



Idaho Division of
**VETERANS
SERVICES**

*Caring for
America's
Heroes*

BULLETIN

January

2018

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

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



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



FROM BILL'S DESK

I hope everyone had a great holiday season and ready to see what the new year brings us. Within the Office of Veterans Advocacy, the only update we have is that Lance Santiago will begin seeing veterans at the Canyon County Veterans Memorial building in Caldwell once a week. This is on top of Wes McAuslan serving full time at the Department of Labor Office in Caldwell. With that said, here are some of the new issues that are going on in the world of veteran benefits.

As mentioned in the last Bulletin, the 2017 Appeals Modernization Act was signed into law and will take at least 18 months to go into effect while the VA works on legacy appeals. Beginning November 1st, 2017, the VA mailed out 500 "RAMP" letters and another 5,000 on December 1st, with more to come. The letters are being sent to veterans with pending appeals and offers them the option of either remaining in the current legacy system or to waive their rights under the legacy system in order to move their appeal into the Appeals Modernization system. If they accept to move into the appeals modernization system, they cannot go back to the legacy system if they are unhappy with the results. If someone chooses to move into the new Appeals Modernization system, they can currently only accept 1 of 2 options. They can select Option 1, which is a higher level of review and will get a new rating decision within 30 days. If this option is chosen, no new supporting information can be submitted to support the appeal and it will be reviewed by a Rater more senior than the one who made the previous decision. Option 2 allows the veteran/claimant to submit additional evidence to support the appeal and it will then be reviewed/rated again. The option of having the appeal sent to the Board of Veterans of Appeals for a decision under the new Appeals Modernization Act will not go into effect until February 2019 (at the earliest). If you know of anyone who receives a RAMP Letter, please have them contact a Veteran Service Officer to discuss whether the Appeals Modernization is the right fit for their current appeal or if they are better off remaining within the Legacy Appeals System.

The VA has changed the Pre-Discharge Claim system. Previously, if someone was preparing to leave active duty service, they could file for 1 of 2 different pre-discharge claims. A BDD claim (Benefits Due at Discharge) could be filed between 180-60 days prior to discharge and a Quickstart claim could be submitted 60 days or sooner prior to separation/retirement. The VA has changed the requirements for the BDD claims, as they now have to be submitted between 180-90 days prior to discharge and the servicemember must be available for compensation examinations for at least 45 days after submission of the claim. The Quickstart claim process has been terminated, so if a claim is submitted within the 90-day window of separation/retirement, no action will be taken on it. The VA will hold onto the claim and process it as a fully developed claim once the separation date has passed.

The VA has begun issuing veteran ID cards to honorably discharged veterans. The new ID card may be applied for through the VA's website, www.vets.gov/veteran-id-card/. If you already have a DoD retired ID card, active duty, reserve or guard DoD card, or a VA Medical card, there is no need to request a veteran ID card. The purpose of these cards is for veterans who do not have any other type of "official" ID cards reflecting they are a veteran. There is also no guarantee businesses will accept this card as proof of veteran status, but it is available for those who would like one. Be advised there are delays in obtaining these cards once they are requested.

The VA has awarded the contract to manage the VA Dental Insurance Program to Delta Dental and MetLife, and coverage began December 1, 2017, for new enrollees. Everyone enrolled in the VA Healthcare System is eligible for the VA Dental Insurance Program, and family members are eligible for enrollment if the veteran is rated 100% Permanent and Total and the family members are enrolled in ChampVA. More information can be found at www.va.gov/healthbenefits/VADIP/.

I hope everyone enjoys the New Year and please let me know if there is anything that our office can do to assist you.

VA BENEFITS TO RISE 2% FOR 2018 COST-OF-LIVING ADJUSTMENT

Congress has passed and President Trump has signed into law a 2% cost-of-living adjustment (COLA) effective December 1, 2018, for disability compensation, dependency and indemnity compensation, clothing allowance, pension, and certain other related benefits. The percentage is based on the annual the annual Social Security index rate. The COLA will be reflected in checks issued on or about January 1, 2018.

VA WORKING TO REDUCE TIME DOCTORS SPEND ON PAPERWORK

News Release, November 6, 2017

The U.S. Department of Veterans Affairs (VA) announced it is making changes to its Inbox Notifications system, a messaging system intended to communicate important clinical information, such as test results, referrals, medication refills, or high-priority messages, but has become bogged down with non-urgent, unimportant information. The change will give the VA's primary care physicians, in particular, more time to devote to patient care. "The public never sees the excessive amount of e-mails and alerts that take up a doctor's time," said VA Secretary Dr. David J. Shulkin. "Some of it is necessary, but other emails do nothing to advance patient care and can, in fact, pose a major safety hazard because of lesser important emails. We want our doctors to have the right information they need to provide quality health care to veterans, and this is a step in the right direction."

Seeing patients is the most fulfilling part of the job of a physician, doctors said, but far too much of their time is spent doing paperwork. It is estimated that doctors spend two hours on administrative work for every hour they spend with patients. That time-consuming activity leads to fatigue and burnout, and is a top frustration for all doctors, including the VA's. A team, led by White House Fellow Dr. Tina Shah, revamped the message system to decrease the volume of low-value emails and trained clinicians to optimally process their inbox. Early results show the system is working: Clinicians now spend an hour and a half less on emails per week, opening up more time for more meaningful work and more time with veterans. "When we let doctors do what they do best — giving care to veterans — we know it improves the care they receive," Secretary Shulkin added. "It's why VA is one of the best places to work and why our doctors have lower burnout rates than the private sector. This initiative is just one of many underway for VA to address clinician burnout and improve the quality of our care."

VA ANNOUNCES VETERANS COORDINATED ACCESS & REWARDING EXPERIENCES (CARE) ACT

News Release, October 16, 2017

The U.S. Department of Veterans Affairs (VA) announced it has presented the House and Senate Veterans Affairs Committees with the administration's draft proposal of the Veterans Coordinated Access & Rewarding Experiences (CARE) Act, designed to improve veterans' experiences with and access to health care, building on the best features of the VA's existing community care programs and strengthening the VA's ability to furnish care in its facilities. In order to meet veterans' needs quickly and in a way that is easy to understand, the bill aims to:

- Clarify and simplify eligibility requirements,
- Set the framework for VA to continue to build a high-performing network,
- Streamline clinical and administrative processes,
- Implement new care coordination support for veterans, and
- Merge and modernize community care programs.

"We want veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community, and this bill does just that, while strengthening VA services at the same time," said VA Secretary Dr. David J. Shulkin. The bill would replace the current wait-time and distance eligibility criteria under the Choice Program ("30-day/40-mile") with criteria that:

- Places the veteran and his or her physician at the center of the decision process on how and where to get the best care available,
- Ensuring the VA is improving medical facilities and staffing levels to meet veterans' needs in areas where VA care is substandard, and
- Offer options for veterans to use a network of walk-in clinics for minor illnesses and injuries.

The CARE Act also includes:

- Proposals for new workforce tools to assist in maintaining and strengthening VA's world-class medical staff,
- A number of business process enhancements to improve financial management of the Community Care program,
- Provisions that would strengthen the VA's ability to partner with other federal agencies and streamline the VA's real property management authorities.

More information about access to care at the VA can be found at .

WHITE HOUSE VA HOTLINE NOW FULLY STAFFED & OPERATIONAL AROUND THE CLOCK

News Release, November 29, 2017

The U.S. Department of Veterans Affairs (VA) announced the White House VA Hotline, first launched in June as part of President Donald J. Trump’s commitment to reforming the VA, is now fully staffed with live agents working to serve veterans 24-hours a day, 365 days a year.

The hotline, which became 24-hour operational in mid-October, is now staffed by a team consisting of 90% veterans or employees who have a veteran family member, and is in response to veterans’ requests to talk to agents who could relate to their experiences. “The White House VA Hotline provides our nation’s veterans with a direct, dedicated contact line that allows them to interact with highly trained, live agents to answer their needs and concerns,” said VA Secretary David J. Shulkin. “Since the initial launch of the hotline in June, we listened to our veterans, who indicated that they prefer speaking with other veterans and veteran family members, and we adjusted our hiring based on that feedback,” added Shulkin. “We’re proud that the hotline is now staffed 24/7 by a team of mostly veterans or veteran family members who have direct knowledge of their particular concerns and can use their experience to address them in the best way possible with the resources of the VA. This represents a true win-win for veterans and their loved ones.”

Since 24/7 coverage began in October, the hotline has served more than 10,000 callers. Hotline agents answer inquiries, provide directory assistance, document concerns about VA care, benefits and services, and expedite the referral and resolution of those concerns. Agents undergo regular updates and training on VA services based on hotline trends and are assisted by newly implemented tracking software to help the VA capture and improve its response, referral, and resolution processes to best support veterans. The hotline can be accessed at (855) 948-2311 and is VA’s first non-clinical, non-emergency around-the-clock call center. It provides veterans a supplemental option to report issues if they are not being addressed through the VA’s normal customer service channels. The hotline’s agents are located at a VA facility in Shepherdstown, WV. Agents have access to a multitude of resources and contact information to help veterans. The hotline also generates real-time reports to VA experts who can help address the specific issues of veterans as well as make better-informed decisions on where program improvements are needed.

VA SEEKS PARTNERSHIPS TO BUILD & IMPROVE HEALTHCARE FACILITIES

News Release, October 19, 2017

The U.S. Department of Veterans Affairs (VA) released a Request for Information (RFI) seeking interest from potential partners who want to support efforts to build world-class health-care facilities for America’s veterans. Public Law 114-294, the Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016, also known as the “CHIP-IN Act,” authorizes the VA to accept donations from up to five non-federal entities to help fund and expedite the construction of health-care related capital projects.

The CHIP-IN Act aligns with VA Secretary Dr. David J. Shulkin’s efforts to modernize the department and enhance service to veterans by streamlining and instituting infrastructure improvements to health-care facilities. “Our strategic partnerships are one of many valuable tools that allow us to provide assistance to our veterans,” Shulkin said. “Donations through the CHIP-IN Act will help us deliver health-care facilities for our veterans in a faster, more cost-effective manner.”

The first CHIP-IN Act partner is helping to build a new Ambulatory Care Center in Omaha, NE. The center will provide a much-needed facility to veterans in the region faster than a traditional funding and construction timeframe, and with a reduced burden on the taxpayer. The VA is looking forward to developing similar partnerships for future CHIP-IN Projects through the RFI. The RFI, available on the Federal Business Opportunities website, is seeking interest from non-federal entities, including 501(c)(3) nonprofits, private entities, and donor groups, for the remaining four partnership opportunities. The donations must be: (1) real property that includes a constructed facility or that is to be used as the site of a facility constructed by the donor, or (2) a facility to be constructed by the donor on VA-controlled property. Interested parties must respond by January 15, 2018.

The CHIP-IN Act will help VA forge even closer bonds to the community by developing strategic partnerships with existing and new partners that have close ties to the communities they serve. The CHIP-IN Act is also a roadmap for communities that want to support the VA’s efforts to address the emerging needs of veterans in a collaborative, cost-efficient manner, which will benefit taxpayers and communities broadly.

VA ANNOUNCES ROLLOUT & APPLICATION PROCESS FOR NEW VETERANS ID CARD

News Release, November 29, 2017

The U.S. Department of Veterans Affairs (VA) announced the application process for the national Veterans Identification Card (VIC) is now available for veterans — yet another action honoring their service. This has been mandated through legislation since 2015 to honor veterans, and the rollout of the ID card fulfills that overdue promise.

Only those veterans with honorable service will be able to apply for the ID card, which will provide proof of military service, and may be accepted by retailers in lieu of the standard DD-214 form to obtain promotional discounts and other services where offered to veterans. “The new Veterans Identification Card provides a safer and more convenient and efficient way for most veterans to show proof of service,” said VA Secretary Dr. David J. Shulkin. “With the card, veterans with honorable service to our nation will no longer need to carry around their paper DD-214s to obtain veteran discounts and other services.” The VIC provides a more portable and secure alternative for those who served the minimum obligated time in service, but did not meet the retirement or medical discharge threshold. Veterans who served in the armed forces, including the reserve components, and who have a discharge of honorable or general (under honorable conditions) can request a VIC.

To request a VIC, veterans must visit vets.gov, click on “Apply for Printed Veteran ID Card” on the bottom left of the page, and sign in or create an account. Veterans who apply for a card should receive it within 60 days and can check delivery status of their cards at vets.gov. A digital version of the VIC was available online by mid-December.

VA EXPLORING ALTERNATIVE TREATMENTS FOR TBI & PTSD

News Release, December 7, 2017

The U.S. Department of Veterans Affairs (VA) announced it will use two innovative treatments to ease the everyday challenges associated with living with traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). “We know that for a small group of veterans, a traditional approach to health care may not be the most effective,” said VA Secretary Dr. David J. Shulkin. “This is particularly true with certain chronic medical and mental health conditions. For veterans who don’t improve, we have to look for innovative, evidence-based approaches that may help them restore and maintain their health and well-being.”

Veterans with a history of mild to moderate TBI now have access to light emitting diode (LED) therapy contained in a lightweight frame that is placed on the head and a clip placed inside the nose. Results of some studies show that LED improves brain function including attention and memory, emotions, and sleep. LED therapy has begun at the VA Boston Healthcare System, Jamaica Plain campus, this month. LED also is available for veterans to use in their homes. Providers at the Long Beach VA Medical Center have begun using stellate ganglion block (SGB) to treat veterans with PTSD symptoms. SGB is safe and may ease PTSD symptoms, such as the feelings of anxiety and constantly being on alert. It involves an injection, or shot, of medication into the neck to decrease the symptoms of PTSD.

VA remains a world leader in the development and use of innovative therapies, such as telehealth, yoga, and other approaches to improve health and well-being. For more information about other emerging therapies aimed at enhancing veterans’ physical and mental well-being, visit the VA’s Center for Compassionate Innovation at www.va.gov/healthpartnerships.

VA PRIORITIZES VETERANS' ACCESS TO PRO BONO LEGAL SERVICES

News Release, November 13, 2017

The Department of Veterans Affairs (VA), together with the American Bar Association, The Veterans Consortium and National Law School Veterans Clinic Consortium, signed a Memorandum of Agreement aimed at improving veterans’ access to free legal services. Veterans often face stressful legal problems — such as eviction, foreclosure, child support, or drivers’ license revocations — that can affect their ability to gain or maintain employment and housing or focus on medical treatment. In the VA’s annual Community Homelessness Assessment, Local Education and Networking Groups survey, legal assistance repeatedly tops the list of homeless veterans’ unmet needs. “We are encouraging VA Medical Centers and other VA facilities to engage with their local communities to establish legal clinics and Medical Legal Partnerships to address veterans’ legal needs that threaten their health and well-being,” said VA Secretary Dr. David J. Shulkin. “By signing this agreement, we are documenting a shared commitment to better facilitate veterans’ access to legal services.”

Currently, the VA hosts at least 165 free legal clinics in its VA Medical Centers, Community Based Outpatient Clinics, and Vet Centers across the country by partnering with external, legal-service providers, such as local bar associations, legal-aid organizations and law school clinics. More information on the VA’s coordination of legal services for veterans at VA facilities may be found at www.va.gov/OGC/LegalServices.asp.

VA, GINNIE MAE TASK FORCE TO ADDRESS MORTGAGE REFINANCING ISSUES

News Release, October 12, 2017

The Government National Mortgage Association (Ginnie Mae) and the Department of Veterans Affairs (VA) announced the formation of the Joint Ginnie Mae – VA Refinance Loan Task Force. The task force will focus on examining critical issues, important data, and lender behaviors related to refinancing loans, and will determine what program and policy changes should be made by the agencies to ensure these loans do not pose an undue risk or burden to veterans or the American taxpayer. More specifically, the task force will examine aggressive and misleading refinancing propositions, as described by the Consumer Financial Protection Bureau, and will address loan churning and repeated refinancing. Both agencies agree the VA and Ginnie Mae programs work best when they are used by market participants in ways that provide a benefit to veteran borrowers and, ultimately, lower veterans' costs.

The task force has started its work by examining data and information to ensure loans provide a net tangible benefit to veteran borrowers, and consider establishing time frames regarding recoupment of fees associated with refinancing loans. It will also examine the impact of establishing stronger seasoning requirements for VA-guaranteed loans that are securitized into Ginnie Mae Mortgage Backed Security pools. Additionally, the task force will work to ensure veterans understand the costs and benefits of refinancing, and ensure robust borrower outreach and education programs are augmented for this purpose.

Ginnie Mae and the VA will arrange joint discussions with individual lenders whose demonstrated origination practices may negatively affect veteran borrowers or increase program costs and risks. The task force will continue to work collaboratively until concrete solutions have been implemented to eliminate lender behavior that is unhelpful to veterans and harmful to the American taxpayer.

VA TO PROVIDE HYPERBARIC OXYGEN THERAPY TO SOME VETERANS WITH CHRONIC PTSD

News Release, November 29, 2017

The U.S. Department of Veterans Affairs (VA) announced it will offer Hyperbaric Oxygen Therapy (HBOT) as a treatment option for a small number of veterans with persistent post-traumatic stress disorder (PTSD) symptoms resistant to standard options. Providers from the Eastern Oklahoma VA Health Care System and the VA Northern California Health Care System will partner with HBOT providers at the Tulsa Wound Care and Hyperbaric Center at Oklahoma State Medical Center in Tulsa, OK, and the David Grant Medical Center on Travis Air Force Base, CA, respectively, to provide this care. "There is nothing more important to us than caring for our nation's veterans, and that care must include finding different approaches that work best for them," said VA Secretary Dr. David J. Shulkin. "We have to explore every avenue, particularly for our most medically vulnerable veterans, and be open to new ideas and strategies for their optimal health and well-being."

HBOT is a procedure that increases oxygen in the body, under pressure, to encourage healing. Currently, HBOT is commonly used to treat carbon monoxide poisoning, divers' sickness, enhanced healing of some wound problems, skin grafts, heat burns, crush injuries, and other acute health-care issues that involve too little blood flow to a part of the body. This use of HBOT for treatment of PTSD is considered an "off-label" use and will occur under the supervision of a trained physician. Separately, the VA and the Department of Defense are planning a multisite research study to examine more fully the use of HBOT for patients diagnosed with PTSD.

As health-care leaders interested in innovative approaches to care, the VA Center for Compassionate Innovation (CCI) is facilitating use of HBOT for a subset of veterans who have noticed no decrease of symptoms after receiving at least two evidenced-based treatments. CCI uses innovative approaches to treat conditions where traditional methods have been unsuccessful. The VA will monitor the HBOT clinical demonstration project and the HBOT research study to help inform the potential for HBOT usage to treat a larger number of veterans with PTSD. For more information about the VA's Center for Compassionate Innovation, go to www.va.gov/healthpartnerships.

GO GREEN & 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 to you forward or print and disseminate as many copies as you like. In addition to receiving the quarterly bulletin, you will also receive our annual Veterans Resource Directory via email.

If you can help us with our goal of reducing costs and the saving paper, please email Jennel Binsky at jennel.binsky@veterans.idaho.gov. Thanks for your help with this most worthwhile endeavor! And don't forget you can always view and print the Bulletin and Resource Directory by visiting our website at www.veterans.idaho.gov.

VA AIMED AT PREVENTING SUICIDES, INVITES 7 CITIES TO PARTICIPATE IN MAYOR'S CHALLENGE

News Release, December 12, 2017

The Department of Veterans Affairs (VA) and the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) announced the inaugural Mayor's Challenge to Prevent Suicide among service members, veterans, and their families. The goal of the Mayor's Challenge is to eliminate suicide by using a comprehensive public health approach to suicide prevention. "Of the 20 suicides a day that we reported last year, 14 were not under VA care," said VA Secretary Dr. David J. Shulkin. "We are pleased to partner with SAMHSA to bring attention, education, and support regarding suicide prevention to communities where our veterans live."

The VA and SAMHSA will invite seven cities to participate in a policy academy process that up until now has been available only to states and territories. The cities will be invited based on veteran population data, suicide prevalence rates, and capacity of the city to lead the way in this first phase of the Mayor's Challenge. The selected cities will have been announced mid-December, once they formally accepted nominations. Teams from each of the seven cities will meet March 14-16, 2018, in Washington, D.C., to develop strategic action plans to implement in their communities. The teams will include collaborative groups of community, municipal, military, and other stakeholders. The VA will provide technical assistance to support local efforts and to document outcomes and share strategies with other municipalities.

Dr. Elinore F. McCance-Katz, assistant secretary for Mental Health and Substance Use at SAMHSA, said, "We must act now to accelerate suicide prevention efforts at the local level, with communities embracing and supporting the health and well-being of our service members, veterans, and their families."

Cities interested in learning more about the Mayor's Challenge, can submit a request for information form at pra.typeform.com/to/C2Zv2B. For more information on the VA's suicide prevention campaign, visit www.veteranscrisisline.net/bethere. For information on SAMHSA's suicide prevention efforts, visit www.samhsa.gov/suicide-prevention/samhsas-efforts. Veterans in crisis or having thoughts of suicide — and those who know a veteran in crisis — should call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, and 365 days a year. Call 800-273-8255 and press 1, chat online at VeteransCrisisLine.net/Chat, or text to 838255.

A HISTORY OF THE NEW YEAR

By Borgna Brunner

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

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

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

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

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

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

DAV VAN 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.**

* Homedale, Marsing, and Canyon County: 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 M&W Market
 - Wilder Shell Station
 - Homedale Shell Station
 - Caldwell Chevron at 10th Avenue South & the freeway
 - Emergency entrance of West Valley Medical Center
 - Maverick at 10th Avenue South & Ustick
 - 20248 Hoskins Road
 - Nampa Karcher Mall near Ross Dress for Less
 - Albertson's at 7th Street & 12th Avenue South
 - D and B Supply on 12th Avenue South
 - Melba/Bowmont Chevron at Greenhurst & Southside
 - McDonalds at exit 38 of the freeway
 - Kuna West side of the Winco parking lot

* Weiser, Payette, Ontario, Emmett, and surrounding area: Call Lori Walla (208) 919-5733

- Pickup points:
- Emmett Tom's Cabin Restaurant
 - Subway near Albertson's
 - Stinker Station
 - Fruitland Shell Station at Palisades Corner
 - Shell Station at the highway
 - Middleton (Caldwell) 44 Quick Stop
 - New Plymouth Lowell's Market at 5 Corners
 - Hamilton Corners at Highways 52 & 30
 - Nyssa Anderson Corner
 - McDonalds at West Park Plaza
 - Ontario McDonalds at West Park Plaza
 - McDonalds at K-Mart
 - Shell Station at the freeway
 - Shell Station on Idaho
 - The Elk's
 - Payette Albertson's
 - Jerry's Market on 6th
 - Kings Variety/Maverick at Highway 95
 - Weiser Sinclair Station at Highway 95
 - Maverick Station at Highway 95
 - Chevron Station
 - Pioneer Market
 - Ridley's Market

* Twin Falls, Jerome, Lincoln, Gooding, 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 Ridley's Market
 - Gooding Ridley's Market
 - Wendell Farmhouse
 - Bliss Ziggy's
 - Hammett Valley Market
 - Glenns Ferry Shell Station
 - Mountain Home Foothills Chevron, Albertson's, & Exit 90 Chevron/Burger King

* Cassia, Minidoka, and Blaine Counties: Call Georgia Greenwell (208) 678-3599 or 878-2565.

- Pickup points:
- Burley Sheriff's Office
 - Exit 211 Wayside
 - Exit 208 Hub 66
 - Greenwood Store

* Southeast Oregon - Baker City, Haines, Halfway, Huntington, John Day:

Call Carl Swinyer (541)-894-2546, Robert Warner (541)523-5340 or the VFW Hall (541) 523-4988.

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

January 2, 4, 8, 10, 12, 16, 18, 22, 24, 26, 30

February 1, 5, 7, 9, 13, 15, 21, 23, 27

March 1, 5, 7, 9, 13, 15, 19, 21, 23, 27, 29

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.

