

Statement of John Fales, Jr.
President
Blinded American Veterans Foundation (BAVF)

U.S. House of Representatives
House Committee on Veterans' Affairs

Hearing on The Evolution of VA-DOD Collaboration in Research
and Amputee Care For Veterans of Current and Past Conflicts,
and Needed Reform In Blind Rehabilitation Services

Mr. Chairman and Distinguished Members, thank you for holding this important hearing. I welcome this opportunity as President of the Blinded American Veterans Foundation (BAVF), to give you my personal views both as a blinded veteran and also as a visitor to our wounded at the Walter Reed Army and Bethesda Naval Medical Centers.

I have attached a copy of the organizational chart (Attachment #1), Patient Care Services, Strategic Healthcare Groups, which vividly shows the diminished priority that the VA puts on blind rehabilitation. As you can see from the chart, within the past decade VA decentralization has resulted in the deterioration of the VA's renowned Blind Rehabilitation Centers (BRC) programs.

In order to reverse this deterioration of the esteemed blind rehabilitation programs, we must regain the ability to retain uniformity in quality training nationwide plus oversight capability by restoring CENTRALIZATION of this vital program. Amateurs, newcomers not attuned in the field of rehabilitation and those who think they can save public money with their so called new ideas are actually going back to the practices of the past that

have consistently failed for decades. Years of decentralization have devastated the VA Blind Rehabilitation Service (BRS) by reckless local micro-management.

Blind Rehabilitation Services have been severely diluted as rehabilitation teaching positions in BRC's have been abolished, frozen or deferred. Several vacant Visual Impairment Service Team (VIST) Coordinators and other BRC positions have been offered to unqualified individuals or targeted for abolishment. Frequently personnel standards utilized in selection of critical BRS positions have been ignored by local Medical Centers. Several local Medical Centers have considerably diminished the value and level of services provided to blinded veterans by assigning VIST Coordinators to other collateral duties. The lines of supervision of the various BRS components, at the local level, are varied, confusing and lack professional expertise in providing adequate oversight and guidance. The level of blind rehabilitation training and services offered to blinded veterans and their families, nationally, including the determination of prosthetic aids issued, depends unfortunately on local management's level of budgetary support for the program.

There is a very strong need for a balance system of oversight and establishment of lines of supervision within all components of BRS from local to VA Central Office level insuring accountability and maintenance of national standards. Within the new decentralized structure, there is a deep sense that centralized guidance is not needed, wanted or required. Each Veterans Integrated Service Network (VISN), each hospital, attempts to function independently with different governing philosophies, goals, and priorities, while operating under mounting pressures created by shrinking resources. Within such an environment, it is highly improbable that all twenty-two VISN's will adequately provide or properly manage BRS without a check and balance system under guidance from VA Headquarters. The uniformity and equity of programs for blind veterans is at great risk under the current system. There is no oversight or unifying force for this small, but highly visible program.

Local management teams within VISN's and Medical Centers do not possess the professional expertise to strategically plan blind rehabilitation services nor can they provide strong oversight and peer review to the blind rehabilitation specialists scattered in the field. Currently the three components of the Blind Rehabilitation Service delivery system have no common lines of reporting, or authority, or accountability, for their performance. The Director of Blind Rehabilitation in the Central Office has no significant authority in the running of the Blind Rehabilitation Service Programs or the control of their standards at the local level.

We need immediate and viable corrective measures to restore CENTRALIZATION of BRS. CENTRALIZATION was the reason for the success of the program for blinded veterans in the past. I strongly believe the CENTRALIZATION of the Blind Rehabilitation Program is the best insurance we can give our blinded veterans.

Recently, BAVF Secretary, Dr. Dennis Wyant, visited the West Palm Beach Medical Center, Florida and made some observations and recommendations (Attachment # 2). One observation he made regarding the West Palm Beach BRC was that the waiting time is more than one year for blinded veterans waiting to receive rehabilitation training. This, unfortunately, is consistent with all of the VA BRCs.

I have recently learned of a very serious situation at the Augusta, Georgia VA Medical Center. This Center has initiated a one - five day rehabilitation program. Two additional beds have been identified for blind rehabilitation without additional staff to be located on Ward 1C (Dementia Ward). This was done to expedite the minimum length of stay to cash in on the inpatient Veterans Equitable Resource Allocation (VERA) Reimbursement. The staff responsible for this ward has no expertise in dealing with blind individuals. Recently, a local female veteran was admitted for a one day assessment for Job Access With Speed (JAWS).

Another local veteran was admitted to one of these beds for a one day stay for a complete computer upgrade. This veteran received computer training a couple of years ago. It is evident that these two admissions are based on manipulating the VERA system.

I have had the opportunity to visit our wounded heroes at Walter Reed and Bethesda Medical Centers. Although they are being well treated, there is a breakdown for the severely wounded as they transfer from active duty military (Tri-care) to VA medical centers. There used to be a program at military hospitals called Armed Services Medical Relocation Office (ASMRO), which coordinated the transfer of active duty blind to VA Medical Centers. This program, however, is non-existent today, creating a breakdown in communication between the armed forces and VA Medical Centers. This breakdown in communication is detrimental to these wounded heroes not only medically, but financially as well on their quest to lead fully productive lives.

Mr. Chairman, I would be remiss if I did not highlight two positive developments within the VA Medical system. In a memorandum (Attachment #3) VISN Directors are directed to immediately make sure that they inform veterans with low-vision that a colonoscopy is available as a screening method of choice for colorectal cancer. In addition, the VA will be issuing a sole source contract to institute the audio prescription drug program throughout the VA medical system.

Mr. Chairman, thank you for the opportunity to appear before this committee. I will be pleased to answer any questions you or your colleagues may have.

Attachments:

#1 Chart – Patient Care Services

#2 Dr. Dennis Wyant's observations and recommendations
(7 pages)

#3 Memorandum from Department of Veterans Affairs