



**TESTIMONY
PRESENTED BY**

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BVA NATIONAL PRESIDENT**

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



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INTRODUCTION

Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost, 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 2022. As the only congressionally chartered Veterans Service Organization (VSO) exclusively dedicated to serving the needs of our nation's blinded veterans and their families, BVA first wishes to highlight "National Blinded Veterans Day," which occurs March 28. The day coincides with the 77th anniversary of the organization's founding by World War II blinded Army service members at Avon Old Farms Convalescent Hospital in Connecticut in 1945.

BVA hopes that this second session of the 117th Congress will proactively address the following legislative priorities:

- I. Oversight of VA 508 Compliance
- II. Caregiver Benefits for Catastrophically Disabled Blinded Veterans
- III. Renewable VA Auto Grant for Service-Connected Blinded Veterans
- IV. Support adequate funding of Veterans Health Administration Blind Rehabilitation Service
- V. Defense Health Agency (DHA)-Blind Rehabilitation Service (BRS) Continuum of Care
- VI. Support the continued improvement of programs and services for Women Veterans
- VII. Request the enactment of adequate protections for guide dogs and service dogs on federal properties
- VIII. Support the VA FY23 Budget request for Prosthetics and Sensory Aids

I. OVERSIGHT OF VA 508 COMPLIANCE

BVA thanks Congress for its continued support of our nation's blind and visually impaired veterans, demonstrated most by the passage of S. 3587, the *VA Website Accessibility Act of 2019*. This bipartisan legislation directed VA to report to Congress on the accessibility of VA websites (including attached files and web-based applications) to individuals with disabilities.

This report shows that only 7.7 percent of all 812 VA websites are fully 508 compliant, uncovering a significant barrier that blind and visually impaired persons--including veterans and VA employees--have known for over two decades, as they have been disenfranchised by not being able to access non-compliant VA websites. This barrier to the blind and visually impaired at VA is illegal and needs to come down.

The law requires that all VA websites, medical center check-in kiosks, and the new Cerner Electronic Health Record, be fully 508 compliant. BVA requests stronger Congressional oversight and agency transparency on VA's progress of updating websites, files, and applications that are still inaccessible to blinded individuals.

Platforms such as SharePoint, used throughout the VA enterprise, and other similar platforms are still not addressed by this review as VA does not consider these to be websites. It is noteworthy that Microsoft, the maker of SharePoint, posted on its website, “What is SharePoint? Organizations use Microsoft SharePoint to create websites. You can use it as a secure place to store, organize, share, and access information from any device. All you need is a web browser, such as Microsoft Edge, Internet Explorer, Chrome, or Firefox.” To the blind or visually impaired user SharePoint looks just like a website. VA skirting 508 compliance is a departure from its goal as a world-class promoter of Inclusion, and specifically excludes blind and visually impaired persons.

Additionally, BVA is equally disheartened to learn that VA will take several years to address accessibility issues with respect to the check-in kiosks at VA facilities. BVA believes these challenges will continue until accessible communication becomes a top priority for VA’s entire senior leadership.

BVA urges VA to create an Under Secretary of Accessibility to champion with the authority and subject matter expertise to lead VA’s 508 compliance efforts and ensure that all VA websites (to include SharePoint) and facilities—including self-service kiosks at VA Medical Centers and Community Based Outpatient Clinics (CBOCs)—will be accessible for all blinded and visually impaired individuals.

II. CAREGIVER BENEFITS FOR CATASTROPHICALLY DISABLED BLINDED VETERANS

VA reported that **80 percent** of all PCAFC applications for FY21 were denied. BVA is concerned that blinded veterans are not only being discriminated against, but also are not being provided with an adequate “reasons and bases” in their PCAFC decision notification letters. Additionally, many blinded veterans are facing denials to their FOIA requests for their PCAFC files, which unfairly and unlawfully inhibit their ability to appeal. These are gross violations of due process.

Further, blinded veterans face an ambiguous eligibility standard based on VA’s rulemaking, “***...the need for supervision, protection, or instruction in order for the individual to maintain personal safety on a daily basis***” or the inability to perform Activities of Daily Living (ADLs). Depending on how broadly or narrowly these standards are interpreted, there is much gray area here. The wide varying functional ability of blinded veterans with the same clinical diagnosis and severity of blindness—and subjectivity in the evaluation of their disabilities—further complicates the adjudication of blinded veteran PCAFC applications. BVA believes that too many blinded veterans are being unfairly denied due to these ambiguous standards.

Medication management is critically important to blinded veterans, but VA does not consider it an ADL. Instead, VA classifies medication management as an iADL, which it has yet to define. Caregivers play a critical role in helping blinded veterans take the correct medication in the right amount at the proper time, yet VA minimizes this important task when adjudicating PCAFC applications for blinded veterans.

BVA and other VSOs have noticed VA denying veterans’ FOIA requests for copies of their PCAFC claims file, which is part of their VA medical record. How can the veteran and their advocate construct an effective appeal without the file? Veterans have a right to a complete copy of the file that was used in the adjudication of their PCAFC claim.

Caregivers are the most important component of rehabilitation and maintenance for veterans with catastrophic injuries, and the welfare of their caregiver has a direct impact on the quality of care a veteran receives 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 individuals can obtain the support and assistance they need. However, there is ample evidence to indicate that paying for nursing home care is neither cost effective for 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. The PCAFC allows blinded veterans to age at home with a greater degree of independence—and at significantly less cost to VA—than they would be in a VA-funded nursing home.

BVA urges that Congress provide further clarification on eligibility standards, such as a clear definition of, ***“...the need for supervision, protection, or instruction in order for the individual to maintain personal safety on a daily basis”*** and a definition of iADLs, which the VA has failed to provide in its rulemaking process. BVA strongly supports modification of PCAFC eligibility criteria regarding “activities of daily living” to include catastrophically disabled blinded veterans.

BVA supports the Independent Budget Veteran Service Organization (IBVSO) recommendation of 100 new Full-Time Employees (FTE) dedicated to appeals work in the Caregiver Support Program’s central office, which requires approximately \$10 million be added to the program’s budget. BVA further supports the IBVSO recommendation of an additional \$480 million in FY2023 to cover the cost of caregiver benefits and increased staffing.

Blinded veterans want a fair opportunity to be considered for the PCAFC program and are disproportionately affected by the uneven management of this program. Congressional intervention is necessary to ensure clear eligibility standards for blinded veterans, along with full due process.

III. RENEWABLE VA AUTO GRANT FOR SERVICE-CONNECTED BLINDED VETERANS

Why does a blinded veteran need an automobile? Accessible transportation options remain a persistent problem for blinded veterans, especially for those who live in rural areas and have either no options or very limited ones for getting to and from medical appointments and places of employment. Public transportation is often unavailable or too unreliable, and ride share services can be prohibitively expensive. The VA Automobile Allowance makes health care and employment more accessible to blinded veterans who have a spouse or other person who can drive for them.

The VA Automobile Allowance has helped thousands of blinded veterans overcome these access barriers. Unfortunately, the cost of replacing vehicles presents a financial hardship for many blinded veterans. Currently, after the use of this one-time grant, the veteran must then bear the full replacement cost once the adapted vehicle has exceeded its useful life. The divergence of a vehicle’s depreciating value and the increasing replacement cost compounds this hardship.

To mitigate this hardship, BVA supports the IBVSO recommendation of a renewable automobile grant for eligible veterans equal to 100 percent of the grant maximum amount at the time the grant is renewed. BVA strongly supports H.R. 1361 and S. 444, AUTO for Veterans Act.

IV. FUNDING BLIND REHABILITATION

BRC Staffing

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, Veterans Integrated Service Network (VISN) and VA Medical Center (VAMC) Directors at some sites housing BRCs are failing to replace BRC staff who retire or transfer to other facilities, thus failing to support congressionally mandated maintenance of staffing at previous levels. During the COVID-19 surge, all 13 BRCs were closed as beds were reallocated for alternative needs. As a result, rehabilitation training for blinded veterans went entirely virtual, accompanied by telehealth care. Consequently, many BRCs lack the staffing needed to help blinded veterans obtain the essential adaptive skills they require to overcome the many social and physical challenges of blindness. Without intervention, BVA fears that the number of BRCs in this situation will grow.

Spinal Cord Rehabilitation has dedicated funding for this express purpose. Modeling BRS funding after this manner would ensure such excellence in care. VAMC Directors should not be allowed to divert BRC Full-Time Equivalents (FTEs) or funds designated by the Veterans Equitable Resource Allocation (VERA) System for these rehabilitation admissions from the blind centers to other general medical operations.

Clinical Resource Hub

Not every blinded veteran is able to attend a BRC. Therefore, BVA supports the \$3.5 million appropriations request for a Clinical Resource Hub proposal by BRS that provides a framework for the development and deployment of a Blind and Visual Impairment Rehabilitation Clinical Resource Hub that focuses on the provision of care coordination, treatment, and rehabilitation using a virtual modality of service delivery.

The intent is to expand access to care for veterans with visual impairments by providing virtual treatment to any veteran or active-duty service member within the system, *regardless* of residential location. The model includes clinical and administrative support similar to a traditional Blind Rehabilitation Center. The BRS core programs are Low Vision Optometry, Low Vision Therapy, Vision Rehabilitation Therapy, Orientation and Mobility, Computer Assistive Technology, Admissions Coordination, Visual Impairment Service Team (VIST) Coordinators, Blind Rehabilitation Outpatient Specialists, Recreation Therapy, Audiology, Nursing, and administrative oversight provided by National Program Consultant and Advanced Practitioner.

VIST Caseload

In October 2020, VHA implemented a new Continuum of Care for visually impaired veterans resulting in 81,583 low-vision and legally blinded veterans comprising VIST Coordinator case management rosters. VHA research studies estimate that there are 131,580 legally blinded veterans living in the US. VHA

projections indicate that there are another 1.5 million low-vision veterans in the US with visual acuity of 20/70 or worse.

BVA is concerned about the caseload of VIST Coordinators and Blind Rehabilitation Outpatient Specialists (BROS). Now that the national caseload has increased from approximately 40,000 to more than 73,000 visually impaired veterans, their capacity to meet the needs of assigned caseloads is now in doubt.

BVA again requests that VHA conduct a resource/demand gap analysis to identify VIST Coordinators and BROS whose caseloads are now over capacity. The creation and staffing of additional VIST and BROS positions may be necessary to adequately address the needs of these additional 40,000 visually impaired veterans.

Contracted Care

BVA is further concerned that community care funding contracted under the auspices of the VA MISSION Act will take funds away from VA BRCs. BVA holds that VHA must maintain the current bed capacity and full staffing levels in the BRCs that existed at the time of passage of the “Veterans’ Health Care Reform Act of 1996” (Public Law 104-262).

BVA calls on Congress to conduct oversight, ensuring that VHA is meeting capacity requirements within the recognized systems of specialized care in accordance with Public Law 104-262 and the “Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act of 2017,” (Public Law 114-223). Despite repeated warnings about these capacity problems, Congress has conducted minimal oversight on VA’s ability to deliver specialized health care services.

BVA requests that if VA does contract with private agencies to provide rehabilitation training to blinded veterans, 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. BVA further recommends 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, VA should require those agencies to provide veterans with instructors certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP).

An agency should not be used to train newly blinded combat veterans unless it can provide clinical outcome studies, evidence-based practice guidelines, mental health care counseling, and joint peer-reviewed vision research. BVA also supports the FY19 IBVSO recommendation mandating that competency standards for non-VA community providers be equivalent to standards expected of VA providers, and that non-VA providers meet continuing education requirements to fill gaps in knowledge about veteran-specific conditions and military culture.

Private agencies for the blind lack the necessary specialized nursing, physical therapy, pain management, audiology, speech pathology, pharmacy, and radiology support services that are available at VA BRCs due to their location adjacent to VAMCs. In addition, most private agencies are outpatient centers located in major cities, making access difficult for blinded veterans from rural areas, 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. Veterans from rural areas should not be

compelled to utilize alternative facilities when VHA BRS has the capacity to ensure that they have access to a program at a facility that is adequately staffed and funded.

V. DHA-BRS CONTINUUM OF CARE

BVA appreciates the bipartisan support demonstrated with the *National Defense Authorization Act* (NDAA) of Fiscal Year 2022 (FY22), which included a mandate that the DoD Defense Health Agency (DHA) comply with Section 703 of the NDAA (Public Law 114-328) of FY17 requesting the designation of four ocular trauma specialty centers. We sincerely thank all members for their continued support of blinded and visually impaired veterans.

The designation of four ocular trauma centers has created an opportunity to strengthen clinical coordination between DoD and VHA. BVA urges DHA and BRS to work more closely together to ensure the continuum of care for wounded warfighters who transfer from these four ocular trauma centers to VA BRCs.

VI. SUPPORTING WOMEN VETERANS

BVA applauds the bipartisan support women veteran issues received in the 116th Congress and looks forward to that continued support in the 117th. The passage of the *Deborah Sampson Act* was a great victory for women veterans in the fight for equality of care at VA, but there are still many concerns that BVA urges Congress to address in the upcoming session. For example, many Military Sexual Trauma (MST) victims are uncomfortable with having medical providers of the opposite sex treat them and, consequently, they avoid care.

VA needs additional resources to meet the needs of women veterans. BVA fully supports the IBVSO FY23-24 recommended appropriations of \$905 million for women veterans.

BVA recommends stronger support for MST survivors as well as greater oversight of VA's handling of MST claims to ensure that they are handled with sensitivity and fairness, as well as promptness. While MST is not exclusively a women's issue, it commonly affects women service members and veterans in greater numbers. It is also an issue that has been swept under the rug for too long. BVA urges members of Congress to continue working alongside VA to increase accountability regarding MST care needs and claims processes.

VII. PROTECTING GUIDE AND SERVICE DOGS

Guide and service dogs are critical to blind, visually impaired, and other disabled veterans working toward regaining lost independence. Guide and service dogs assist blind or disabled veterans with mobility, retrieving objects, balance, and several other vital tasks. Training guide and service dogs to perform their jobs costs upwards of \$50,000 and can take up to two years to complete. Many prospective guide and service dogs do not complete the training, making successful guide and service dogs (approximately one in ten) incredibly valuable. BVA is concerned about the safety of these guide and service dogs while on federal properties. Uncertified and often untrained support animals pose a direct threat to guide and service dogs, as well as to disabled veterans who depend on their dog for assistance. Since 2016, there

has been an 84 percent spike in reported support animal incidents to include urination, defecation, and biting. This additional threat to both veteran and service animal poses health and financial risks as the costly, lengthy, and rigorous training that the animals undergo becomes less apparent to the uninformed public, which perceives as the same the rigorously trained service animal and the poorly trained support animal.

The Department of Transportation (DOT) issued a new rule last year regarding service animals on airplanes. According to the rule, emotional support animals are no longer considered to be a service animal. Airlines may require travelers with service animals to provide forms developed by DOT attesting to the dog's training, health, and behavior. Implementing policies such as DOT's at VA facilities would offer a greater level of protection for guide and service dogs, as well as for their handlers and other veterans.

BVA strongly urges VA to implement stricter guidelines for animals eligible for entrance onto VA properties and to ensure standardization across all facilities. BVA also suggests implementing training policies for VA employees on guide and service dog etiquette to increase the safety of the dogs and their handlers while also raising awareness. BVA also requests a dedicated guide dog champion at the Veterans Affairs Central Office (VACO) and at each VAMC. The addition of these champions can ensure proper training and understanding through Standard Operating Procedures as to the expectations, roles, and responsibilities of a service animal as well as to ensure uniformity and equal treatment across locations.

VIII. SUPPORT THE VA FY23 BUDGET REQUEST FOR PROSTHETICS AND SENSORY AIDS

BVA supports VA's FY23 request of approximately \$4.8 Billion for the Office of Prosthetic and Sensory Aid Service (PSAS) to provide prosthetic and orthotic services, sensory aids, medical equipment, and support services to veterans. Approximately half of enrolled veterans in VHA utilize PSAS services. Blinded veterans rely on PSAS services for low vision and mobility devices, and this reliance increases as we age. VA expects the usage of PSAS services to increase as more veterans enroll in the VA healthcare system. BVA urges VA and Congress to monitor this amount closely to determine if supplemental appropriations may be required to meet demand.

CONCLUSION

Once again, Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost, and all Committee members, thank you for the opportunity to present to you today the legislative priorities of the Blinded Veterans Association. We look forward to furthering our relationships and working with you productively during these challenging times.

JOSEPH D. MCNEIL, SR. BIOGRAPHY

BVA National President

Joseph D. McNeil Sr., Georgia Regional Group, was born in 1958 in Philadelphia, PA -Westside. Joe was the oldest of seven brothers and sisters and the first in his family to graduate from college. He earned a Bachelor of Science in Business and a Master's Degree in Human Resources. After graduating from high school, Joe joined the Army National Guard and worked his way through college, joining the Army ROTC program. Upon graduation, he received his commission as a 2nd Lt U.S. Army, Field Artillery. His duty assignments included 2nd Infantry Division Korea, 42nd FA Brigade, V Corps G3 Operations Germany, 197th Infantry Brigade Fort Benning and 18th Airborne Corps Fort Bragg. He held numerous Staff jobs during his tenure. Upon his diagnosis in October 1989 of Retinitis Pigmentosa (RP), he was processed off active duty as a Captain, after which he re-enlisted in the Georgia Army National Guard and served 4 years before his vision prevented him from doing his assigned duties as Personnel Staff Noncommissioned Officer (PSNCO).

Joe is a multi-graduate of three different VA Blind Rehabilitation Centers. He joined BVA in 2005 and has held positions as Georgia Regional Group's Columbus Chapter Vice President from 2005–2007 while simultaneously serving as Georgia Regional Group's Secretary from 2005-2007. He was the Georgia Regional Group President from 2007-2015, BVA National Treasurer from 2015-2017, BVA National Secretary from 2017-2019, BVA National Vice President 2019-2021, and BVA National President from August 2021 to the present.

Since the time of his retirement, Joe has worked as an accomplished entrepreneur, in addition to being the father of six and grandfather of four. He serves his community by sitting on numerous boards representing the blind community as an ambassador to the capabilities of the blind and visually impaired. He holds membership in multiple service and civic organizations. He is a certified National Veterans Service Officer (NVSO) for BVA. Joe also speaks before civic groups and churches about blindness and the help that is available.