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# Service Bulletin

**October 2011**

## **DEPARTMENT OF VETERANS AFFAIRS (VA)**

<http://www.va.gov>

### **VA Launches Childcare Pilot**

[www.publichealth.va.gov/womenshealth](http://www.publichealth.va.gov/womenshealth)

VA has launched a pilot program of free, drop-in childcare service centers at three VA medical centers. The pilot centers are part of VA's effort to improve access to health care for eligible veterans, particularly the growing number of women veterans. Congress established this childcare initiative as part of the Caregivers and Veterans Omnibus Health Services Act of 2010, signed by the President in May 2010.

The three sites and childcare details include:

- Northport, NY: 30 child capacity, 7:30 a.m. to 4 p.m., ages 6 weeks to 12 years
- Tacoma, WA: Varying capacity, 7 a.m. to 6 p.m., ages 6 weeks to 10 years
- Buffalo, NY: 6 to 10 child capacity, 6 a.m. to 6 p.m., ages 6 weeks to 12 years

All the pilot childcare centers will be operated onsite by licensed childcare providers. Drop-in services are free to veterans who are eligible for VA care and visiting a facility for an appointment. Development of the pilot program was facilitated by the Women Veterans Health Strategic Health Care Group, which strives to make positive changes in the provision of care for all women veterans.

Women veterans are one of the fastest growing segments of the veteran population. Of the 22.7 million living veterans, more than 1.8 million are women. They comprise nearly 8 percent of the total veteran population and 6 percent of all veterans who use VA health care services. VA estimates women veterans will constitute 10 percent of the veteran population by 2020 and 9.5 percent of VA patients.

## **Retroactive Traumatic Injury Benefits for Qualifying Injuries Under TSGLI**

<http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>

VA is extending retroactive traumatic injury benefits to servicemembers who suffered qualifying injuries during the period Oct. 7, 2001 to Nov. 30, 2005, regardless of the geographic location where the injuries occurred.

Effective Oct. 1, 2011 the Servicemembers' Group Life Insurance (SGLI) Traumatic Injury Protection benefit, known as TSGLI, will be payable for all qualifying injuries incurred during this period. This retroactive benefit is payable whether or not the servicemember had SGLI coverage at the time of the injury.

The Veterans' Benefits Improvement Act of 2010, passed by Congress and signed by President Obama in October of 2010, removes the requirement that injuries during this period be incurred in Operations Enduring or Iraqi Freedom (OEF/OIF). The Act benefits many servicemembers who suffered serious traumatic injuries while serving stateside or in other areas outside of OEF/OIF during this time period, but until now have not been eligible for TSGLI.

TSGLI provides a payment ranging from \$25,000 to \$100,000 to servicemembers sustaining certain severe traumatic injuries resulting in a range of losses, including amputations; limb salvage; paralysis; burns; loss of sight, hearing or speech; facial reconstruction; 15-day continuous hospitalization; coma; and loss of activities of daily living due to traumatic brain injury or other traumatic injuries.

National Guard and Reserve members injured during the retroactive period and suffering a qualifying loss are also eligible for a TSGLI payment. National Guard and Reserve members make up more than 40 percent of the total force deployed since 9/11. Those who are no longer in the National Guard or Reserves can also apply as long as their injury occurred while they were in service.

## **VA Debuts Documentary Highlighting Polytrauma System of Care**

[www.polytrauma.va.gov](http://www.polytrauma.va.gov)

VA has launched a campaign to increase awareness about Traumatic Brain Injury (TBI) and services it provides veterans and servicemembers recovering from TBI and co-occurring complex injuries. The campaign includes a 25-minute documentary highlighting individual stories of recovery for some of the most severely injured and wounded veterans through the VA Polytrauma System of Care at the Hunter Holmes McGuire VA Medical Center in Richmond, Va. The documentary and other videos can be viewed at [www.polytrauma.va.gov](http://www.polytrauma.va.gov).

VA has released a series of products to promote awareness of TBI and services available to veterans. The pieces highlight the fact that effects of TBI can range from mild to severe, lasting for a brief or prolonged time period. Treatment is available and VA

provides specialized services to support veterans and servicemembers through evaluating and diagnosing TBI, related problems, and enabling their recovery.

**Enhancements to Post-9/11 GI Bill Effective October 1, 2011**

<http://www.gibill.va.gov/>

The Post-9/11 Veterans Education Assistance Improvements Act of 2010 provides several enhancements to the education program, which become effective October 1, 2011. Students are allowed to use the Post-9/11 GI Bill for:

Non-college degree (NCD) programs: Non-college degree (NCD) programs offered at non-degree granting schools: Pays the actual net costs for in-state tuition and fees or \$17,500, whichever is less. Also pays up to \$83 per month for books and supplies.

On-the-job and apprenticeship training: Pays a monthly benefit amount prorated based on time in program and up to \$83 per month for books and supplies.

Flight programs: Per academic year, pays the actual net costs for in-state tuition and fees assessed by the school or \$10,000, whichever is less.

Correspondence training: Per academic year, pays the actual net costs for in-state tuition and fees assessed by the school or \$8,500, whichever is less. Housing allowance is now payable to students (other than those on active duty) enrolled solely in distance learning. The housing allowance payable is equal to  $\frac{1}{2}$  the national average BAH for an E-5 with dependents.

**DEPARTMENT OF LABOR (DoL)**

<http://www.dol.gov/>

**Women Veterans Experiencing Homelessness: A Guide for Service Providers**

<http://www.dol.gov/wb/trauma/>

DoL has a new online publication, "Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers." Available on the website of the U.S. Department of Labor's Women's Bureau at <http://www.dol.gov/wb/trauma/>, the guide explains the unique experiences and needs of women veterans, and provides organizational self-assessment tools to aid service providers, such as social workers and community service organizations, that assist this population.

The guide is the result of nationwide listening sessions with women veterans and services providers about the challenges of homelessness, helping women veterans find jobs and successfully reintegrate into civilian life, and the development of quality resources for the community-based organizations that serve women veterans.

The female veteran population is estimated to grow from 1.8 million in 2010 to 2.1 million by 2036, resulting in a greater likelihood that more women veterans will need physical and psychological services. Traditionally, service providers have used the same treatment protocols for traumatized women veterans and their male counterparts. The guide will give service providers a comprehensive approach to assessing the unique experiences of women veterans and creating effective, trauma-informed environments.

## **COURT OF APPEALS FOR VETERANS' CLAIMS (CAVC)**

<http://www.uscourts.cavc.gov/>

### **Savage v. Shinseki, 24 Vet.App. 259 (2010)**

[http://www.uscourts.cavc.gov/documents/Savage\\_09-4406\\_published\\_opinion\\_1-4-2011.pdf](http://www.uscourts.cavc.gov/documents/Savage_09-4406_published_opinion_1-4-2011.pdf)

When the Board of Veterans' Appeals concludes that a private medical examination report is unclear or insufficient in some way, and it reasonably appears that a request for clarification could provide relevant information that is otherwise not in the record and cannot be obtained in some other way, the Board must either seek clarification from the private examiner or the claimant or clearly and adequately explain why such clarification is unnecessary. 38 U.S.C.A. §§ 5103(a), 7104(d)(1); 38 C.F.R. §§ 4.2, 19.9(a).

### **Evans v. Shinseki, 24 Vet.App. 292 (2011)**

[http://www.uscourts.cavc.gov/documents/Evans\\_08-2133\\_published\\_opinion\\_1-28-2011.pdf](http://www.uscourts.cavc.gov/documents/Evans_08-2133_published_opinion_1-28-2011.pdf)

If a claimant uses a Department of Veterans Affairs (VA) Form 9 to file a substantive appeal and checks box 9.A. stating that "I WANT TO APPEAL ALL OF THE ISSUES LISTED ON THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENTS OF THE CASE THAT MY LOCAL VA OFFICE SENT TO ME," then all issues listed on the statement of the case are on appeal to the Board of Veterans' Appeals and it has waived its ability to dismiss any of those issues under appeal statute. 38 U.S.C.A. § 7105(d)(5).

### **Bartlett v. Shinseki, 24 Vet.App. 328 (2011)**

[http://www.uscourts.cavc.gov/documents/Bartlett\\_08-4092\\_published\\_opinion\\_March\\_10\\_2011.pdf](http://www.uscourts.cavc.gov/documents/Bartlett_08-4092_published_opinion_March_10_2011.pdf)

Injuries resulting from acts purely coincident with Department of Veterans Affairs (VA) hospital care, treatment, or examination are not entitled to compensation under the statute authorizing VA disability compensation for persons disabled by negligent VA hospital care, treatment or examination. 38 U.S.C.A. § 1151. The term "hospital care" includes,

at a minimum, the provision of services unique to the hospitalization of patients, and is not limited to treatment or examination. The term includes general supervision of patients in a lock-down psychiatric ward, or, more specifically, protecting a patient from other patients known to be potentially hostile. There are circumstances where a third-party attack is not a coincidental event, and where the attack is proximately caused by the negligent provision of VA hospital services to a hospital patient.

A handwritten signature in black ink, appearing to read "Garry J. Augustine".

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GARRY J. AUGUSTINE  
National Service Director