**Blinded Veterans Helping Blinded Veterans and Their Families:**

**Historical Achievements of the Blinded Veterans Association**

# By Tom Miller, Immediate Past BVA Executive Director,

Tom Zampieri, National Board of Directors

The Blinded Veterans Association (BVA) is the only national Veterans Service Organization (VSO) chartered by the United States Congress and exclusively dedicated to assisting America’s blinded veterans and their families. A meeting of 100 war-blinded soldiers from World War II resulted in the founding of BVA on March 28, 1945. The BVA Congressional charter of August 28, 1958 designated the BVA organization as the official advocate and representative for all blinded veterans before the executive and legislative branches of government. Throughout more than 72 years, BVA has successfully carried out this important mission and has contributed a number of significant accomplishments on behalf of America’s blinded veterans and their families.

Since the very beginning, BVA has worked tirelessly with the Department of Veterans Affairs (VA) to assure high-quality, comprehensive medical and rehabilitative services and expanded benefits for blinded veterans. When the U.S. Army discontinued its blind rehabilitation services for the war blind at the end of World War II, BVA played an instrumental role in persuading VA to assume the responsibility for their care and rehabilitation.

 As early as 1947, BVA adopted resolutions in assembled conventions calling for the establishment of a comprehensive residential Blind Rehabilitation Center (BRC). The facility would assist blinded veterans in their adjustment to vision loss and the acquisition of adaptive skills. Due in large measure to BVA’s efforts, the first BRC opened on July 4, 1948 at the Hines VA Medical Center outside Chicago. As the numbers of war-blinded veterans increased with the onset of the Korean and Vietnam Wars, BVA pressured VA to expand the number of BRCs nationally. Today, there are 13 comprehensive residential BRCs across the VA Healthcare system. As BRC programs grew and evolved, BVA convinced Congress and VA to expand eligibility for blind rehabilitation services to veterans whose blindness was not the result of their military service. Literally thousands of blinded veterans have received rehabilitation training assistance as a result of this achievement.
 BVA also played an instrumental role in the establishment of the Visual Impairment Service Team (VIST) Program. Recognizing that the isolating effects of blindness and the fact that blinded veterans were not accessing all of the benefits and services for which they were eligible, the Association participated in a pilot outreach program in 1967. The purpose of the program was to identify eligible veterans and encourage them to take full advantage of VA benefits and services. The key professional staff person on the VIST team is the VIST Coordinator. In the early years, this position was only part-time. BVA quickly recognized that a part-time VIST Coordinator was not adequate to coordinate all of the services required by blinded veterans and urged VA to make these positions full-time. VA responded by establishing six full-time VIST Coordinator positions in 1978. BVA persisted in advocating for more full-time positions and convinced Congress to provide funding for additional positions. Today there are 134 full-time and 32 part-time VIST Coordinators that provide case management for blinded or visually impaired veterans.

The organization was later successful in convincing Congress to dedicate $5 million in the 1995 Fiscal Year VA Appropriation for Blind Rehabilitation Service (BRS). These dollars enabled BRS to establish 15 Blind Rehabilitation Outpatient Specialist (BROS) positions. That number grew from 24 in 2005 to 89 full-time positions in 2014. These Orientation and Mobility Instructors often have dual certification and provide veterans with independent training skills in clinics, hospitals, and in the veteran’s home environment. BVA secured legislation in May 2010 that awarded VA scholarships to students enrolled in university programs that offer degrees in a blind rehabilitation field. In FY 2015 14 BROS educational scholarships were approved.

As an active member and supporter of the Visual Impairment Advisory Board (VIAB), established by the Under Secretary for Health, BVA recommended that a full continuum of vision rehabilitation services be established. The adoption of this recommendation was a major achievement. In January 2007, the Secretary of Veterans Affairs approved the establishment of a full continuum of vision rehabilitation care and committed $40 million over the next three years. These 45 new low vision and advanced blind outpatient programs with 247 new rehabilitative staff, including 68 low-vision optometrists, all now benefit our 48,748 enrolled blinded veterans with war injuries and age-related degenerative eye diseases. They will also assist the new returning eye wounded from the wars in Iraq and Afghanistan at this critical juncture with the specialized services they require. Every VA Poly Trauma Center now has a BROS assigned to begin mobility training for the newly injured from the wars as a result of BVA’s legislative efforts during the early years of the 21st century. VA BRS now has the largest number ever of professional rehabilitative staff providing services to blinded veterans.
 The BVA Director of Government Relations has continued active efforts to influence legislation to secure the necessary resources to provide blinded veterans and their family members with the health care services and benefits they need. BVA was invited to present blinded veterans' priority issues to Congress eight times in hearings by the House Veterans Affairs Committee in 2010, advocating for a wide variety of benefits and health care issues. BVA also frequently meets with the other chartered Veterans
Service Organizations, Members of Congress, VA committee staff, other private disability advocacy associations, and senior representatives from the Department of Defense and VA. Key email legislative updates are sent to BVA Board members and regional group contacts. BVA has gained strong support on a variety of issues from several members of Congress while actively monitoring and supporting the wide variety of legislation impacting veterans and their families.
 BVA has worked diligently the past 12 years to ensure that VA appropriations were increased to meet the needs of blinded veterans’ programs. BVA efforts secured $20 million from Congress towards VA BRS in veterans' healthcare budgets for the planned Full Continuum of Outpatient VA Blind Rehabilitation and Low-Vision programs. The total BRS funding levels have risen from $94 million in 2007 to a budget of more than $146.4 million in FY 2014.
 For many years, VA was the employer of choice for Blind Rehabilitation Specialists (Orientation and Mobility Professionals and Rehabilitation Teachers). When this dynamic changed, BVA stepped in, to play a critical role in convincing VA to reclassify, in Human Resources Title 38, the Blind Rehabilitation Outpatient Specialist (BROS) position description. The result was a higher salary, improved recruitment, and greater retention for the position, ensuring delivery of high-quality, comprehensive, outpatient rehabilitation services across dozens of VA Medical Centers.
 VA BRS was initially able to provide the necessary resources to establish Computer Access Training Sections (CATS) at the five largest BRCs. Beginning in 2014, Computer Access Training was provided at all 13 BRCs. To accomplish their stated goals, eligible veterans are issued appropriate new computer equipment, along with other visual magnification and reading devices and global positioning technology guides.

Due to BVA efforts, Former Congresswoman Debbie Halverson introduced legislation to eliminate the co-payment for catastrophically disabled veterans who are non-service connected. This resolved the long- standing financial barrier to blinded veterans accessing rehabilitative services. The elimination of these co-payments for catastrophically disabled, nonservice connected veterans who must make co-payments of $1,340 for admission to inpatient rehabilitative services was the top issue in having H.R. 1335 introduced. The companion bill that Senator Bernie introduced (S. 821) was later included in Omnibus S. 1963, “The Caregivers’ and Omnibus Health Services Act” (Section 511) when it was signed into law by President Obama on May 5, 2010. The elimination of these burdensome co-payments for nonservice connected blinded veterans was a key legislative issue. Through the implementation of this new policy, VA has determined that any medical care, prescriptions, or rehabilitative care will be exempt from co-payments for any catastrophically disabled VA enrolled veterans.

On September 28, 2016, BVA praised the bi-partisan effort in both the U.S. House of Representatives and the Senate to avoid a government shutdown that has also resulted in the passage of key legislation for veterans with vision loss.

            The legislation, a Continuing Resolution that extended current government funding levels until December 9, ended seven years of BVA advocacy during three sessions of Congress. It gave VA the statutory authority through U.S.C. Title 38, Section 111 to provide travel benefits to any catastrophically disabled, nonservice- connected blind and visually impaired veteran seeking VA rehabilitation services. The legislation applies similarly to amputees and individuals with spinal cord injuries.

            The original intent of these two bills, introduced in the 114th Congress as H.R. 288 and S. 171 in early 2015, was that Congress amend Title 38, Section 111 of the U.S. Code to extend eligibility for assistance with the cost of travel to specialized rehabilitation centers for veterans whose disabilities are catastrophic but not “service connected”. These bills were introduced by Representative Julia Brownley (D-CA-26) and Senator Jon Tester (D-MT). Both Democrats and Republicans supported inclusion of an amendment when the Senate bill was incorporated into the Military Construction and Veterans Affairs (MilCon-VA) Appropriations bill passed by the Senate. Ranking Member on VA Appropriations Senator Jon Tester was then able to include the amendment in the Continuing Resolution, which will provide full-year funding for veterans’ initiatives and military construction projects through September 30, 2017. In the future, any blinded veteran will be provided travel for rehabilitation services due to BVA’s persistent advocacy of BVA over the six-year period prior to enactment.

On the benefits side of VA, BVA has been instrumental in improving the Disability Rating Schedule as it relates to visual impairment and blindness. At one point, for example, VA did not accurately rate the severity of blindness when combined with hearing loss. BVA’s efforts have brought about improvements in this particular rating. Blind and visually impaired veterans are now considered more severely disabled if they have also experienced hearing loss.

In 2007, BVA was successful in advocating for change in the Paired Organ Section of Title 38 to more equitably compensate veterans who suffered due to service connection for one eye and subsequently lost vision in their nonservice-connected eye. Previously, a war blinded veteran who was service connected for loss of vision in one eye would need to have vision loss of 5/200 to obtain a rating for loss if his/her nonservice-connected eye became blind. The new change allows for the acuity standard of 20/200 or less to be applied as the standard for increasing the rating for “paired organ section,” thus improving the disability rating for blinded veterans from 30 percent to 70 percent with this change.

 BVA also played a leading role in securing Dependency & Indemnity Compensation (DIC) benefits for surviving spouses and dependent children of 100 percent service-connected disabled veterans. Prior to 1978, DIC benefits were paid only when a veteran died of his/her service-connected condition. The change pushed by BVA made it possible for surviving spouses and dependent children to be eligible for DIC benefits, regardless of the cause of the veteran’s death. Still believing that DIC benefits were not equitable because they were based on veterans’ ranks while in service and not their disability, BVA lead the efforts for further reform. The Association succeeded once again as the quality of the DIC benefit was improved for surviving spouses and/or dependent children of disabled veterans.

BVA influenced the establishment of the Adaptive Housing Grant, administered by the Veterans Benefits Administration, and the initiation of the Home Improvement and Structural Alteration grant administered by the Veterans Health Administration. Both of the grants have assisted severely visually impaired and blinded veterans in the attainment of affordable housing. Home Improvements and Adaptive Housing grants for veterans have been a priority and a goal of BVA for several years. The introduction and passage of the Disabled Veterans Home Improvement Act of 2009 (H.R. 1293) resulted in improvements in the HISA grant program, the first increase since 1992. This act increased the HISA grant from the previous maximum amount of $4,100 for service-connected veterans and $1,200 for nonservice-connected veterans to $6,800 for service connected and $2,000 for non-service connected veterans. BVA is also working to get VBA to provide a certificate of eligibility to the veteran at the time of service connection determination to avoid delays for auto grants and adaptive housing program grants. Because of BVA testimony on the Special Adaptive Housing (SHA) grants in June 2010, another success has occurred. On July 30, 2012, legislation passed the House of Representatives to change SHA standards for the $13,860 grant from a 5/200 acuity standard to the nationally recognized blindness standard of 20/200 or less of visual acuity or 20 degrees of field loss or less. S. 914 included this important change for service-connected veterans to now be eligible for this housing modification grant.

In 2007, because of large numbers of combat eye wounded returning from Iraq, BVA sought to improve on the idea of the Seamless Transition of the eye injured, wounded, or those with traumatic brain injuries and visual complications by establishing in the National Defense Authorization Act (NDAA) of FY 2008 Section 1623, creating the joint Department of Defense (DoD) and VA Vision Center of Excellence (VCE). Significant time for four years was devoted to improving the funding, staffing, and DoD implementation of the VCE as well as the Defense Veterans Eye Injury Vision Registry (DVEIVR) that now has 32,000 OIF/OEF eye injured in the registry database. Establishing this new DOD-VA Vision Center Excellence has resulted in DoD-VA health information technology support, operational support, and even support for site selection of the headquarters. This required the ensuring of congressional appropriations of $4.3 million, design plans, and a timetable for construction site selection inside the current Walter Reed National Military Medical Center. BVA has successfully argued that improved cooperation toward improving the Seamless Transition of combat eye wounded and Traumatic Brain Injured with visual dysfunction will benefit service members, veterans, and families in obtaining follow-up medical services, improved outcomes, and research. BVA has continued to raise awareness for Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans with both penetrating eye trauma and Traumatic Brain Injury (TBI) visual dysfunction to ensure that screening, diagnosis, treatment, and vision research occurs.

BVA, leading with other VSOs dedicated to serving our Nation’s veterans, are joined in supporting the programmatic request of continuing directed funding in FY 2017 for the Peer Reviewed Medical Research-Vision (PRMR-Vision) extramural research line item. Funding in 2008 and 2009 was only $4 million but has now climbed to $10 million for Defense Appropriations FY 2012 to FY 2016. This program, which is managed by the Congressionally Directed Medical Research Program (CDMRP) office at Fort Detrick, Maryland, was funded at lower level of $3.25 million. Because of BVA efforts at growing awareness of the need for this battlefield translational research funding, it was increased to $10 million in FY 2012. Defense-related vision trauma research has resulted in more vigorous investment. Secretary Robert Gates, for example, in his Quadrennial Defense Report to Congress in February 2010, identified research into the Restoration of Sight and Eye Care are as one of his four top priorities for funding, along with Post Traumatic Stress Disorder, Traumatic Brain Injury, and Amputee Prosthetics.

The Veterans Caregiver and Veterans Health Services Act of 2009 also included new landmark provisions to make monthly payments to service-connected disabled Operation Enduring Freedom and Operation Iraqi Freedom veterans with disabilities that require a family member to stay at home and provide care. This legislation provides for the health care, counseling, support, and respite care for the veteran and caregiver. The current generation of OIF and OEF service connected veterans became eligible for these payments once VA established a regulatory policy. BVA and other VSOs were vital in the major effort to obtain passage of this bill, which will make substantial differences for decades in the social and economic well-being of blinded veterans. VSOs believed at the time that such benefits would be extended to veterans of earlier eras.

 BVA has also been actively involved on special work groups established by VA Prosthetics & Sensory Aids Service (PSAS) to develop prescription recommendations and specifications for new prosthetic appliances for blinded veterans. BVA maintains representatives on the national VA work group charged with developing various specifications and updating the issuance of new handbook recommendations for various computers and other adaptive technology for the blind. BVA is represented on the Aids for the Blind, Prosthetics, and Audible Prescription Reading Devices Work Groups. The organization’s two Executive Directors have been directly engaged frequently with VA high level officials on improving access for veterans to a wide number of new devices and services for blinded veterans.
 Over the past 71 years, BVA has worked collaboratively with many organizations of and for the blind to improve the quality of life for all blind Americans. The organization assisted with the enactment of the Americans with Disabilities Act (ADA) more than 25 years ago and other disability access policy changes. BVA is represented on a wide variety of federal advisory committees within such agencies as the VA Central Office in Washington, the Department of Labor, the Office of Personnel Management, the Small Disabled Veterans Business Administration, the VA Rehabilitation Research and Development Center, and the Rehabilitation Research and Training Center on Blindness and Low Vision at Mississippi State University.
 BVA started visits with newly blinded OIF and OEF service members and their family members at Walter Reed Army Medical Center and Naval National Medical Center. Seamless Transition issues with active duty, National Guard, and reserve members being transferred from Military Treatment facilities (MTFs) to VA Poly Trauma Centers and then back again to MTFs have been highlighted. Steps were then taken to improve the care coordination as a result of BVA’s advocacy. The Association works to assist these newly injured veterans in obtaining all of the necessary specialized rehabilitative medical services. It also assists with the development of the VA benefit claims that they file. The BVA Field Service staff is assisting them with claims to ensure that the benefits they deserve are obtained in a timely manner.

Project Gemini, initiated in May 2011 and named for the transatlantic cable that connects the United States and the United Kingdom, is a joint initiative between BVA and Blind Veterans UK, headquartered in London. The initiative seeks to heighten public awareness within the two countries of the issues facing veterans with vision loss, resulting in improvements in services and benefits for both them and their families.

The seven-day exchange, well known as Project Gemini, is based at the Blind Veterans UK Brighton Centre outside London. Five members of Blind Veterans UK and two South African war-blinded veterans began joining these annual exchanges in 2014.

 Project Gemini’s original purpose was the sharing of vision rehabilitation information among the veterans themselves. The educational scope of the program later widened to include visits and training sessions with officials of the Department of Defense, Department of Veterans Affairs, and the National Alliance for Eye and Vision Research. The exchanges again address the similarities and differences in vision research and the rehabilitation training programs offered to veterans within each of the three countries represented. Adaptive technology, mobility skills, and disabled sports for the blind are discussed and put to practical use during the week. The Project Gemini groups tour the Blind Veterans UK rehabilitation center, play rugby, compete in blind archery, and bowl together. Visits to the Brighton Royal Pavilion, Hastings Castle, the Imperial War Museum, and other nearby sites are also included. The groups have toured London, the focus of which was a unique Buckingham Palace Garden Party reception commemorating the 100th anniversary of Blind Veterans UK. The group then shared an evening with the renowned Wellington Guards along with an official “mess” dinner. In May 2017, in conjunction with the 100th anniversary of the American Expeditionary Forces (AEF) entering into World War I, Project Gemini representatives will meet with American Embassy personnel in London and present a public educational session on the history of war blinded services, eye injuries, and vision trauma research.

During the exchange, both groups of veterans also share helpful hints about coping with blindness and the “war stories” that are part of their personal adjustment to blindness and subsequent rehabilitation.
 The headquarters staff at BVA has continued to work on improvements to the Operation Peer Support (OPS) initiative for blinded OIF and OEF service members and their families. The program is to fund the travel and attendance of recently injured veterans at the BVA national conventions and other events. The funds come through donations from corporations and individuals to support this effort. From the eight who attended the first OPS BVA convention in 2006 through 2015, when five new OIF/OEF service members from the Global War on Terrorism generation of OIF/OEF attended the BVA 70th National Convention in Louisville, Kentucky, Operation Peer Support continues to attract the newly blinded. The success of OPS has resulted in positive newspaper, radio, and television stories on this BVA initiative and raised awareness about new vision research. It has literally produced a new generation of combat war blinded and their families within BVA as 115 OIF and OEF veterans have become members of the organization.
 BVA, in concert with the other major VSOs, has continued its long history of tackling legislative issues to improve health care access and benefits for all blinded veterans. BVA continues to be recognized for its years of service with a special congressional resolution, House Joint Resolution 80 passed by both the House of Representatives and Senate and signed by President Obama on March 24, 2010. The resolution recognized 65 years of service. It also made March 28 of each year National Blinded Veterans Association Day to recognize our service to the nation.

 BVA takes advantage of every opportunity to present the special needs of America’s blinded veterans before policymakers at all levels of government. Therefore, the greater the number of members, the more emphatic the message sent. Please seriously consider joining our rich history of “Blinded Veterans Helping Other Blinded Veterans and their Families.”