THE INDEPENDENT BUDGET

Veterans Agenda for the 116th Congress

Policy Recommendations for Congress and the Administration

The **MISSION** Ahead

objectives and performance measures that support the VJO programs' broad strategic goals, and measure long-term outcomes for veterans. It would also be beneficial to identify best practices to ensure consistency and effectiveness of the VJO program at all VA sites.

The IBVSOs also recommend VA track the VJO program participants by gender and race to ensure that they are meeting the needs of all veterans. While women are a minority of justice-involved veterans compared to male veterans in the program, they are generally younger, more likely to have a service-connected disability, mental health needs, and are at higher risk of becoming homeless.[2] Women veterans frequently report histories of abusive relationships and military sexual trauma which may place them at a higher risk of post-traumatic stress disorder. Without data on gender, it is difficult to assess unique challenges or any potential differences in program access or outcomes for women veterans. The IBVSOs urge VA to collect program data and assess veteran outcomes by gender to ensure women veterans have equal access to this exceptional program and to determine if any adjustments in the program are necessary to effectively serve women veterans.

VJO specialists serve as the facilitator for veterans' entry into VA's Justice Outreach Treatment programs. They have little control over appropriate staffing levels and availability of treatment programs for VTC-eligible veterans, especially for placement in residential substance use disorder treatment facilities and securing housing for sexual offenders. Existing wait times for mental health care, particularly more intensive evidence-based treatment services at some VA facilities, indicate high demand for these specialized services. Growing demand for services and existing program challenges warrant increased resources to establish appropriate staffing levels that reflect demand for services and comfort with the ability of VJO specialists to carry out all their program duties.

Eye Injuries Among OIF/OEF/OND Veterans

Recommendations

- Congress must conduct oversight hearings on the implementation of two DOD/VA Centers of Excellence for Hearing and Vision since these centers were moved to the Defense Health Agency in 2017 and 2018, respectively.
- Congress must conduct oversight of the Defense Veterans Eye Injury Vision Registry (DVEIVR), which is responsible for the electronic coordination of data on patients who have eye injuries within DOD and VHA.
- We recommend that defense appropriations committees include $20 million for the DOD-peer reviewed Vision Research Program (VRP) in FY 2020.

Background and Justification

Vision is a critical sense for optimal military performance in combat and support positions and is vulnerable to acute and chronic injury in those environments. One consequence of today's battlefield conditions is that 14.9 percent of those who are evacuated due to wounds resulting from an improvised explosive device (IED) blast forces have penetrating eye injuries and traumatic brain injury (TBI)-related visual system dysfunction. Upwards of 75 percent of all TBI patients experience short- or long-term visual disorders (double vision, light sensitivity, inability to read print, and other cognitive impairments). With the continued presence of the U.S. in Afghanistan, as well as other global threats, such eye injuries will continue to be a challenge.[1] The VHA Office of Public Health has reported that for the period of October 2001 through June 30, 2015, the total number of Operation Iraqi Freedom (OIF)/Operation Enduring Freedom (OEF) veterans enrolled in VA with visual conditions was 211,350; including 21,513 retinal and choroid hemorrhage injuries (including retinal detachment); 5,293 optic nerve pathway disorders; 12,717 corneal conditions; and 27,880 with traumatic cataracts. The VA continues to see increased enrollment of this generation with various eye and vision disorders resulting from complications from frequent blast related injuries. [2]

VHA data also reveals rising numbers of OEF/OIF/Operation New Dawn (OND)-era veterans with TBI Visually Impaired ICD-10 Codes enrolled in VHA for vision care. In FY 2013, the total number was reported to be 39,908. By FY 2015, that number increased to 66,968 with symptoms of visual disturbances enrolled for care. [3] With an increased number of service members in Iraq, Turkey, Afghanistan, and the war region, we expect this trend to continue. VHA Blind Rehabilitation Services (BRS) also provided BVA with information indicating that as of August 2, 2016, a total of 17,014 OEF/OIF/OND-era veterans have ICD-10 diagnoses (Impairment codes) associated with visual impairment, low vision, or blindness. [4] VA peer-reviewed research also notes that among OEF/OIF/OND veterans diagnosed with eye conditions, upward of 75 percent of all TBI patients experienced short- or long-term visual dysfunction, including double vision, sensitivity to light, and inability to read print, among other cognitive problems. [5]

DOD's Vision Research Program at Fort Detrick, Maryland, has studied the diagnosis, treatment, and mitigation of visual dysfunction associated with TBI in defense-related vision research, and has identified gaps in the ability to diagnose and treat visual impairments from blasts, along with inadequate treatments for eye-penetrating injuries, vision restoration, epidemiological studies on sight-injured patients, ocular diagnostics, vision rehabilitation strategies, computational models of combat-related ocular injuries, and vision care education and training.

The IBVSOs believe that the DOD Vision Research Program (VRP), existing within the Congressionally Directed Medical Research Programs (CDMRP), must be funded at $20 million in FY 2020 in order to meet the challenges presented by deployment-related eye injuries. We point out that in addition to the long-term implications such injuries have for vision health, productivity, and quality of life for veterans and their families, they also have a high financial impact on society. VRP funds two types of awards: (1) hypothesis-generating, which investigates the mechanisms of corneal and retinal protection, corneal healing, and visual dysfunction resulting from TBI, and (2) translational research, which facilitates development of critical diagnostics, treatments, and therapies that can be employed on the battlefield to save vision.

In 2012, the National Alliance for Eye and Vision Research released its first-ever *Cost of Military Eye Injury and Blindness* study. Based on published data from 2000–10 and recognizing a range of

injuries from superficial to bilateral blindness, as well as visual dysfunction from TBI, it stated that the annual incident cost has been $2.3 billion, yielding a total cost to the economy over this time frame of $25.1 billion — a large portion of which is the present value of future costs such as VA and Social Security benefits, lost wages, vocational rehabilitation, and caregiver and family care benefits. Recently, John Hopkins University reviewed and updated this study to include all worldwide eye injuries and TBI vision disorders up through FY 2016. They found the total cost to the economy to be $40 billion, and also noted that the number of eye injuries and instances of TBI vision dysfunction are increasing.

The DOD/VA Vision Center of Excellence (VCE) officially transitioned to the Defense Health Agency from Navy BUMED on August 6, 2018. The transition had been planned for the better part of a year and involved both BUMED and DHA. The VCE was transferred whole, without a change in staff makeup (12 DOD and five VHA personnel) or positions. Col. Mark Reynolds, the director of Army Public Health and an Army ophthalmologist with a history of two combat deployments, was selected to lead the VCE and began August 6, 2018. He brings a strong background in ophthalmology, battlefield surgery, and epidemiology to the VCE. The IBVSOs are concerned about the continued level of operational funding and personnel assigned to the VCE under DHA, and we request congressional oversight by the Armed Services and Veterans' Affairs committees. The Defense Veterans Eye Injury Vision Registry (DVEIVR) started in 2011 and now has 30,000 identified service members' eye injury records. However, the DVEIVR has had challenges over the years related to the transfer of vital eye injury clinical records from VHA to the DVEIVR by VHA contractors. With the decision to implement the joint Cerner Electronic Health Record for DOD and VHA, the IBVSOs are concerned about the ability of not only the DVEIVR but all war related registries to have bidirectional ability to continue to operate during this transition period.

Sections 504 and 508 of the Rehabilitation Act of 1973

Recommendations

- Congress must conduct robust oversight of the VA's compliance with Sections 504 and 508 of the Rehabilitation Act of 1973.
- Congress must hold VA accountable for ensuring that information technology (IT) modernization provides VA with the capacity to communicate effectively with both veterans and VA employees who have reading disabilities.