrepreneurs, and business experts. In phase three, veterans receive mentorship for eight months from entrepreneurs and business experts. To qualify for the program, veterans must meet three requirements. They must be separated from active duty service, be identified as disabled by the Veteran's Administration or Department of Defense, and have an interest in entrepreneurship. Deadline for applications is February 15, 2017.

In a recent precedent-setting court decision *Hudgeons v. McDonald*, The Federal Circuit Court ruled that Diagnostic Code 5055 in the 38 Code of Federal Regulations (CFR) encompasses partial knee replacements as well as total knee replacements. Previously, the VA had said that only total knee replacements counted as "replacement of a prosthetic joint." Therefore, partial knee replacements warrant a 100% rating under the current DC 5055. Veterans with a service connected knee condition for which they received a partial knee replacement should consider applying for an increased rating under DC 5055 which allows for a Temporary 100% rating for one year following the prosthesis and a 30% to 60% rating after that. If a veteran was previously denied under DC 5055 for a partial knee replacement and is still in the appeal period, file a Notice of Disagreement.

Under 38 CFR 3.317, presumptive service connection for disabilities arising from Gulf War Service requires that a veteran develop the disability within a certain timeframe after his/her service. This "sunset date" was previously December 21, 2016 but the VA has recently published an interim final rule that extends the period to December 31, 2021.

Currently, there are still no Board of Veterans Appeals Travel Board scheduled for 2017 and only three days scheduled for BVA video hearings. The current focus of the BVA are appeals certified to them August 2014 and older, and Idaho has a very limited number of appeals meeting this age requirement compared to the rest of the country.

We are still awaiting the results of the Public Comment Period concerning the contaminated drinking water at Camp Lejeune and what the VA decides to do to implement the presumptive conditions. To be eligible, veterans must have served at least 30 days at Camp Lejeune (this includes Camp Lejeune, Camp Johnson, Camp Geiger, and New River Air Station) from August 1, 1953, through December 31, 1987. The 15 medical conditions approved for medical care and the eight proposed conditions for presumptive service connection are adult leukemia, aplastic anemia and other myelodysplastic syndrome, bladder cancer, kidney cancer, liver cancer, multiple myeloma, non-Hodgkin's lymphoma, and Parkinson's disease. Military members with records of service showing no less than 30 days of service, either concurrent or cumulative, at Camp Lejeune during the contamination period can already be granted veteran status for medical benefits, following passage of the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012. The presumptive illnesses apply to active duty, reserve, and National Guard members.

If a veteran is enrolled in VA Healthcare, they can go to any Walgreens Pharmacy and receive a free flu shot by showing them their VA Healthcare ID Card.

VA STREAMLINING PROCESS FOR MEDICAL/SURGICAL PURCHASES

News Release October 21, 2016

The Department of Veterans Affairs is taking a major step toward system improvement in the processes used to purchase medical and surgical supplies. The VA is significantly enhancing the Medical/Surgical Prime Vendor (MSPV) program by replacing it with the Medical/Surgical Prime Vendor - Next Generation (MSPV-NG) program. MSPV-NG purchasing capability greatly improves the VA's supply chain and aligns directly with VA Secretary Robert McDonald's 12 Breakthrough Priorities designed to transform VA into a veteran-centric organization of excellence. "Similar to VA's successful pharmaceutical purchasing and distribution program, MSPV-NG aims to improve acquisition planning, sourcing, and delivery, which will allow the organization to benefit from the best pricing, timely access to supplies, and waste reduction," said McDonald.

By standardizing processes, the VA's MSPV-NG program reduces excess inventories and leverages the VA's purchasing power. The program increases the involvement of clinicians in sourcing products, giving them direct input in selecting supplies that can be used across VA medical centers and clinics. Medical, surgical, dental, and select prosthetic and laboratory supplies will now be available at nationally negotiated rates. This benefit, along with flexible delivery options, positions the VA to address critical medical and surgical supply needs, ultimately improving the quality of care for the veterans served. The MSPV-NG program launched across all VA facilities December 1, 2016.

MSPV-NG will streamline the VA's purchases by working through four Prime Vendors. Contracts have been awarded to American Medical Depot, Cardinal Health, Kreisers, and Medline. These vendors will align across the VA's five regions for more flexible delivery options and will have the ability to make multiple deliveries per delivery location. The new program streamlines ordering, tracking, and procurement methods of medical and surgical supplies by providing an efficient, cost-effective, just-in-time distribution process. In 2016 to date, the VA's supply chain transformation initiatives have saved \$91.8 million. This figure is projected to increase significantly by the end of the calendar year.

VA & SOCIAL SECURITY PARTNER TO SPEED UP DISABILITY DECISIONS FOR VETERANS News Release November 9, 2016

The Department of Veterans Affairs and the Social Security Administration (SSA) launched a new Health IT initiative enabling the VA to share medical records electronically with social security disability processors. This secure process will save time and money resulting in better service for veterans and dependents who apply for social security disability benefits. The SSA requests nearly 15 million medical records from health care organizations yearly to make medical decisions on about three million disability claims. For decades, the SSA obtained medical records through a manual process. This new national initiative puts in place an automated process to obtain veterans' medical records entirely electronically. "VA's partnership with Social Security will ultimately improve the quality of life for veterans and their dependents by enabling veterans to share their health information within a safe and secure health-related consumer application," said Dr. David Shulkin, the VA's Under Secretary for Health.

The joint venture is expected to significantly speed up social security disability decisions, utilizing the VA's VLER Health Exchange under the Virtual Lifetime Electronic Record (VLER) Program. The VLER Health Exchange gives the VA and participating community providers the ability to retrieve veterans' health information from each other for the purpose of treatment. Currently, the VLER health exchange shares health data with over 79 community health care partners, representing 775 hospitals, 427 federally qualified health centers, 142 nursing homes, 8441 pharmacies, and over 11,969 clinics. The SSA now has access for the purpose of processing benefits for veterans and their dependents. "This SSA-VA partnership is another example of VA's leadership in interoperability efforts among federal partners," said VA Secretary, Robert McDonald. "Increasing federal partnerships to improve operation and resource coordination across agencies is among VA's 12 Breakthrough Priorities for 2016."

VA has partnership agreements with Health and Human Services (HHS), Department of Defense (DOD), and Department of Treasury (DOT) among many others. To learn more about VA health care visit www.va.gov/health.

VA GRANTS FULL PRACTICE AUTHORITY TO ADVANCE PRACTICE REGISTERED NURSES

News Release December 14, 2016

The Department of Veterans Affairs announced it is amending provider regulations to permit full practice authority to three roles of VA advanced practice registered nurses (APRN) to practice to the full extent of their education, training, and certification, regardless of state restrictions that limit such full practice authority, except for applicable state restrictions on the authority to prescribe and administer controlled substances, when such APRNs are acting within the scope of their VA employment. "Advanced practice registered nurses are valuable members of VA's health care system," said VA Under Secretary for Health Dr. David J. Shulkin. "Amending this regulation increases our capacity to provide timely, efficient, effective and safe primary care, aids VA in making the most efficient use of APRN staff capabilities, and provides a degree of much needed experience to alleviate the current access challenges that are affecting VA."

In May 2016, the VA announced its intentions, through a proposed rule, to grant full practice authority to four APRN roles. Though the VA does have some localized issues, we do not have immediate and broad access challenges in the area of anesthesia care across the full VA health care system that require full practice authority for all Certified Registered Nurse Anesthetists (CRNAs). Therefore, the VA will not finalize the provision including CRNAs in the final rule as one of the APRN roles that may be granted full practice authority at this time. The VA will request comment on the question of whether there are current anesthesia care access issues for particular states or VA facilities and whether permitting CRNAs to practice to the full extent of their advanced authority would resolve these issues.

APRNs are clinicians with advanced degrees and training who provide primary, acute, and specialty health care services; they complete masters, post-masters or doctoral degrees. There are four APRN roles: Certified Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, and Certified Nurse Midwife. "CRNAs provide an invaluable service to our veterans," Under Secretary for Health Shulkin continued. "Though CRNAs will not be included in VA's full practice authority under this final rule, we are requesting comments on whether there are access issues or other unconsidered circumstances that might warrant their inclusion in a future rulemaking. In the meantime, we owe it to veterans to increase access to care in areas where we know we have immediate and broad access challenges."

All VA APRNs are required to obtain and maintain current national certification. The final rulemaking establishes professional qualifications an individual must possess to be appointed as an APRN within the VA, establishes the criteria under which the VA may grant full practice authority to an APRN, and defines the scope of full practice authority for each of the three roles of APRN. Certified Registered Nurse Anesthetists will **not** be included in the VA's full practice authority under this final rule.

The VA is the nation's largest employer of nurses; as of July 2016 its workforce of approximately 93,500 nurses (RNs, LPNs, NAs) includes approximately 5,769 APRNs. For more information about openings for nurses or other health care positions at the VA, visit Vacareers@va.gov.

VA INTRODUCES THIS WEEK AT THE VA

News Release November 10, 2016

As part of its ongoing effort to engage and reach out to Veterans, the Department of Veterans Affairs launched a podcast titled, "This Week at VA." The podcast will be produced weekly, and each episode will include information on benefits or products, interviews with veterans, a highlighted Veteran of the Day, and other helpful content. The first week's show featured an interview with VA Secretary Robert A. McDonald. "This Week at VA highlights the department's commitment to delivering valuable information to the veteran community through real stories of the veteran experience," said McDonald.

The "This Week at VA" podcast will act as another platform to communicate with veterans, their families, and stakeholders. There are currently three episodes available for listening that spotlight Marine Veteran Haley Carter, Army Veteran Francisco Urena, and Army Veteran Fred Wellman. The podcast is available on VA's VAntage Point blog under the This Week at VA Podcast category and on iTunes. Be sure to subscribe in iTunes for updates each week when new episodes are released.

The podcast adds to the number of innovative ways the VA communicates directly with veterans and their families. The VA has a robust presence on social media, with more than 150 Facebook pages, most of which belong to individual VA medical centers. The VA's digital presence also includes the VAntage Point blog, nearly 100 Twitter feeds, Instagram, a Flickr page containing more than 32,000 photos, and a YouTube channel with nearly 1,000 videos, which has amassed over 5.6 million views. To access and connect to the VA's social media sites, visit the VA's social media directory at www.va.gov/opa/socialmedia.asp.

VA PURCHASES LAND FOR A NEW NATIONAL CEMETERY IN IDAHO

News Release October 3, 2016

The Department of Veterans Affairs (VA) National Cemetery Administration announced its purchase of 8.11 acres from a private owner for \$51,250, to establish a national cemetery near Twin Falls, Idaho. "We are proud to announce the shared goal of honoring our nation's veterans by expanding burial service to veterans, their spouses and families in Idaho," said Interim Under Secretary for Memorial Affairs Ronald E. Walters. "This national cemetery will help us reach veterans in rural parts of Idaho who have not previously had reasonable access to a national or state veterans cemetery."

The land for this new cemetery is located at 1585 East, 4150 North, Buhl, Idaho, 14 miles west of Twin Falls, Idaho. The new cemetery will serve more than 14,000 veterans, their spouses, and eligible family members located in the vicinity of Twin Falls, Idaho. The new cemetery will become the first VA national cemetery in the state. The Idaho State Veterans Cemetery is located 129 miles away and is open to new interments.

The VA will develop the new cemetery as part of the National Cemetery Administration Rural Initiative program. The initiative's primary goal is to build small national cemeteries in states without an open national cemetery. Of the 22 million veterans nationwide, 5.3 million live in rural communities. Between fiscal years 2006-2014, there was a 7% increase in VA-enrollment by veterans who reside in rural areas. The VA will construct in-ground casket and cremation burial sites, above-ground columbarium niches, a memorial wall, flagpoles, a memorial walkway, roads, and other infrastructure.

Burial in a VA national cemetery is open to all members of the armed forces and veterans who have met minimum active duty service requirements and were discharged under conditions other than dishonorable. Members of the reserve components of the armed forces who die while on active duty, while on training duty, or are eligible for retired pay, or were called to active duty and served the full term of service, may also be eligible for burial. Their spouse, widow or widower, minor children, and, under certain conditions, unmarried adult children with disabilities, may also be eligible for burial. Eligible spouses and children may be buried even if they predecease the veteran. The VA provides the gravesite, grave liner, opening and closing of the grave, government headstone or marker, U.S. burial flag, Presidential Memorial Certificate, and perpetual care of the gravesite at no cost to the family.

The VA operates 135 national cemeteries and 33 soldiers' lots and monument sites in 40 states and Puerto Rico. More than 4 million Americans, including veterans of every war and conflict, are buried in the VA's national cemeteries. The VA also provides funding to establish, expand, improve, and maintain 100 veterans cemeteries in 47 states and territories including tribal trust lands, Guam, and Saipan. For veterans not buried in a VA national cemetery, the VA provides headstones, markers, or medallions to commemorate their service. In 2015, the VA honored more than 353,000 veterans and their loved ones with memorial benefits in national, state, tribal, and private cemeteries.

Information on VA burial benefits is available from local VA national cemetery offices, from the Internet at www.cem.va.gov, or by calling VA regional offices toll-free at (800) 827-1000. To make burial arrangements at any open VA national cemetery at the time of need, call the National Cemetery Scheduling Office at (800) 535-1117.

VA WORKS WITH VETERAN-RUN COMPANY TO OFFER VETERANS MORE SECURE, CONVENIENT ONLINE SERVICES

News Release December 7, 2016

The U.S. Department of Veterans Affairs announced that, with help from Veteran-run small business, ID.me, veterans will now be able to manage their own health care and benefits online more simply and safely. Vets.gov now meets the "Level of Assurance 3" (LOA3) information assurance standard, which will allow the VA to offer veterans more features on a single convenient site. This is the highest level of security used to protect user data and privacy, and the VA is a leader in both the government and private sectors with an LOA3 logon account.

After a year of beta testing, the VA launched Vets.gov, where veterans can now use a single account to access services that were previously spread across numerous websites requiring multiple usernames and passwords. Because of security improvements enabled by ID.me's tools, veterans can now use Vets.gov to check the status of a benefits claim, message with health care providers, and order prescription refills online.

Information assurance is about proving who you really are online. A multi-factor authentication process, developed with ID.me, confirms a veteran's identity at the highly-certain "Level of Assurance 3," so the VA can safely share personal information. The VA is the first federal agency to meet the LOA3 standard of the National Institute of Standards and Technology. "This move is just the latest step in VA's effort to improve veterans' access to VA services and information," said Marina Martin, VA's Chief Technology Officer. "Protecting veterans' privacy and personal information is central to our mission, and these improvements keep that commitment while making communication with VA more convenient and accessible." "To date, veterans have been required to visit a VA facility in-person to verify their identities before they were able to access valuable VA services online," said Blake Hall, ID.me CEO. "Now, veterans can easily verify their identity at Vets.gov from their own home or on the go. The net result is a substantial improvement in access and customer experience."

2017 VA COLA INCREASE

Veterans will see the same cost-of-living hike as Social Security in 2017, and will receive a 0.3% COLA increase for 2017. The released figures by the government show that the Consumer Price Index, which the government bases Social Security, and several other benefit payments on, rose by just 0.3% in 2016, so the increased payments for 2017 will be very small. There was no increase in 2015 and 2016.

The Consumer Price Index for Urban Wage Earners and Clerical Workers, or CPI-W is a broad measure of consumer prices generated by the Bureau of Labor Statistics. The CPI-W measures price changes for food, housing, clothing, transportation, energy, medical care, recreation and education. The government figures show the price of gasoline went down 18% in 2016, a large factor in the CPI-W calculation.

You can view the compensation benefits rates tables at www.benefits.va.gov/COMPENSATION/resources_comp01.asp, and the pension benefits rates tables at benefits.va.gov/PENSION/current_rates_veteran_pen.asp.

VETERANS CRISIS LINE IMPROVES SERVICE WITH NEW CALL CENTER IN ATLANTA

News Release December 20, 2016

The Department of Veteran Affairs cut the ribbon for its new Veteran Crisis Line (VCL) satellite office in Atlanta allowing the life-saving hotline to expand capacity by nearly 600 veterans each day essentially doubling the VA's ability to help veterans in need.

As a part of the MyVA initiative, the largest restructuring in the Department's history, improvements of the VCL are a key priority, with the goal of providing 24/7, world-class suicide prevention and crisis intervention services to veterans, servicemembers, and their family members across the globe. "The addition of the second Veterans Crisis Line facility enhances VA's ability to provide 24/7 suicide prevention and crisis intervention services by trained, dedicated VA employees to veterans, servicemembers, and their families," said VA Deputy Secretary Sloan Gibson who joined Veterans Crisis Line responders and partners in the ribbon cutting. "The work at the Veterans Crisis Line is some of the most important work we do in VA. Today we follow through on our commitment to give those who save lives every day at the Crisis Line the training, additional staff, and modern call center technology they need to make the Veterans Crisis Line a Gold Standard operation. The veterans of this nation, especially those in most need of our help, deserve no less."

The VCL is critical to connecting veterans with facility-based Suicide Prevention Coordinators (SPCs). SPC teams within each Veterans Affairs Medical Center (VAMC) work to engage veterans and communities to raise awareness about the VA's suicide prevention and behavioral health resources. The VCL interfaces with various stakeholders, including the Veterans Health Administration (VHA) Suicide Prevention Program Office and the Substance Abuse and Mental Health Services Administration (SAMHSA), to provide critical services that ultimately provide a safe haven for veterans and servicemembers. Since VCL was launched in 2007, the crisis line counselors have:

- Answered nearly 2.6 million calls;
- dispatched emergency services to callers in imminent crisis more than 67,000 times;
- engaged nearly 314,000 veterans or concerned family members through the chat option launched in 2009;
- responded to nearly 62,000 requests since the launch of text services in November 2011; and
- forwarded more than 416,000 referrals to local VA suicide prevention coordinators on behalf of veterans to ensure continuity of care with veterans' local VA providers.

The VCL staff has grown over the years. Initially housed at the Canandaigua VAMC in New York, it began with 14 responders and two health care technicians answering four phone lines. Today, the combined facilities employ more than 500 professionals, and the VA is hiring more to handle the growing volume of calls. Atlanta offers 200 call responders and 25 social service assistants and support staff, while Canandaigua houses 310 and 43, respectively.

Callers dial the National Suicide Prevention Hotline number (800) 273-TALK (8255) and veterans choose option 1 to reach a VHA VCL Responder. The text number is 838255 or veterans may chat with our trained professionals online at VeteransCrisisLine.net. Calls, texts, and chats are immediately directed to a VA professional who is specially trained to handle emotional and mental health crises for veterans and servicemembers. The VA is also streamlining and standardizing how crisis calls from other locations, such as VAMCs, reach the VCL, including full implementation of the automatic transfer function that directly connects veterans who call their local VAMC to the VCL by pressing a single digit during the initial automated phone greeting.

NEW REGULATION DECREASES COST OF OUTPATIENT MEDICATION

News Release December 12, 2016

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 (\$5 for a 30-day or less supply); Tier 2, Non-Preferred Generics including over-the-counter medications (\$8 for a 30-day or less supply); and Tier 3, Brand Name (\$11 for a 30-day or less supply). 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.

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 PARTNERS WITH PROSTATE CANCER FOUNDATION TO EXPAND CLINICAL RESEARCH News Release November 29, 2016

As a national leader in oncology advancement and as the largest integrated healthcare system in the nation, the Department of Veterans Affairs announced an important and substantial partnership with the Prostate Cancer Foundation (PCF) to prevent, screen, and promote research to speed the development of treatments and cures for prostate cancer among veterans. Announcement of the partnership was made during Launch Pad: Pathways to Cancer InnoVAtion, a joint VA/PCF summit held that brings together world-class oncology experts, corporate partners, and nonprofit partners to discuss research, big data, technology and clinical solutions to advance screening, diagnostics, and care coordination for cancer and to promote the implementation of best practices across the VA healthcare system.

As part of the summit, PCF announced a \$50 million precision oncology initiative to expand prostate cancer clinical research among veterans to speed the development of new treatment options and cures for prostate cancer patients. The agreement is the first partnership between PCF and the VA, and it comes at a time when an estimated 12,000 veterans each year are diagnosed with prostate cancer, making it the most frequently diagnosed cancer among veterans. In particular, African-Americans are 64% more likely to develop prostate cancer compared to any other race or ethnicity and 2.4 times more likely to die from the disease. "Fighting and treating cancer among our veterans is a team effort, which is why this Launch Pad event and this partnership are so important," said VA Secretary Robert A. McDonald. To effectively serve our veterans and to keep VA on the cutting edge of medical research, we need government, corporate, and non-profit organizations working together. We are truly grateful to the Prostate Cancer Foundation for this important show of support. Our work together will save veterans' lives."

The goals of the PCF partnership are to increase the number of Veterans Health Administration (VHA) investigators applying to PCF for funding; increase the number of VHA facilities involved in precision medicine/prostate cancer clinical trials; increase the number of veterans enrolled in studies, providing veteran specimens or data used in studies, as well as increase the number of minorities enrolled in PCF studies; and increase the number of early career scientists working on prostate cancer research. "Our goal is to increase our scientific understanding of prostate cancer among veterans and to kick-start the development of precision medicine treatments for them, as well as the general population," said Jonathan W. Simons, MD, President and Chief Executive Officer, PCF. "This agreement will open new doors for the research community to work with veterans facing a life threatening disease and ultimately reduce the disease burden on America's veterans."

The VA has a long history in cancer prevention and research. The VA's cancer research portfolio supported 262 active projects with \$53.5 million in fiscal year 2016, toward understanding and preventing cancers prevalent in the veteran population. In addition, VA research also has ongoing collaborations and data-sharing with other public agencies, and profit and non-profit corporations to enhance cancer research, including studies that support the national Precision Medicine Initiative. For more information about the Launch Pad event, visit www.blogs.va.gov/VAntage/33183/launch-pad-event-brings-together-greatest-minds-in-cancer-care. For more information about VA research, including cancer innovations, visit www.research.va.gov.

VA CELEBRATES NEW STRATEGIC PARTNERSHIP ON VETERANS DAY

News Release November 10, 2016

The Department of Veterans Affairs announced nine new strategic partnerships that will provide additional health care and support services for veterans and their families. These new formal relationships are the latest in a series of strategic partnerships developed to bring the private and public sectors together with the VA to enhance the veteran experience. "Strategic partnerships allow us to expand the reach of services available for veterans and their families," said Secretary Robert A. McDonald. "Since we've named strategic partnerships as one of our five MyVA strategies, I'm happy to report we've established partnerships at an unprecedented rate to tackle a myriad of different veteran needs." The following partnerships were announced:

- Cardinal Health. Through their "Operation: Support our Heroes project," Cardinal Health has pledged to donate 2,000 care packages (consisting of toiletries and other personal hygiene items), as well as other consumer health products to VA facilities for distribution to homeless veterans. The program is being piloted at 9 VA facilities across the country, including several in the Midwest, parts of the Southwest, and California.
- Downs Designs Dreams. Downs Designs Dreams works to design and develop clothing specifically designed for individuals with disabilities. The VA has partnered with Downs Designs Dreams to put these tailored designs in the hands of veterans with disabilities. To date, Downs Designs Dreams has already donated 166 pairs of jeans to veterans through this partnership, representing an investment of \$8,610.
- Dream Foundation. Dream Foundation is dedicated to honoring our veterans' service by fulfilling their final dream; providing them, their families, and caregivers inspiration, comfort, and closure at the end of life. Through this partnership, VA social work staff will coordinate referrals to support dream fulfilment for veterans experiencing lifelimited illnesses.
- First Quality Enterprises. First Quality Enterprises is an American manufacturer of absorbent hygiene (adult incontinence, feminine care, and baby care), tissue (bath and towel), and industrial (non-woven fabrics, print and packaging materials, thermoformed plastics) products, serving institutional and retail markets throughout the world. First Quality is teaming up with the VA to donate baby products to pregnant women veterans through the VA's maternity care coordinators.
- Hair Cuttery. In partnership with the VA, Hair Cuttery is sponsoring their annual "Share-A-Haircut" program. For
 every adult haircut purchased in any Hair Cuttery salon on Veterans Day, November 11th, Hair Cuttery donated 2 free
 haircut certificates for VA patients who may otherwise be unable to get this type of professional service. All Hair
 Cuttery locations participated and will honor the certificates through January 25, 2017.
- The Jonas Center for Nursing and Veterans Healthcare. The Jonas Center is dedicated to improving veteran's health by developing outstanding nursing researchers, educators, and clinical leaders. This partnership builds and supports a network of current and former VA Jonas Nursing Scholars to focus on veteran-specific healthcare needs.
- NCR Corporation. This year's Veteran's Day parade featured NCR's self-service kiosks in New York, NY and Los
 Angeles, CA developed by NCR especially for veterans. It provides a point-of-service for all veterans (rural, homeless,
 economically disadvantaged, and medically disabled) and their spouses and dependents, via NCR's world-class selfservice technology.
- Project Hero. Project Hero is national nonprofit that saves lives by providing hope, recovery, and resilience for veterans focusing on physical and psychological rehabilitation programs. Through this partnership, VA Mental Health and Recreation Therapy resources will be made available to veterans participating in Project Hero's "Ride 2 Recovery" research programs.
- United Through Reading (UTR). UTR unites families facing physical separation by facilitating the bonding experience of reading aloud together. They offer an opportunity for military service members and veterans to video record a book for children or grandchildren who are located elsewhere. The child receives a copy of the book with the video to read along. The first veteran site to participate is Honolulu, HI, and they had readings leading up to Veterans Day.

This latest round of partnerships reflects the growing number of success the VA has achieved over the last eighteen months. By nurturing and maturing these relationships, the VA is able to help focus the Nation's powerful support and goodwill for veterans and their families. In the last 18 months, the VA's partnerships and collaborations have brought in more than \$300 million in investments and in-kind services to support America's veterans. "Our veterans have honorably – and voluntarily - served our Nation. Now it's our turn to provide them a quality of life that matches that service" said Matthew S. Collier, Senior Advisor for Strategic Partnerships. "The VA will never be able to achieve that on our own, but we can bring together good partners who want to fill in the gaps."

DATES TO REMEMBER

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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	
February 20	President's Day – See the history of President's Day at the bottom of this page
March 3	Star Spangled Banner made the U.S. National Anthem, 1931
March 12	Daylight savings begins, set clocks ahead one hour
	Girl Scouts of America founded, 1912
March 16	U.S. Military Academy, West Point, NY founded, 1802
March 17	St. Patrick's Day
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CONVENTION SCHEDULES

American Legion

Mid-winter January 12-15, 2017, Boise, ID National............. August 18-24, 2017, Reno, NV

AMVETS

National.....August 6-13, 2017, Norfolk, VA

Catholic War Veterans of the United States

National.....August 6-13, 2017, St. Louis, MO

Disabled American Veterans

StateMay 4-6, 2017, Idaho Falls, ID

National.....July 29-August 1, 2017, New Orleans, LA

Fleet Reserve Association

National.....September 17-23, 2017, Washington, DC

Marine Corps League

National.....August 13-18, 2017, Overland Park, KS

Military Order of the Purple Heart

National.....August 9-19, 2017, Dallas, TX

Veterans of Foreign Wars

Mid-winter January 12-16, 2017, Boise, ID National...... July 22-26, 2017, New Orleans, LA

Vietnam Veterans of America

National.....August 8-12, 2017, New Orleans, LA

THE HISTORY OF PRESIDENTS 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 11th. At least in 1796, many Americans celebrated his birthday on the 22nd, while others marked the occasion on the 11th instead.

By the early 19th 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 12th 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 22nd. 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.

DAV VAN SCHEDULES TO AND FROM VA MEDICAL CENTERS

BOISE & SURROUNDING AREA TO BOISE VAMC

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

For more information call Jim Rossette at the Boise VA Medical Center (208) 422-1000 ext. 7555.

F	or more informat	ion call Jim Rossette	e at the Boise VA Medical Center (208) 422-1000 ext. 7555.
×	Homedale, Marsi	ng, and Canyon Coun	ty: Call Laverne Gillum (208) 422-1000 ext. 7555.
	Pickup points:	Star	Star Merc
		Middleton	Downtown Shell Station
			Shell Station at exit 25 of I-84
		Notus	Shell Station
		Parma	
		Wilder	Shell Station
		Homedale	Shell Station
		Caldwell	Chevron at 10th Avenue South & the freeway
			Emergency entrance of West Valley Medical Center
			Karcher Mall near Ross Dress for Less
			D and B Supply on 12th Avenue South
×	Weiser Payette (surrounding area: Call Lori Walla (208) 919-5733
	Pickup points:		
	rickup points.		Subway near Albertson's
			Stinker Station
			Striker Station Shell Station at Palisades Corner
			Lowell's Market at 5 Corners
		•	
			Shell Station at the freeway
		Payette	
			Jerry's Market on 6th
			Kings Variety/Maverick at Highway 95
			Sinclair Station at Highway 95
			Pioneer Market
	★ Twin Falls, Jero	ome, Lincoln, Gooding	g, and Elmore Counties: Call Calvin Armstead (208) 733-7610 ext. 2415.
	Pickup points:	Twin Falls	Sheriff's Office
		Filer	Logan's Market
		Buhl	Oasis Stop-N-Go
		Jerome	
		Wendell	
		Bliss	Ziggy's
			Valley Market
		Glenns Ferry	
			Foothills Chevron, Albertson's, & Exit 90 Chevron/Burger King
×	Cassia, Minidoka		Call Georgia Greenwell (208) 678-3599 or 878-2565.
	Pickup points:		Sheriff's Office
	P Pomio.		Exit 211 Wayside
			Exit 208 Hub 66
×	Southeast Oregon		Halfway, Huntington, John Day:
٠			ert Warner (541)523-5340 or the VFW Hall (541) 523-4988.

DAV VAN SCHEDULES TO AND FROM THE SPOKANE VA MEDICAL CENTER

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

January 3, 5, 9, 11, 13, 17, 19, 23, 25, 27, 31

February 2, 6, 8, 10, 14, 16, 22, 24, 28

March 2, 6, 8, 10, 14, 16, 20, 22, 24, 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.

