TESTIMONY
PRESENTED BY

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BEFORE A JOINT SESSION OF THE HOUSE AND SENATE COMMITTEES ON VETERANS AFFAIRS

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INTRODUCTION

Chairman Isakson, Chairman Takano, Ranking Members Tester and Roe, 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 2019. 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. National Blind Veterans Day on March 28 marks the 74th anniversary of our founding.

It is our hope that the 116th Congress will take action in the year ahead to address the following issues:

- The need for Congress to ensure that VA's implementation of benefits for caregivers for catastrophically disabled veterans from previous war eras, is appropriate and timely, and insure that the eligibility criteria employed by VA to determine who is eligible for such benefits do not inadvertently preclude caregivers for blinded veterans from receiving assistance;
- The need for continued Congressional oversight of VA's compliance with the Rehabilitation Act's effective communication requirements;
- The need for members of the Veterans' Affairs Committees to support an appropriation of $20 million for the DoD Vision Research Program in FY 2020 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, joint Defense Veterans Eye Injury Vision Registry; as well as the hearing Center of Excellence;
- The need for Congress to pass H.R. 1092, the bipartisan bill to improve resources and care for survivors of military sexual trauma (MST), by U.S. Senators Jon Tester (D-Mont.), Lisa Murkowski (R-Alaska) and Congresswoman Chellie Pingree (D-Maine).
- The need for the Veterans' Affairs Committees to support changing specially adapted housing grant eligibility criteria to enable blinded veterans to qualify based on their blindness alone;
- The need for members of the veterans' affairs committees to support reinstatement of eligibility for blinded veterans to use special mode transportation provided by the VA and its contractors;
- 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 members of the Veterans' Affairs Committees to support an appropriation of $840 million for VA research in FY 2020;

We will also provide, at the conclusion of this statement, a list of the legislation BVA is supporting as of March 1, 2019.

I. EXTENSION OF VA BENEFITS TO CAREGIVERS FOR VETERANS OF CONFLICTS PRIOR TO 9/11

While VA provides essential health care services to severely disabled veterans, for many veterans, it is their caregivers who provide the day-to-day services and supports needed to sustain their well-being. Caregivers are the most important component of rehabilitation and maintenance for veterans with catastrophic injuries. The welfare of caregivers has a direct impact on the quality of care veterans receive, and the quality of life they can sustain. One of the factors that most commonly leads people over age 65 to seek admission to nursing homes is blindness. Such admissions are sought based on a false assumption that nursing homes are the only place where blind persons can obtain the supports and assistance they need. However, there is ample evidence to indicate that paying for nursing home care is neither cost effective for the VA nor in the best interest of most veterans over age 65. Rather, many such veterans can and should age in place, supported by one or more caregivers, and VA support for these caregivers would require a fraction of the cost of nursing home care. BVA concurs with the discussion and recommendations on this issue contained in the Independent Budget for 2019.

Further, we caution members of Congress and VA officials to insure that measures that purport to expand benefits to caregivers for veterans who served in conflicts prior to 9/11 do not inadvertently deny some veterans access to this more cost effective and quality-of-life-enhancing alternative 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. We urge members of the House and Senate Veterans' Affairs committees to insure that VA's implementing regulations do not define eligibility in a manner that measures need based exclusively on a veteran's ability to perform activities of daily living involving non-sensory 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 VHA policy 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.

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

As the VA implements its much-needed program of modernizing its information technology infrastructure and communication capabilities, two major issues arise that are of particular concern to both 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 modernization efforts 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 urge members of the House and Senate Veterans' Affairs Committees to conduct strong oversight of the VA's policies and practices related to compliance with sections 508 and 504 of the Rehabilitation Act, and that attention be focused on the following issues.

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 during the next 20 years, so will the number of visually impaired veterans. As the VA seeks to enhance its communications with the veterans it serves, the VA must take this demographic shift seriously. We are pleased by the steps that the Department of Veterans Affairs has taken during the past year to put in place policies and practices that will give them the capacity to communicate more effectively with veterans whose disabilities impair their ability to read print. However, given the speed at which communications technologies evolve, and the ever-growing demand for the Department to make more information easily accessible to those it serves, the Department must approach this effort with promptness and agility. VA must move quickly to develop policies and practices that provide the capacity to identify veterans with disabilities that impair their ability to read print, and to document the format(s) in which each veteran is able to read. VA must also 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.

It is particularly important that the Veterans Benefits Administration takes steps to increase the effectiveness of their communications with veterans who have disabilities, in relation to claims for benefits. Under current regulations, once VA has been notified that a claimant is visually impaired, VA staff must make three attempts to reach the veteran by phone to notify him or her of any action that has been taken on his or her claim. However, no other accommodations, such as large print, are offered, and will only be provided if the veteran specifically requests them. Further, even notice by telephone is only provided to veterans who have service-connected disabilities, and who have previously received a rating of 70% or higher. Therefore, veterans who have visual impairments rated at less than 70%, whether the underlying disability is service-connected or not, do not qualify to receive even phone calls to alert them of actions taken on their claims, let alone notices of those actions that are sent in a format the veteran can read, such as large print. Additionally, Veteran Service Officers working for the Blinded Veterans Association report that VA regularly fails to make the phone calls required by its regulations. In 2018, our Veteran Service Officers assisted forty-four blind veterans with their appeals of VA's denial of their claims for benefits. In each case, the veterans were asked during the intake process

whether they had received any phone calls from VA notifying them of the decision that was made on their initial claims. Not a single one of these veterans indicated that they had received a phone call. This is a failure rate that is unacceptable.

Even if it was being followed properly by VA, we believe this policy is far too restrictive. VA should, at a minimum, provide notice of actions taken on claims for benefits in the form of a phone call to all veterans who are known by the VA to have significant visual impairments, regardless of whether their disabilities are service-connected or not. Further, we believe that Congress should require the Veterans Benefits Administration to make it easier for veterans who are pursuing claims for increased benefits to request and receive additional accommodations based on their particular needs and disabilities.

Finally, failure to address this issue could have additional consequences, not only for claimants, but for the VA itself. 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 appropriate notice was given. It was noted that this includes 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 any retroactive benefits due to an 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 act expeditiously to adopt policies and practices that will enable them to meet these needs sooner, rather than later. To be effective, such policies and practices must be part of the development and implementation of VA's communications and IT modernization efforts so that measures to address these issues will be incorporated seamlessly into the general communications program. We request that the members of both the House and Senate Veterans' Affairs Committees 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, agencies across the federal government continue to fall short when it comes to the implementation and management of compliance with this provision, and the VA is no exception. 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. In addition, the VA has repeatedly 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 Veteran Service Officer training course offered by the Veterans Benefits Administration, known as TRIP. Beginning over two years before this course was released, BVA made repeated requests to VA staff asking for assurances that this course would be accessible upon its release, so that blind veterans could take the training and qualify to assist their fellow veterans with their claims. The course was released by VBA in 2018, and the only way it can be accessed is through a website that is incompatible with screen reading software used 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.

Even areas associated with Veteran care are directly impacted by inaccessible interfaces. Blinded Veterans face grave concern over the need to share their confidential information with strangers every time they are required to check in for medical appointments by using inaccessible check-in kiosks. For Veterans in the Move program or who use the Health Buddy home-based health and fitness devices, insurmountable barriers prevent them from even being able to navigate the different screens and learn what their basic health status is.

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. For this reason, we supported The VA Website Accessibility Act when it was introduced by Rep. Elizabeth Esty in the 115th Congress, and we thank the members of the House for passing this legislation. We are now pleased to support the amended version of this bill, H.R. 1199. We believe that this legislation would encourage this department to finally address its longstanding communications shortfalls before the need to do so grow any greater.

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 e-Benefits 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 these issues. Please stand with us so that blind VA employees will no longer be shut out of significant portions of the VHA and VBA information management systems, and blind veterans will no longer be denied access to VA websites, because of their incompatibility with screen readers and other adaptive equipment used by people with disabilities. Please pass H.R. 1199.

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 VISN Network, and each of the four Veterans Benefits Administration (VBA) Regional Centers. These Information Accessibility Officers would serve as liaisons to VA's 508 Compliance Office. They would also be responsible for ensuring that each and every disabled 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 SUPPORT FOR $20 MILLION APPROPRIATION FOR DOD VISION RESEARCH PROGRAM (VRP) IN FY 2020

BVA, along with other VSOs and MSOs, once again requests your support for a programmatic request for the DOD Vision Research Program (VRP), a Peer Reviewed Medical Research Program (PRMR) for extramural translational battlefield vision research in the amount of $20 million in FY 2020. BVA appreciated the widespread bipartisan support our request of $20 million for FY 2019 received from the 115th Congress, and we request that funding be continued at $20 million in 2020, in order to address identified DOD Gaps in battlefield vision trauma research.

The Peer Reviewed Vision Research Program (VRP) in the CDMRP appropriations funds critical extramural vision research into deployment-related vision trauma that is not currently conducted by any other public or private agency. All other research entities, including VA, the joint DoD/VA Vision Center of Excellence, and the National Eye Institute within the National Institutes of Health, and private foundations combined, allocate less than 1% of their budgets and research resources to vision research. For this reason, the Veteran Service Organizations Independent Budget (VSOIB) supported by twenty-nine other organizations, joins BVA in urging Congress to fund the VRP at $20 million in FY 2020. See *The Independent Budget Veterans Agenda for the 116th Congress* at: http://www.independentbudget.org/

Rationale

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 Syria, Iraq, and 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 OEF/OIF/OND veterans enrolled in VA with visual conditions was 211,350, including: 21,513 retinal and choroid hemorrhage injuries, 5,293 optic nerve pathway disorders, 12,717 corneal conditions, and 27,880 with traumatic cataracts.[1] 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 the total Post 9/11 veterans with TBI visually impaired ICD-10 Codes enrolled in VHA for vision care in FY 2013 was 39,908, for FY 2015 total 66,968 with symptoms of visual disturbance.[2] Based on recent estimates from reported TBI Defense Veterans Brain Injury Center (DVBIC) data, the incidence of TBI without eye injury with clinical visual impairment from 2000-2017 is 76.900.[3]

VHA Blind Rehabilitation Services (BRS) provided data as of August 6, 2018, indicating that 3,439 unique OEF/OIF/OND patients have been seen by Vision Impairment Services Outpatient Rehabilitation (VISOR) programs, and 229 attended Blind Inpatient Rehab Centers. [4]

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. John Hopkins Public Health study Oct 2001 to 2nd Q 2017 study using published data estimated that deployment-related eye injuries and blindness have cost the U.S. $45.5 billion, with $44.4 billion of that cost reflecting the present value of a lifetime of long-term benefits, lost wages, and family care[5].

VRP Funding Yields Deliverables

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[1] VHA Office of Public Health OIF/OEF/OND Veterans Medical Encounters for Disorders Eye and Vision, FY 2002 to June 30, 2015 Enrollment Code data report.

[2] VHA Office of Public Health OIF/OEF/OND Veterans Medical Encounters for Disorders Eye and Vision, FY 2002 to June 30, 2015 Enrollment Code data report.

[3] 2018 study by the Alliance for Eye and Vision Research–Costs of Military Eye Injuries 2001 to 2017-Published January 26, 2019 in Military Medicine journal...

[4] VHA BRS *Data Source: VSSC OEF/OIF/OND Input & Output Encounters Cube.*

[5] 2018 Cost of Military Eye Injury and Blindness, study by the Alliance for Eye and Vision Research–accepted for 2019 publication in *Military Medicine J*ournal by Johns Hopkins Bloomberg School of Public Health

VRP funds the research into 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 funding cycles have resulted to-date in 153 published papers that are advancing knowledge about the diagnosis and treatment of blast eye trauma and TBI vision dysfunction. VRP funded-projects have also resulted in 15 patents or applications for patents.

- The development of a portable, hand-held device to analyze the pupil's reaction to light, enabling rapid diagnosis of TBI-related vision dysfunction.
- A new "ocular patch," which consists of nanotechnology-derived reversible glue that seals lacerations and perforations of the eye globe sustained on the battlefield
- A computational model of the human eye globe to investigate injury mechanisms of a primary blast wave from an IED that account for 82 percent of the blast injuries in Iraq and Afghanistan.
- The development of a new vision enhancement system that uses modern mobile computing and wireless technology, coupled with novel computer vision (object recognition programs) and human-computer interfacing strategies, to assist visually impaired veterans undergoing vision rehabilitation to navigate, and interact with people.

Research studies of simulated TBI/blast exposure have yielded information on cell mechanisms of damage to ocular tissues. New therapeutic interventions to prevent the severity of visual system damage resulting from blast overpressure are being explored.

BVA has recently discovered that the CDMRP TBI programmatic leaders at Fort Detrick have decided not to provide $5 million for TBI vision research grants from their $120 Million FY 2019 appropriations. For the past five years directors of the TBI program have provided the VRP with $5 million in funding because the VRP funding level was not sufficient to cover enough grants for non-penetrating TBI vision dysfunction research, and to address additional issues resulting from the growing number of veterans diagnosed with TBI vision disorders. Thus, this vital Vision Research Program once again faces a funding deficit, unless some of the TBI programmatic funding is restored.

IV. REQUEST FOR OVERSIGHT OF VA VISION CENTER OF EXCELLENCE (VCE)

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 four deployment injuries 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 six plus years of operation, these registries are still not fully bi-directionally functional. While VCE DoD contractors have entered more than 29,000 of the eye-injured into the Defense Veterans Eye Injury Vision Registry (DVEIVR) there have been numerous problems in obtaining VHA's clinical electronic vision health records. While VHA continues to enroll more Post 9/11 veterans with a wide variety of either vision complications from blast-related Traumatic Brain Injuries (TBI) or penetrating eye injuries, the data extraction process has slowed down. BVA is concerned that with the implementation of the new Cerner joint DoD and VHA electronic health record systems, all of these registries will encounter even greater obstacles that hinder their ability to collect vital longitudinal information.

During the past 2 years all four of these COE's were moved into the Defense Health Agency (DHA). BVA also has concerns about the future of VCE staffing and funding levels for FY 2020 through FY 2022. DHA recently announced plans to make significant reductions, across all military services, in the number of personnel from various surgical specialty areas. We are deeply concerned that these reductions will result in fewer forward deployed ophthalmologists in combat zone hospitals, which, in turn, could result in service members with eye injuries not getting the early surgical intervention urgently necessary to "Save Life, Limb, and Eye Sight."

The following information from VHA should highlight the importance of ophthalmologists in both the VA and DoD systems of care:

- In fiscal year 2018, VHA's Office of Specialty Care Services provided Eye Care (Optometry and Ophthalmology) Services for a record number of 1.81 million veterans at about 381 VA medical facilities located in urban, suburban, rural, and highly rural areas. VA eye care is the third busiest service in VHA, behind primary care and mental health.
- Ophthalmology is the second busiest surgical service, behind general surgery, with over 76,000 cases in FY18.
- The most common surgical procedure performed in VHA is cataract surgery.
- Over 30,000 laser surgery procedures were performed in VA clinics in FY18.
- VA's Ophthalmology workforce consists of over 1200 physicians located at 115 clinics.

BVA would also note a recent GAO report that highlights these same issues.

What GAO Found
Actions Needed to Determine the Required Size and Readiness of Operational Medical and Dental Forces

The Department of Defense (DOD) has not determined the required size and composition of its operational medical and dental personnel who support the wartime mission or submitted a complete report to Congress, as required by the National Defense Authorization Act for Fiscal Year 2017. Leaders from the Office of the Secretary of Defense (OSD) disagreed with the military departments' initial estimates of required personnel that were developed to report to Congress.

Highlights of GAO-19-206,
a report to congressional
committees

V. ADDRESSING ISSUES FACING WOMEN VETERANS

BVA looks forward to working with the VA and members of Congress to improve programs and services for women veterans. It is our hope that some of the concerns that women veterans face, which were highlighted during hearings held by these committees last year will be acted upon in the year ahead. For instance, there is a continuing need for gender-specific healthcare services at VA medical centers across the country. We urge these committees to give the VA the resources it needs to address this need in a timely and comprehensive manner.

Although it is not exclusively a women's issue, military sexual trauma is an issue that commonly affects women servicemembers and veterans. It is also one that has been swept under the rug for too long. We urge members of the Veterans Affairs Committees to continue their vigilant monitoring of VA's handling of Military Sexual Trauma claims to insure that they are handled with sensitivity and fairness, as well as promptness. We also support passage of H.R.1092, the bipartisan *Service member and Veterans' Empowerment and Support Act*, which expands the definition of Military Sexual Trauma (MST) to ensure service members and veterans who experience online sexual harassment can access VA counseling and benefits. It also codifies a lower burden of proof so more survivors are eligible for trauma and mental health care related to MST, even if they didn't feel comfortable reporting the event to their chain of command while in service.

VI. REQUEST THAT MEMBERS OF THE VETERANS' AFFAIRS COMMITTEES SUPPORT A CHANGE TO SPECIALLY ADAPTED HOUSING GRANT ELIGIBILITY CRITERIA TO INCLUDE BLINDED VETERANS

Under current regulations, in order for a blind veteran to qualify for a grant under the Specially Adapted Housing (SAH) grant program, the veteran must not only have suffered almost total vision loss, but must also lose either the loss of use of a lower extremity, or the extremity itself.

The eligibility standard requires: "Loss of or loss of use of both legs, or Loss of or loss of use of both arms, or Blindness in both eyes having only light perception, plus loss of or loss of use of one leg, or The loss of or loss of use of one lower leg together with residuals of organic disease or injury, or The loss of or loss of use of one leg together with the loss of or loss of use of one arm, or **c**ertain severe burns."

Section 202 of Public Law 112-154 also provides that in addition to those Veterans currently eligible for SAH under 38 U.S.C. § 2101(a) (see 38 C.F.R. § 3.809), Veterans who served on or after September 11, 2001, and incurred a permanent, but not necessarily total, disability that is "due to the loss or loss of use of one or more lower extremities which so affects the functions of balance or propulsion as to preclude ambulating without the aid of braces, crutches, canes, or a wheelchair" are eligible for the SAH benefit.

In other words, blindness, by itself, is not a significant enough disability to qualify a veteran for a grant under this program that would enable him or her to adapt the home he or she lives in with features that would help to mitigate the vision loss he or she has experienced, and restore some of the independence lost along with his or her vision. We believe this restriction is both unnecessarily harsh and unfair to blinded veterans. Numerous technologies are available that enable a blind person to perform many of the tasks associated with residing in a home by issuing voice commands or listening to spoken menus. Incorporating such technology into a home can make it safer and allow the individual to live more independently. However, these technologies are expensive, and therefore, often beyond the reach of many blind veterans. We believe the time has come to rectify this situation. Therefore, we respectfully request your assistance with changing the eligibility criteria for the SAH program to include Legal Blindness in both eyes, as a disability sufficient to qualify a veteran for a grant under this program.

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

As we reported in our testimony last year, our members continue to be denied access to local transportation that is provided by VHA to veterans with other disabilities. This is especially problematic for veterans who live in rural areas and have either no or very limited options for getting to and from medical appointments. Blinded veterans cannot drive themselves and for many, finding someone to drive them presents a major and frequent barrier to keeping their medical appointments. The Veterans Travel Program (VTP) provides transportation to medical appointments at VA medical centers for veterans with disabilities, but hospitals across the country continue to deny blinded veterans access to this service under the mistaken belief that a reference in the law that created the program to "non-ambulatory" veterans means that eligibility for the program is limited to veterans who use wheelchairs. This situation must be corrected. There are numerous circumstances in which blindness can vender an individual unable get from one place to another as a physical disability does. VTP must ensure that blindness is included as a medical justification for VA to authorize the use of Special Mode Transportation so that veterans who are blind can get to local VA medical centers and receive healthcare.

BVA has held many meetings with VHA senior leadership to discuss this issue and we believe that the term "non-ambulatory" should be modified to include any "catastrophically disabled veteran", including those who are blind.

In late October of 2018, VHA informed the BVA that they were close to releasing a new guidance document that would clarify the circumstances under which blind veterans would qualify for use of Special Mode Transportation. However, five months later, we are still awaiting the release. We therefore request that members of the Veterans Affairs Committees contact the Secretary of VA and inquire about when this guidance document will be released.

VIII. FUNDING VHA BLIND REHABILITATION SERVICE (BRS)

Integrated among OIF and OEF veterans with eye injuries, there is a growing number who are aging and experiencing age-related degenerative visual impairments. As of August 6, 2018, 42,583 Veterans were on permanent Visual Impairment Service Team (VIST) Coordinator case management lists. VHA research studies estimate that there are 131,580 legally blinded veterans in the U.S. population. 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.

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, some 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 also requests that these Committees provide oversight 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 community care funding contracted under the auspices of the VA MISSION Act will take funds away from these VA rehabilitation centers. There should be no bed closings or hiring freezes on critical blind center staff positions because facilities also need to offer veterans more community care options. We point out that 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 Veterans Affairs Committees to conduct 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.

BVA and other endorsers of the VSO Independent Budget for FY 2020 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 these facilities when VHA BRS 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.

IX. REQUEST THAT MEMBERS OF THE VETERANS' AFFAIRS COMMITTEES SUPPORT APPROPRIATION OF $840 MILLION FOR VA RESEARCH IN FY 2020

BVA joins the authors of the Veteran Service Organizations Independent Budget (VSOIB) and the Friends of VA Research Coalition (FOVA) in supporting an appropriation of $840 million in FY 2020 to fund VA research programs. We believe this level of funding is vital to the sustainability of VA's medical and prosthetics research programs. It would allow for meaningful growth above inflation, and continued investment in groundbreaking programs like the Million Veteran Program (MVP), while also allowing VA to support research on a variety of chronic and newly emerging needs facing our nation's veterans. Additional details on this issue can be found in the Independent Budget: http://www.independentbudget.org/

BVA RECOMMENDS:

- That Congress ensures that VA's implementation of benefits for caregivers for catastrophically disabled veterans from previous war eras, is appropriate and timely, and insure that the eligibility criteria employed by VA to determine who is eligible for such benefits do not inadvertently preclude caregivers for blinded veterans from receiving assistance;
- That 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 ensure that they have the capacity to communicate with such individuals in appropriate accessible formats.
- Congress pass H.R. 1199, The VA Accessibility Act as well as 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.
- Members of the Veterans' Affairs Committees express support to Appropriators for funding of the Congressionally Directed Medical Research Program and, Vision Research Program (VRP) at $20 million in FY 2020.
- 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.
- That Congress pass H.R. 1092, the bipartisan bill to improve resources and care for survivors of military sexual trauma (MST), by U.S. Senators Jon Tester (D-Mont.), Lisa Murkowski (R-Alaska) and Congresswoman Chellie Pingree (D-Maine).
- Members of the Veterans' Affairs Committees express support for changing specially adapted housing grant eligibility criteria to enable blinded veterans to qualify based on their legal blindness alone;
- The Veterans' Affairs Committees support reinstatement of eligibility for blinded veterans to use special mode transportation provided by the VA and its contractors, and also request information from the VA Secretary about the status a of Special Mode Transportation Policy for visually impaired veterans.
- 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 urge VA to require certification by recognized accrediting bodies.
- Members of the Veterans' Affairs Committees support in appropriation of $840 million for VA research in FY 2020.

CONCLUSION

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

Bills supported by the Blinded Veterans Association as of March 1, 2019.

S. 191

Burn Pits Accountability Act
A bill to direct the Secretary of Defense to include in periodic health assessments, separation history and physical examinations, and other assessments an evaluation of whether a member of the Armed Forces has been exposed to open burn pits or toxic airborne chemicals, and for other purposes.
Sponsor: Sen. Amy Klobuchar (D-MN)

H.R. 663
Burn Pits Accountability Act
To direct the Secretary of Defense to include in periodic health assessments, separation history and physical examinations, and other assessments an evaluation of whether a member of the Armed Forces has been exposed to open burn pits or toxic airborne chemicals, and for other purposes.
Sponsor: Rep. Tulsi Gabbard (D-HI)

H.R. 96
To amend title 38, United States Code, to require the Secretary of Veterans Affairs to furnish dental care in the same manner as any other medical service, and for other purposes.
Sponsor: Rep. Julia Brownley (D-CA)

H. Res. 39
Expressing support for the designation of March 2, 2019, as "Gold Star Families Remembrance Day".
Sponsor: Rep. Bob Latta (R-OH)

H.R. 1092
To amend title 38, United States Code, to expand health care and benefits from the Department of Veterans Affairs for military sexual trauma, and for other purposes.
Sponsor: Rep. Chellie Pingree (D-ME-01)

H.R. 1163
The VA Hiring Enhancement Act
Sponsor: Rep. Vicky Hartzler (D-MO)

H.R. 1199
To direct the Secretary of Veterans Affairs to conduct a study regarding the accessibility of websites of the Department of Veterans Affairs to individuals with disabilities.
Sponsor: Rep. Elaine Luria (D-VA)

H.R. 303
Retired Pay Restoration Act
To amend title 10, United States Code, to permit additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or combat-related special compensation.
Sponsor: Rep. Gus Bilirakis (R-FL)

S. 208

Retired Pay Restoration Act
A bill to amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation, and for other purposes.
Sponsor: Sen. Jon Tester (D-MT).

H.R. 712
VA Medicinal Cannabis Research Act
A bill to direct VA to conduct clinical research with varying forms of medicinal cannabis to evaluate the safety and effects of cannabis on health outcomes of veterans with PTSD and veterans with chronic pain.

S. 629
A bill to require the Secretary of Veterans Affairs to review the processes and requirements of the Department of Veterans Affairs for scheduling appointments for health care and conducting consultations under the laws administered by the Secretary, and for other purposes.
Sponsor: Sen. Jon Tester (D-MT)

S. 606
A bill to improve oversight and evaluation of the mental health and suicide prevention media outreach campaigns of the Department of Veterans Affairs, and for other purposes.
Sponsor: Sen. Richard Blumenthal (D-CT)

BVA also supports the introduction of the following bills:

In the House, **P.F.C Joseph P. Dwyer Peer Support Program Act** – to make grants eligible for peer-to-peer mental health groups for veterans on a national scale allowing veterans across the country to benefit from this proven model., and

Supporting Veterans Families in Need Act – to permanently reauthorize supportive services for very low-income families,
Sponsor: Rep. Lee Zeldin (D-NY);

In the Senate:
The Air Carrier Access Amendments Act of 2019,
Sponsor: Sen. Tammy Baldwin (D-WI)

Dr. Thomas Zampieri Biography BVA National President

Dr. Zampieri served active duty as an Army Medic from September 1972 until September 1975. He completed this service at the rank of Sergeant. After graduating from Hahnemann Medical University's Physician Assistant Program in June1978, he enlisted in July 1978 in the Army National Guard. He retired in 2000 as a Major after 21 years of honorable service. His service included 13 years as a Military Aeromedical Flight Surgeon, logging more than 600 hours of flight operations.

As a civilian, he obtained a Bachelor of Science Degree from the State University of New York and graduated with a Master's Degree in Political Science from University of St. Thomas in Houston, Texas, in 2003. Dr. Zampieri completed his Political Science Ph.D. at Lacrosse University in December 2005. He was employed on April 20, 2005 as the Director of Government Relations for BVA, presenting testimonies before U.S. Congressional Committees on a variety of veterans' issues prior to his retirement on November 22, 2013.

He was appointed in January 2014 to serve on the Association's Board of Directors as District Director of the Texas region, and was elected Vice President of BVA in August 2018. On January 29, 2019 he assumed the office of President of BVA. He is also the chairman of the Government Relations & Legislative Committee for BVA.

Dr. Zampieri has 5 percent vision in both eyes resulting from degenerative retinal disease. He has volunteered since 2010 in planning an award-winning international exchange program with the Blind Veterans UK known as Project Gemini. He has organized briefings with senior defense medical officials concerning military eye injuries, blast traumatic brain injuries with vision dysfunction, defense vision trauma research program, and rehabilitation services with the DOD, VA, and UK officials. He is also a member of the Academy of Political Science.

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.