TESTIMONY
PRESENTED BY

Paul L. Mimms
BVA NATIONAL VICE PRESIDENT

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INTRODUCTION

Chairman Isakson, Chairman Roe, Ranking Members Tester and Walz, and distinguished Members of the Committees on Veterans Affairs, on behalf of the Blinded Veterans Association (BVA) and its membership, we appreciate this opportunity to present our legislative priorities for 2018. BVA is the only congressionally chartered Veterans Service Organization (VSO) exclusively dedicated to serving the needs of our Nation's blinded veterans and their families.

- Before addressing our legislative concerns for the year ahead, we would like to thank Senator Jon Tester and Congresswoman Julia Brownley for introducing S. 171 and H.R. 288, respectively, and for shepherding these bills through committees during the 114th Congress. We also want to thank the members of the committees assembled here today, as well as members of the MILCON/VA Appropriations committees for including Senate Amendment 3998, which included the provisions of the aforementioned bills, in the FY 2017 VA appropriations bill. This legislation greatly improved access to care for catastrophically disabled veterans by authorizing VA to provide travel assistance to these veterans when they need essential rehabilitation training. We thank the members of the 114th Congress for making it possible for veterans with catastrophic disabilities and limited means to gain access to much-needed training at Blind Rehabilitation Centers (BRCs) and Spinal Cord Injury Rehabilitation Centers (SCIRCs). As you will see in the pages that follow, transportation remains a barrier to adequate healthcare for many catastrophically disabled veterans who can no longer transport themselves to medical appointments due to severe vision loss, especially those who live in rural areas. We believe these veterans must have access to transportation services provided by the VA to veterans who have other catastrophic disabilities that similarly impair their mobility. We urge members of the Veterans' Affairs Committees to support legislation re-instating eligibility for blind veterans to utilize Special Mode Transportation and other transportation services for disabled veterans operated by VA and its contractors.

Succeeding sections discuss the following issues:

- The need for continued Congressional oversight of VA's compliance with the Rehabilitation Act accessibility requirements;
- The need for Congressional support for increased access to information about prescription drugs for blinded veterans who receive care and medications from VA medical centers;
- The need for members of the Veterans' Affairs Committees to support an appropriation of $20 million for the DoD Vision Research Program in FY 2019 in order to strengthen the only research program in the nation that focuses on prevention and treatment of combat-related eye injuries and visual dysfunction;
- The need for Congress to conduct oversight of the implementation of the Vision Center of Excellence and the Hearing Center of Excellence to insure they fulfill the mission they were stood up to perform;
- The need for support from the Health Subcommittees of the Veterans' Affairs Committees to hold the Veterans Health Administration (VHA) accountable for adhering to the highest standards of quality care with regard to decisions related to

rehabilitation training and the hiring of professionals to provide rehabilitative services to blind and other disabled veterans;

- The need for Congress to mandate research on the possible link between exposure to toxic substances and the development of eye cancer; and
- The need for Congress to pass legislation that will provide benefits to those who care for veterans who served prior to September 11, 2001, and to insure that the eligibility criteria employed do not inadvertently preclude caregivers for blinded veterans from receiving assistance.

I. REQUEST THAT BLINDED VETERANS BE REINSTATED TO ELIGIBILITY FOR USE OF SPECIAL MODE TRANSPORTATION AND GRANTED ACCESS TO ALL LOCAL TRANSPORTATION PROVIDED BY VA

We thank the members here who supported our Beneficiary Travel legislation in the last Congress, and are pleased to report that since its implementation, the program has enabled many more of our members to receive the benefits of rehabilitation care. However, our members continue to face numerous transportation challenges, especially in rural areas of the country. Many blinded veterans have little or no access to medical care simply because they have no way to get to a medical center. Many blind veterans do not have access to a licensed driver who can transport them to medical appointments. The VA offers transportation services to some veterans with catastrophic disabilities, but this program is not available to veterans whose disability is blindness. Currently, veterans whose catastrophic disability is blindness are told that they are not eligible for Special Mode van transportation because the program requires that in addition to having a catastrophic disability, veterans must be "non-ambulatory, in order to be entitled to utilize the transportation services provided under this program." The term "ambulatory" is construed very narrowly to mean literally able to walk. Since, it is argued, a blind person is able to walk, blinded veterans are routinely deemed ineligible for this program, regardless of significant barriers that make it impossible for such veterans to walk safely. We believe that the term "non-ambulatory" should be applied in a manner that acknowledges the very real fact that many individuals cannot safely engage in the physiological motion of "ambulating" because of barriers that make such action unsafe and likely to endanger the veteran's life. Lack of access to a safe path of travel can, and frequently does, prevent a blinded veteran from being ambulatory if that inaccessible area lies between the veteran and the location the veteran must access in order to obtain medical care. A veteran facing this type of barrier is, for all intents and purposes, just as limited in her or his ability as someone who uses a wheelchair would be. If a veteran can demonstrate such a lack of access, that veteran should be eligible to utilize vans associated with the Special Mode Transportation program.

In 2013, the VA was granted authority, under Public Law 112-260, Section 202, to transport any person to or from a VA facility, or other place, in connection with vocational rehabilitation, medical care, or counseling, required by the Secretary pursuant to Chapter 34 and 35 of Title 38, USC Sec. 111A, or for the purpose of examination, treatment, or care. Unfortunately, this authority expired two years after the date of its enactment. BVA requests that this authority be reinstated, and be made permanent for catastrophically disabled veterans. The Veterans Travel

Program (VTP) must ensure that blindness is included as a justification for VA to authorize Special Mode Transportation for veterans seeking access to care at local VA medical centers.

II. REQUEST FOR CONGRESSIONAL OVERSIGHT OF VA COMPLIANCE WITH REHABILITATION ACT ACCESSIBILITY REQUIREMENTS

As the VA undertakes a much-needed effort to modernize its information technology and communications infrastructures, two major issues arise that are of particular concern to both the VA employees and veterans who have visual impairments that prevent them from reading printed materials. These relate to the limited extent to which the VA's efforts to modernize its IT and communications processes and policies incorporate generally accepted accessibility standards. Sections 508 and 504 of the Rehabilitation Act set forth the obligations of federal agencies to ensure that their programs and services are accessible to both federal employees and members of the public who have disabilities. Although the VA has made significant progress in the area of website accessibility, as we will describe in detail below, the VA continues to fall short of meeting these obligations in several areas. We believe that greater compliance with these accessibility obligations is both readily achievable by the VA and absolutely imperative. VA is at an important crossroad as efforts to modernize both its IT systems and its communications capabilities ramp up. If accessibility is not properly addressed as part of these modernization efforts, achieving it later will rapidly become both burdensome and cost-prohibitive. In order to forestall such adverse consequences, we are requesting that the House and Senate Veterans' Affairs Committees conduct strong oversight of the VA's policies and practices related to compliance with sections 508 and 504 of the Rehabilitation Act.

A. VA Communications and Section 504 Compliance

There are more than a million veterans in the U.S. who have diagnosed visual disabilities that impair their ability to read printed material without the aid of magnification. As the number of Americans over age 55 continues to grow over the next 20 years, so will the number of visually impaired veterans. Unless the VA takes this issue seriously, more veterans will face challenges similar to those faced by Mr. Wilson, a 60-year-old blind veteran of Georgetown, Texas, who contacted BVA recently for assistance. Mr. Wilson served in the Coast Guard and the Navy for over nine years, and has had a service-connected disability since his discharge thirty years ago.

In November, 2017, when Mr. Wilson attempted to pay his bills, he discovered that his bank account contained insufficient funds, even though his VA benefits were supposed to have been deposited into that account several days before. Upon contacting his bank, Mr. Wilson was told that VA had reduced his benefit check by $1,500. When he called the VA, Mr. Wilson was told that his benefits were reduced because he had failed to respond to a letter VA had sent to him requesting updated information. Mr. Wilson had no idea that such a letter had ever been sent to him, and was unable to get anyone at VBA to tell him what kind of updates were needed, so that he could provide the information and resolve the issue. By the time Mr. Wilson contacted the Blinded Veterans Association, the situation had escalated even further. Mr. Wilson was being

threatened with foreclosure of his home, because he no longer had enough money to make his mortgage payments. He was at imminent risk of becoming homeless. Fortunately, BVA was able to get Mr. Wilson's benefit payments reinstated. However, this veteran is still facing more than $2,500 in unnecessary late fees, which could have been avoided if the VA had either called this veteran about the missing documentation, or sent the request for information in a manner that was accessible to its intended recipient.

We are concerned by the fact that the Department of Veterans Affairs has made virtually no effort to date to put in place policies and practices that will give them the capacity to do such things. As the VA seeks to improve its capacity to meet targeted deliverables in communication and processing of veteran requests, it is imperative that these improvements meet the needs of those veterans who have disabilities. Resulting policies and practices must enable VA to identify and document the manner in which an individual reads material. Additionally, VA must develop the capability to produce material in the accessible formats needed by veterans. Failure to address this need now will put the VA at a major disadvantage, both in terms of the extent to which human capital will have to be devoted to it later, and the increased cost that would be associated with retrofitting infrastructure. An even greater concern is the impact that failure to address this issue could have on efforts to eliminate the claims backlog. In 2013, the Office of the General Counsel (OGC) advised the VA that by failing to send correspondence to claimants who were known to the VA to be blind in formats they could read, VA was in violation of its statutory obligation to "send proper notice." The OGC went on to point out that in cases where such improper notice was given, the claim must remain open until such time as the notice was corrected, and further noted that this included claims where decisions have been rendered denying the claim. The OGC stated that in such cases, notice of denial was improperly given, and therefore invalid, thus subjecting the VA to possible litigation for retroactive benefits. As long as the VA fails to serve proper notice in such cases, the amount of those retroactive benefits due to the applicant may continue to compound. It is imperative, for the sake of both the VA and visually impaired veterans involved in the claims process, that processes be put in place whereby VA's various agencies can:

- Identify those individuals whose disabilities prevent them from reading printed and other textual materials by traditional means.
- Collect information about which alternate formats the VA could use to communicate with these veterans.
- Provide information such as correspondence, memoranda, appointment notices, notices of decisions regarding claims for benefits, and other vital communications to these veterans in accessible formats.

We urge your committees to help us encourage VA to take steps now, as they approach new implementations, to incorporate measures that will enable them to address these needs sooner, rather than later. The Veterans Benefits Administration is currently developing plans to centralize communications with veterans regarding benefits, but their plans do not address the production of alternative format documents for visually impaired veterans, or the means to provide them. Before this train leaves the station, policies must be developed and best practices identified and implemented, in conjunction with the development and implementation of other communications and IT modernization efforts so that measures to address these issues will be incorporated seamlessly into the general communications program. We request that you utilize

your oversight authority to help us hold the VA accountable for making progress toward achieving this goal.

B. VA IT Modernization and Section 508 Compliance

Section 508 of the Rehabilitation Act, which was incorporated into the Workforce Innovation and Opportunity Act of 2015, requires federal agencies to ensure that all electronic and information technologies developed, procured, maintained, or used in the federal environment provide equal access for people with disabilities, whether they are federal employees or members of the public. A 2012 Department of Justice report indicated that although Section 508 was enacted in 1998, major challenges with regard to the implementation and management of compliance with this provision still exist throughout the government, including at the VA. In spite of this report and several years of ongoing dialogue between the VA's senior IT officers and BVA's national leadership, numerous websites and information technologies utilized by the VA remain out of compliance with the most basic accessibility guidelines of Section 508. In addition, the VA has compounded this problem by introducing new technologies that are not compliant, and in some cases, allowing upgrades that remove accessibility features that were once in place. A case in point is the chat feature associated with the Veterans Crisis Line. VA has recently discontinued using the software that once made it possible for blind veterans to access that part of the website. Currently, a blind veteran in crisis, is barred from contacting the Crisis Line electronically for assistance. Another example involves VBA's VSO training course, TRIP. After repeated requests by BVA beginning over a year ago, asking VA staff to insure that this course would be accessible upon its release, this course was recently released by VBA and is accessed via a website that is incompatible with screen reading software utilized by blind persons. As is often the case, this state of affairs could have been avoided, if the site's developers had followed industry-standard accessibility guidelines when building the site. Now, barriers to access via screen readers that were inadvertently built into the website's design cannot be readily removed without requiring a major, expensive, overhaul of the entire design.

We appreciate the fact that both the House and Senate Veterans Affairs Committees have requested VA briefings on the accessibility of their websites in the past. However, we submit that the VA still has a long way to go to address even the most basic of barriers currently faced by both VA employees with disabilities, and the veterans served by VA.

The following 508 compliance issues are areas of specific and ongoing concern:

- Continued reliance on inaccessible kiosks at VA Medical Centers, the use of which is required to check in for scheduled appointments.
- Inaccessible Telehealth tools, namely the Health Buddy home monitoring station.
- VBA web pages containing eBenefits information that are inaccessible to blind people who use screen readers.
- The continuing accessibility barriers faced by VA employees with visual disabilities who are forced to use legacy systems that are largely incompatible with adaptive software in order to do their jobs.
- Inadequate staffing by the VA to ensure its capacity to address internal and external accessibility issues.

- Lack of an enforcement mechanism or other means of addressing compliance issues, so that if equipment, hardware, software, or a website is found to be noncompliant with accessibility standards, someone follows through and addresses the issues that are identified, and thereby fixes the accessibility problem.

We urge you to help us hold VA accountable for progress on addressing these issues. Please stand with us so that blind VA employees and BVA National Service Officers will no longer be shut out of significant portions of the VHA and VBA information management systems because of their incompatibility with screen readers and other adaptive equipment these individuals need to use in order to do their work. We also request your help in holding VA accountable for ensuring that its web resources for veterans are accessible to those who have visual disabilities, as well as other veterans. The VA must be held accountable for meeting stated timelines for fixing its inaccessible websites and replacing inaccessible obsolete hardware and software with equipment and applications that are accessible to and usable by people with disabilities.

C. Recommendation: Designation of Accessibility Officer Within VA

Finally, we suggest that Congress require the VA to create an Information Accessibility Officer position, which would be required in every VA Medical Center and each Veterans Benefits Administration (VBA) Regional Office. This Information Accessibility Officer would serve as a liaison between the 508 compliance officer, the veteran, the service officer, and the blind VA employee in the office. Together, these officers would be responsible for ensuring that each and every veteran has access to and the necessary knowledge to use VHA and VBA documents and websites. They could also educate veterans on how to navigate VA websites and notify the VA of any barriers that may limit veteran access to information.

III. REQUEST FOR IMPROVED ACCESS TO INFORMATION ABOUT PRESCRIPTION DRUGS FOR BLINDED VETERANS

There is one area of communication where VA has excelled. In fact, VA is to be commended for ensuring in the early 2000s that its pharmacies would be among the first in the nation to take advantage of technology that reads information on the labels for prescription drugs out loud, enabling blind patients to access that information independently when needed. For several years now, VA pharmacies have provided devices known as ScripTalk, sold by Envision America, which read the information on prescription labels out loud to blinded veterans free of charge. However, VA purchased most of the equipment used by pharmacies to produce these talking prescription labels 17 years ago, and since that time, the technology has evolved significantly.

Blind patrons of several private sector pharmacies now have access to the same label readers for their prescription medications. But the labels on their packages contain a significant amount of additional information that is not available to veterans who obtain their prescriptions from VA pharmacies. Private sector pharmacies can give their blind patients access to information from the printed sheets that come with their prescriptions, including side effects, possible interactions with other medications, and other safety warnings. Labels from VA's pharmacies only provide access to the basic information on the label itself.

We believe it is important for the VA to upgrade the capacity of its pharmacies to provide blind veterans with access to as much information about their prescription medications as possible. This is not a matter of mere convenience, but one of safety, sometimes with life or death consequences. We continue to receive reports of blinded veterans who sustain serious injuries because they were not aware of a particular medication's properties. We remind you of the veteran we told you about last year who died because he did not know it was inappropriate to consume grapefruit juice while taking the statin prescribed by his doctor. He developed Cirrhosis of the Liver (without ever drinking alcoholic beverages), which proved fatal. It wasn't until the diagnosis was received that physicians started investigating the cause, only then leading someone to ask if the veteran was in the habit of drinking grapefruit juice. If the veteran had access to the updated ScripTalk, he may have discovered, in time to save his life, that combining grapefruit juice with his medication would had lethal consequences. Unfortunately, it was too late by the time he did become aware of this fact. Several other veterans have spent time in emergency rooms as a result of medication mistakes that were easily avoidable.

In order to prevent other veterans from sharing a similar fate, we are urging VA to obtain printers for its pharmacies that will enable them to give their blind patients more detailed information about their prescription drugs, such as possible side effects, safety warnings and other noteworthy facts patients might require in order to use their medications safely.

The VA has informed BVA that they have begun a Pilot Study on the usability of a software patch, **PSO*7*502,** that will enhance the VistA software and allow VA pharmacies to generate the larger ScripTalk labels that are now available. The patch is in test accounts at four VA facilities and the test findings are currently being evaluated. When testing is complete and the patch is released, VHA has told us that it will be available to all VAMC VistA systems.

To date, the VA has provided approximately 18,000 ScripTalk reading machines to blinded veterans and purchases approximately 2,200 more units each year. These machines can read the larger, more informative, labels that we are asking VA to make available. We request that the Health subcommittee look into this issue and request that VHA provide continuous updates on their progress toward implementation of this Patch at all VA pharmacies where ScripTalk readers and labels are dispensed. We urge you to support this effort and insure that VA has the means to provide our nation's blind veterans access to the information that will help to keep them safe, healthy and independent.

IV. DOD VISION RESEARCH PROGRAM FOR FY 2019

BVA, along with eight other Veterans Service Organizations and Military Service Organizations, supports the Department of Defense (DoD) Vision Research Program's (VRP) programmatic request of $20 million for Fiscal Year (FY) 2019. The specific request is directed to the Peer Reviewed Medical Research Program (PRMR) for extramural translational battlefield vision research. Congress first funded the VRP in 2009. Through FY 2016, DoD, with the U.S. Army Medical Research & Materiel Command as the program manager, has awarded 77 grants totaling $66.5 million to researchers. Their research has covered a wide range of issues, including penetrating eye injuries, corneal healing, retinal/corneal protection, TBI-related visual

dysfunction, eye blast phenomena, and vision rehabilitation. Each of these research areas address gaps in vision research that have been identified as crucial areas where research is currently limited or lacking altogether but warrant immediate attention.

The Peer Reviewed VRP, within the Congressionally Directed Medical Research Program (CDMRP) appropriations, funds critical extramural vision research into deployment-related vision trauma that is not currently conducted by any other public or private entity. None of the agencies engaged in medical research, such as the Department of Veterans' Affairs (VA) the Department of Defense (including the joint DoD/VA Vision Center of Excellence, VCE) or the National Eye Institute (NEI) within the National Institutes of Health. Less than one percent of the NEI and VA research budgets are allocated to battlefield vision trauma research. The largest vision research organizations consisting of the National Alliance for Eye and Vision Research (NAEVR), the American Academy of Ophthalmology (AAO), the American Optometric Association (AOA), and the Association for Research in Vision and Ophthalmology (ARVO) all stand together with BVA to urge Congress to fund the VRP at $20 million in FY 2019.

One consequence of today's battlefield conditions is that 14.9 percent of those who are evacuated due to wounds resulting from Improvised Explosive Device (IED) blast forces have penetrating eye injuries and TBI-related visual system dysfunction. Upwards of 75 percent of all TBI patients experience short- or long-term visual disorders (double vision, light sensitivity, inability to read print, and other cognitive impairments). With the continued presence of the U.S. in Afghanistan, coupled with other global threats, such eye injuries will continue to be a challenge. The VHA Office of Public Health has reported that for the period October 2001 through June 30, 2015, the total number of OIF/OEF veterans enrolled in VA with visual conditions was 211,350, including 21,513 retinal and choroid hemorrhage injuries (including retinal detachment), 5,293 optic nerve pathway disorders, 12,717 corneal conditions, and 27,880 with traumatic cataracts. The VA continues to see increased enrollment of this generation with various eye and vision disorders resulting from complications from frequent blast-related injuries.

VHA data also reveals rising numbers of OEF/OIF/OND-era veterans with TBI Visually Impaired ICD-10 Codes enrolled in VHA for vision care. In FY 2013, 39,908 veterans enrolled with symptoms of visual disturbance. By FY 2015, that number increased to 66,968. With increased deployment to Iraq, Turkey, Afghanistan, and other war regions, we expect this trend to continue. VHA Blind Rehabilitation Service (BRS) also provided BVA with information indicating that as of August 2, 2016, a total of 17,014 OEF/OIF/OND-era Veterans have ICD-10 diagnoses (Impairment Codes) associated with visual impairment, low vision, or blindness.

Research to effectively treat vision trauma and TBI-related visual disorders can have long-term implications for an individual's vision health, productivity, and quality of life for the remainder of military service and into civilian life. A 2017 study using published data from 2000-2017 estimated that deployment-related eye injuries and blindness have cost the U.S. $45 billion, with $44.4 billion of that cost reflecting the present value of a lifetime of long-term disability benefits, as well as costs associated with care related to vision loss, and the impact of lost wages.[5]

In the first year of the VRP program, FY 2009-2010, 120 pre-applications were received, 50 applicants were invited to submit full proposals, and 12 projects were funded. In the combined

FY 2011-2012 VRP funding cycle, 151 pre-applications were received, 50 applicants were invited to submit full proposals, and 21 projects were funded. In the combined FY 2013-2014 VRP funding cycle, 275 pre-applications were received and 151 applicants were invited to submit full proposals. The number of projects that can be awarded at the existing funding level is flat, 20 or fewer annually, despite the increased number of high quality proposals received each year. Therefore, we recommend that the VRP receive $20 million for FY 2018 so that additional research can be supported.

VRP funds two types of awards: hypothesis-generating, which investigates the mechanisms of corneal and retinal protection, corneal healing, and visual dysfunction resulting from TBI; and translational research, which facilitates development of critical diagnostics, treatments, and therapies that can be employed on the battlefield to save vision. Research projects funded by the VRP have resulted in 153 published papers that are advancing knowledge about the diagnosis and treatment of eye trauma. Such projects have also resulted in 15 patents or applications for patents. Finally, VRP funding has also supported the development of several breakthrough technologies and techniques to aid in the diagnosis and treatment of eye trauma, including:

- A portable, hand-held device to analyze the pupil's reaction to light, enabling rapid diagnosis of TBI-related visual dysfunction.
- An "ocular patch," a nanotechnology-derived reversible glue that seals lacerations and perforations of the eye on the battlefield, protecting it while a soldier is transported to a more robust medical facility where trained ocular surgeons can properly suture the globe.
- A validated computational model of the human eye globe to investigate injury mechanisms of a primary blast wave from an Improvised Explosive Device (IED), which has accounted for 70 percent of the blast injuries in Iraq and Afghanistan. The model determines the stresses on and deformations to the eye globe and surrounding supporting structures to enable the DOD to develop more effective eye protection strategies.
- A vision enhancement system that uses modern mobile computing and wireless technology, coupled with novel computer vision (that is, object recognition programs) and human-computer interfacing strategies, to assist visually impaired veterans undergoing vision rehabilitation to navigate, find objects of interest, and interact with people. The funding Congress has provided to the Vision Research Program is already having an impact and we thank you. BVA requests your support for $20 million within CDMRP for FY 2019 to allow this critical research to continue and be even more fruitful.

V. VA VISION CENTER OF EXCELLENCE (VCE) AND HEARING CENTER OF EXCELLENCE (HCE) OVERSIGHT ISSUES

The VA currently provides health care to more than 922,000 veterans who served in Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND)/Operation Inherent Resolve (OIR) and Operation Freedom's Sentinel (OFS).[i] An increasing number of these veterans have vision impairments and hearing impairments, as a result of wounds they received in these wars. Due to the ongoing conflicts around the world today, and the consequent risk that service members will continue to be deployed to dangerous areas, thereby sustaining similar injuries, we can expect this number to continue climbing.

In FY 2008, members of these Committees and the Armed Services Committees from both parties supported the establishment of the Vision Center of Excellence through the FY 2008 National Defense Authorization Act (NDAA, P.L. 110-181). Additionally, the Hearing Center of Excellence and Limb Extremity Center of Excellence were established by the FY 2009 NDAA (P.L. 110-147). Congressional intent was that the goal of these Centers of Excellence would be to enhance the care of American military personnel and veterans wounded or otherwise affected by combat eye, hearing, and limb extremity trauma. Care enhancement would come through improvements in prevention, diagnosis, treatment, research, and rehabilitation. These centers are charged with strengthening clinical coordination between DoD and VHA. They were mandated to develop bidirectional joint clinical injury registries with up-to-date information on the diagnosis, surgery, treatment, and follow-up evaluations for the returning injured.

VHA records reveal that 201,980 OIF/OEF/OND veterans with eye conditions entered the VA system for care from October 2001 through March 30, 2015.[ii] The Hearing Center of Excellence website has 325,000 service members with hearing loss or Tinnitus. Unfortunately, after five years of operation, these registries are still not fully bi-directionally functional. While VCE DoD contractors have entered more than 33,000 of the eye-injured into the DoD Veterans Eye Injury

Vision Registry (DVEIVR), VA has entered a total of 1,900 veterans' records into their Military Veterans Eye Injury Registry (MVEIVR). VHA in FY 2013 contracted and developed its own MVEIR with contractors entering the records. The latter system complicates the direct sharing of data with the DVEIR DoD system. A Government Accountability Office Report (GAO), 11-114 of January 31, 2011, found that while hearing loss is a major physical injury from the wars, progress on starting a joint hearing registry to track and develop coordinated care between the two systems lags far behind VCE.[iii]

GAO found that DoD has developed criteria to designate an entity as a Defense Center of Excellence (COE) but the VA VHA has not. Health-focused COEs are intended to bring together treatment, research, and education to support health provider competencies; identify gaps in medical research, coordinate research efforts; and integrate new knowledge into patient care delivery. GAO found that DoD leadership and its Defense COE Oversight Board established and refined the definition and criteria for designating entities as Defense COEs. DoD's criteria require its Defense COEs, for example, to achieve improvements in clinical care outcomes and produce optimal value for service members. The Oversight Board developed these criteria in order to have a consistent basis for designating entities as Defense COEs and to limit the ability of entities to self-identify as Defense COEs without meeting the criteria. DoD also developed a uniform process for designating COEs while VHA service offices use a peer review process to designate their COEs.

Federal internal control standards provide that management should have a control environment that provides management's framework for planning, directing, and controlling operations to achieve agency objectives, such as DoD's objectives for how COEs are to operate and what COEs are supposed to achieve. Without defined criteria, VHA lacks reasonable assurance that its COEs are meeting the agency's intended objectives for COEs.[iv] The Defense COE Oversight Board and most service offices responsible for overseeing VHA COEs lack written procedures for documenting oversight activities related to their COEs, including requirements for documenting identified problems and their resolutions.

BVA calls attention to these findings in the GAO report, which was sent to the chairmen of both the House and Senate Veterans Affairs Committees as evidence that more Congressional oversight is needed.

BVA is concerned that the Surgeon General of the Navy will transfer management of the VCE to the Defense Health Agency, placing it under the Office of Research and Innovation in July 2018. In this same time period the VCE director will retire in June, leaving a critical position vacant during this merger into DHA. BVA requests that the House and Senate Committees request briefings with senior witnesses from both the Defense Health Agency and VHA to answer questions and to explain the joint staffing, budgets, capacity to meet GAO's recommendations for COE's to ensure the COE functions as congress intended.

VI. FUNDING VHA BLIND REHABILITATION SERVICE (BRS)

Integrated among OIF and OEF veterans with eye injuries is an aging veteran population that can be characterized by a growing prevalence of age-related degenerative visual impairments. During FY 2015, there were 48,792 blinded veterans on permanent Visual Impairment Service Team (VIST) Coordinator case management lists. VA research studies estimate that there are 131,580 legally blinded veterans in the U.S. population.[v] Epidemiological projections indicate that there are another 1.5 million low-vision veterans in the United States with visual acuity of 20/70 or worse. About 285,000 have glaucoma.

VA currently operates 13 residential Blind Rehabilitation Centers (BRCs) across the country. These BRCs provide the ideal environment in which to maximize the rehabilitation of our Nation's blinded veterans. Unfortunately, the Veterans Integrated Service Networks (VISN) directors and medical center directors at some of the sites where the BRCs are located have failed to replace BRC staff members who retired or transferred to other facilities, claiming that there is no funding to support maintenance of their center's staffing at previous levels. As a result, several BRCs now lack the staffing to help blinded veterans acquire the essential adaptive skills they need to overcome the many social and physical challenges of blindness. Without intervention, we fear that the number of BRCs in this position will grow.

BVA recommends that the VHA BRS Director be given central control over the blind rehabilitation centers, their personnel resources, and funding levels. BVA also requests that the House and Senate Veterans' Affairs Committees look into how funds allocated to the Blind Rehabilitation Service are actually being used. VHA and the VISN should be required to explain how funds are allocated within and among BRCs.

These centers need directed funding to bring staffing levels up to required levels. Directors should not be allowed to divert funds designated by the Veterans Equitable Resource Allocation (VERA) System for these rehabilitation admissions from the blind centers to other general medical operations. BVA is concerned that Choice funds will take away from these centers. There should be no bed closings or hiring freezes on critical blind center staff positions. VHA must maintain the current bed capacity and full staffing levels in the BRCs that existed at the time of passage of Public Law 104-262.

We call on the Committees to conduct real oversight to ensure that the VA is meeting capacity requirements within the recognized systems of specialized care, in accordance with P.L. 104-262 and P.L. 114-223. In spite of repeated warnings about these capacity problems, the House and Senate VA Committees have conducted very little meaningful oversight on VA's ability to deliver specialized health care services.

The Visual Impairment Service Team (VIST) structure now employs 123 full-time Coordinators and 38 who work part-time. VIST Coordinators nationwide serve as the critical key case managers. There are also 81 full-time Blind Rehabilitation Outpatient Specialists (BROS). BVA believes, and has long maintained, that any VA facility with 150 or more blinded veterans on its rolls should have a full-time VIST Coordinator. BVA and other endorsers of the VSO Independent Budget for FY 2016 asserted that in order to strengthen the ability of VHA to recruit and retain VHA health care professionals, they must have access to Continuing Medical Education conferences and updates on emerging research and professional development education to meet licensure and certification standards. We continue to believe that access to such educational resources is vital to their ability to appropriately serve our nation's blinded veterans.

Private agencies for the blind lack the necessary full specialized nursing, physical therapy, pain management, audiology and speech pathology, pharmacy, and radiology support services that are available at the BRCs because they are located adjacent to VA hospitals. Also, most private agencies are outpatient centers located in major cities, making access for blinded veterans from rural areas difficult, if not impossible. In many rural states there are no private inpatient blind training centers at all. Therefore the availability of an adequately-funded and staffed VA BRC is the only option. These veterans should not be forced to utilize poorly-resourced facilities when VA has the capacity to ensure they have access to a program at a facility that is adequately staffed and funded.

BVA requests that if the VA does contract with private agencies to provide rehabilitation training to blinded veterans, the VA should ensure that the private agencies with which it contracts have a demonstrated capacity to meet the peer reviewed quality outcome measurements that are a standard part of VHA BRS. We further recommend that VA require private agencies with which it contracts to be accredited by either the National Accreditation Council for Agencies Serving the Blind and Visually Impaired (NAC) or the Commission on Accreditation of Rehabilitation Facilities (CARF). Additionally, the VA should require those agencies to provide veterans with instructors who are certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP). No agency should be used to train newly-blinded veterans unless it can provide clinical outcome studies, evidence-based practice guidelines, mental health care counseling, and joint peer-reviewed vision research.

VII. SUPPORT FOR LEGISLATION MANDATING RESEARCH ON TOXIC EXPOSURES

BVA supports legislation that will encourage greater research into the links between exposure to toxic substances and numerous medical conditions our veterans now face. We are particularly concerned about growing evidence that appears to demonstrate a link between exposure to toxic

substances such as Agent Orange and the development of eye cancers. Vietnam era veterans exposed to toxic substances during their service in the Armed Forces have been diagnosed at the rate of 2,000 cases per year from 2007 through 2011. While Choroidal Melanoma (CM) is the most common primary malignant intraocular tumor and the second most common type of primary malignant melanoma in the body, it is still very rare in the general civilian population, with occurrences of only 5-6 per one million people.

Demographic reports in the U.S. indicated there was a total of 1,000 new cases of eye cancer diagnosed in 2010. If Vietnam Era Veterans developed eye cancer at the same rate as the general population there should have been about 115 veterans diagnosed with this form of cancer. However, among veterans within the VA system in 2007, there were just under 2,000. In 2008, there were just over 2,000 cases diagnosed, about 2,200 in 2009, and about 1,550 cases in 2010. BVA requests that members of these committees direct that the VA appoint an ophthalmology peer review committee to assess the incidence of CM among veterans exposed to Agent Orange. We would also like to see further cooperative research by VA, DoD, and the National Eye Institute into this potential correlation. For the past four years, this alarming finding among Vietnam veterans has been ignored, and this must change. BVA seeks future legislation to support research on Agent Orange and other toxic substances that our servicemen and women have been exposed to and the medical side effects of such exposure.

VIII. SUPPORT FOR LEGISLATION TO EXTEND BENEFITS TO ADDITIONAL CAREGIVERS

BVA requests that members of the House and Senate Committees on Veterans' Affairs support the passage of H.R. 1472, and its companion bill, S. 571, the Military and Veteran Caregiver Services Improvement Act. We believe this bipartisan bill introduced by Representative Langevin would have a direct and positive impact on the lives of veterans and their caregivers. This is also a taxpayer-friendly measure.

If enacted, this bill would responsibly and finally make available resources to address the needs of family caregivers of all severely ill and injured veterans. Currently, only caregivers of those injured after September 11, 2001 are eligible. This bill would also improve current supports and services to address the unmet needs of our catastrophically disabled service connected veterans and caregivers from previous wars.

One of the factors that most commonly leads people over age 65 to seek admission to nursing homes is blindness. Enactment of this legislation could save the federal government money by allowing the government to support a caregiver in the veterans home rather than paying for more costly institutional care. We caution members of Congress and VA officials to insure that measures that purport to expand benefits to cover those who care for veterans who served in conflicts prior to 9/11 do not inadvertently negate these potential savings by utilizing eligibility determination tools that result in inaccurate characterization of the catastrophic impact vision loss has on a veteran's life, thereby denying their caregivers much-needed benefits. Legislation should not rely on measurements that purport to determine eligibility based solely on a veteran's ability to perform activities of daily living involving physical tasks, such as feeding and grooming oneself. Assessments based on these criteria alone do not provide adequate means to

measure the impact of disabilities that are sensory in nature and therefore cannot adequately assess the severity of these disabilities, or the disabled veteran's need for the support of a caregiver. Any legislation to expand benefits for caregivers must be implemented in a manner that recognizes that catastrophic disabilities substantially impact a range of life activities, including sensory and cognitive functions, and fairly evaluates eligibility based on the severity of disability and a veteran's demonstrated need for caregiver support.

IX. BVA RECOMMENDS:

- Veterans' Affairs Committees support legislation to reinstate eligibility for blinded veterans to use special mode transportation provided by the VA and its contractors.
- Members of Congress urge VA to develop policies and practices that enable VA's agencies to identify those veterans and VA employees who need access to materials and correspondence in formats other than print by virtue of disabilities, and to ensure that they have the capacity to communicate with such individuals in appropriate accessible formats.
- Congress conduct an Oversight Hearing on VA lack of compliance with Section 508 throughout the VHA and VBA Information Technology programs, and require that VA set timelines, funding levels, and staffing goals for addressing areas of noncompliance.
- Veterans Affairs Committees hold VA accountable for progress on implementing upgrades to hardware and software needed to provide blind patients with access to updated prescription drug labels in all VA hospitals and outpatient facilities whose pharmacies provide labels for ScripTalk units to blind and visually impaired patients.
- Members of the Veterans' Affairs Committees express support to appropriators for funding of the DoD Vision Research Program (VRP) within the Congressionally Directed Medical Research Program at $20 million in FY 2019.
- Veterans Affairs Committees provide oversight of full establishment of the VCE and the Defense Veterans Eye Injury Registry (DVEIR) on resources, program management, and funding. Request similar oversight for the Hearing Center of Excellence.
- Veterans Affairs Committees ensure VA's adherence to high standards in the recruitment of employees and contractors who provide rehabilitation training to blinded veterans and Congress to also insure that VA continue requiring certification by recognized accrediting bodies.
- Congress pass legislation providing for research and treatment of vision-related conditions that continue to plague Vietnam era veterans who were exposed to toxic substances during their service, and further requests support for a VA study of the link between Agent Orange and Choroidal Melanoma Eye Cancer.
- Congress pass legislation to expand caregiver benefits and make such benefits available to caregivers of veterans from all conflicts who have catastrophic disabilities and a demonstrated need for caregiver support.

CONCLUSION

Once again, Chairman Isakson, Chairman Roe, Ranking Member Tester, Ranking Member Walz, and all Members, thank you most especially for the opportunity to present BVA's legislative priorities before you today.

Biography of Paul Mimms, BVA National Vice President

Paul L. Mimms is a Navy veteran who served during the Vietnam conflict. Mr. Mimms is currently Vice President of the Board of Directors of the Blinded Veterans Association and secretary/treasurer of its Heartland Regional Group.

Mr. Mimms lives in Kansas City MO, and was inducted into the Navy there in 1966. In 1968, while serving aboard the USS Luzerne County LST 902, in the Mekong Delta, he sustained an injury that led to blindness in his left eye. He received a medical discharge in January 1969.

Mr. Mimms Left the workforce in November 1984 due to increasing blindness. During the next year, he received blind rehabilitation training locally in Kansas City and at the Hines VA blind Rehabilitation center. He return to college in January 1986, completed a Bachelor's degree in Sociology at the University of Missouri-Kansas City in 1989, and received a Master's degree in Social Work from the University of Kansas in 1991.

Mr. Mimms began his career with VA at the Vet Center in Kansas City in June of 1992, serving as a Readjustment Counselor until February 2000. He accepted a position at the West Palm Beach VA medical center, in the blind rehab center, as a computer skills Instructor. In November 2004, he was selected for the position of the Visual Impairment Services Team (VIST) Coordinator at the West Palm Beach VA, He served in that position, until his retirement in 2009.

While in college and throughout his work career, Mr. Mimms has been active in community work, and served in leadership roles. He established what has become the current VIST Support group in 1990. Mr. Mimms established a computer user group for blind and visually challenged users in 1992, which is still in existence. He founded two affiliates of the American Council of the Blind in Kansas City, MO. While he worked in Florida, he also served as a district director for several years, vice president, and President of the Florida Regional Group of the blinded veterans Association.

Among other activities, he served on the board of directors of Guide Dog Users Incorporated (GDUI), served on the Kansas City Mayor's Council for Persons with Disabilities, and was Secretary and Chair of the Missouri Governor's Advisory Council for Rehabilitation Services for the Blind. He returned to Kansas City after retirement and became involved in the work of the Missouri Regional Group of the Blinded Veterans Association, wherein he served in several officer slots before leading in the formation of Heartland Regional Group. Mr. Mimms was elected to Treasurer of the BVA national board of directors in 2013, and currently is serving as board Vice President. The pinnacle of his involvement with the Blinded Veterans Association was his receipt of the Major general Melvin J. Maas Achievement award, one of the organization's most prestigious awards for service to blinded veterans, during the 2014 BVA annual convention.

Endnotes

[i] VA FY 2017 Budget Press Release February 10, 2016 War Related Health Care Services.

[ii] VA Office Public Health, Post Deployment War Injury Related Vision Injury & Illness, ICD-10 OIF/OEF/OND Eye Injury Enrollment Codes FY 2002 – Second Quarter March 31, 2015.

[iii] "Hearing Loss Prevention: Improvements to DoD Hearing Conservation Programs Could Lead to Better Outcomes" GAO-11-114 January 31, 2011.

[iv] GAO-16-54: Centers of Excellence, Published: Dec 2, 2015. Publicly Released: Dec 2, 2015.

[v] VHA Blind Rehabilitation Service responses to BVA Board report August 24, 2015 VA Enrollment.