

BLINDED VETERANS ASSOCIATION

**TESTIMONY
PRESENTED BY**

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**BEFORE THE
HOUSE VETERANS AFFAIRS COMMITTEE**



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The Blinded Veterans Association (BVA) is the only congressionally chartered Veterans Service Organization exclusively dedicated to serving the needs of our nation's blinded veterans and their families. Mr. Chairman and members of the House Veterans Affairs Committee, on behalf of BVA, we thank you for this opportunity to present BVA's legislative views on "Dr. James Allen Disabled Veterans Equity Act of 2005" (H.R. 2963). We should ensure that change occurs through legislative action when benefits for disabled, service-connected veterans are no longer adequately caring for those who have experienced catastrophic loss. BVA expresses deep appreciation to Representative Tammy Baldwin for introducing this critical legislation.

Since the end of World War II, when a small group of blinded veterans formed BVA, the organization has grown to include blinded veterans from several wars and conflicts. Just last week on March 28, BVA celebrated its 61st anniversary of continuous service to America's blinded veterans. At various military medical treatment facilities today, service members from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) are recovering from injuries that include the loss of their vision in defending our nation. It is vital that all VA services focus on making a positive difference in the quality of life for the men and women who have sacrificed so much for our freedom.

BVA would like this Committee to know that the Walter Reed Army Medical Center medical staff alone has treated approximately 140 soldiers with either blindness or other significant visual injuries. Thirty of these soldiers have attended one of the ten VA Blind Rehabilitation Centers while several others are in the process of referral for admission. According to Veterans Benefits Administration (VBA) data, 78 service members are already service connected for blindness in one eye. Many others who have lost an eye as a result of OIF or OEF injuries have not yet applied for their medical discharge. One of the greatest fears of the service members who have suffered the loss of vision in one eye is the possibility that they could, in the future, become legally blind in their remaining eye. Family members of these men and women rightly share this fear.

BVA requests that this Committee conduct a mark-up of this important legislation, H.R. 2963, "The Dr. James Allen Disabled Veterans Equity Act." At present, the bill has 72 bipartisan co-sponsors. In 2002, Congress passed and the President signed P.L. 107-330, which included a provision (Section 103) to correct a similar deficiency in the *Paired Organ* law for hearing loss. As it now stands, veterans who are service connected for loss of vision in one eye due to injury or illness incurred on active duty are sometimes denied additional disability compensation if they become legally blind in the remaining nonservice-connected eye. This occurs because the U.S.C. Title 38 Paired Organ statute on vision did not define the legally accepted definition of blindness. The Social Security Administration and every state law for motor vehicle licenses define legal blindness as visual acuity of 20/200 or less, or loss of field of vision to 20 degrees or less. Such is the accepted World Health Organization's definition of legally blindness in both eyes.

VA frequently refers to VBA Regulation 1160(1) to determine if the loss of vision is 5/200 (or 20/800) in the nonservice-connected eye to determine blindness. Therefore, any veteran who is currently 30 percent service connected for blindness in one eye and later loses sight in the nonservice-connected eye for any reason must meet the 5/200 standard applied since no legal definition of blindness was included in the Title 38 Paired Organ statute. BVA

recommends a change in the Title 38 Code that would define the legal blindness standard to be consistent with Social Security Disability Income (SSDI) and all 50 state laws: "Blindness is 20/200 or less, or 20 degrees or less of central field of vision." This change in the Paired Organ statute would affect an estimated 5 percent (a very small percentage) of the 13,109 veterans who are service connected for blindness and loss of vision in one eye. BVA would argue that veterans with blindness in one eye who subsequently develop blindness in their nonservice-connected eyes should not be denied the benefits that other paired organ veterans have been provided. Why should a veteran have to meet a higher standard of legal blindness than a social security disability applicant in order to receive benefits?

VA records reveal that veterans receiving disability compensation are, on average, 57 years of age. According to information from the National Institutes of Health and a report on vision loss prepared by researchers at the University of Washington, the most common causes of impairment of vision in persons over the age 40 are age-related maculopathy, cataracts, and glaucoma. In the **Journal of the American Medical Association**, Archives of Ophthalmology, Vol. 122, an April 2004 article entitled "Prevalence of Age-Related Macular Degeneration in the United States" reports that only 1.47 percent of the U.S. population age 40-65 have macular degeneration. The figure rises to just 5 percent for in the age range 65-80. For the population exceeding age 80, the articles states, the percentage rises to 15 percent. Passage of H.R. 2963, therefore, would affect less than 5 percent of the now 13,109 (according to VBA records) service-connected veterans, age 40-80, who are blind in one eye. BVA feels strongly that this relatively small number of soldiers, airmen, sailors, and marines who have developed blindness with a service-connected disability while on active duty should all be rated and treated equitably.

The issue of employability also enters into BVA's great concern over the denial of Paired Organ claims being denied for veterans who are legally blind. Over the years, the ability of the disabled to enter the workforce has decreased substantially. National surveys show little evidence that substantial progress was made in employment rates of the functionally disabled in the decade following passage of the Americans with Disabilities Act. In fact, several research articles and other sources indicate that the trend has worsened. The following points, extracted from federal government sources and university research relating to the problems of America's disabled population, focus specifically on the issue of employment.

- The Census Bureau 2000 Survey found that only 60.1 percent of disabled men with one disability between ages 21-64 were employed. When reviewing the data on those with a severe disability (defined as affecting daily functioning skills), however, the rate of employment was only 32 percent.
- The Survey of Income and Program Participation (SIPP) found that the 30 percent of working age (18 to 64) adults with disabilities in 1994 lived at or below the federal poverty level.
- The Census Bureau 2000 Survey found that 18.8 percent of the disabled population ages 16-64 were at the poverty level compared to 9.5 percent of the general population.
- Thirteen percent of SSDI veterans age 65 and older with a disability live at or below the poverty level.
- Some 10.6 million persons, or 22 percent of the 48 million Americans who will receive Social Security benefits this year, depend on that one check for their entire monthly

income, which averages \$909 per month. This means that the average yearly income for SSDI beneficiaries is \$11,460, well below the government poverty level.

- The Equal Employment Opportunity Commission's Annual Federal Workforce Report 2004 found that the average General Schedule grade level for people with disabilities was 8.4, nearly two grades below the government-wide average of 9.9 for permanent or temporary employees.
- The Cornell University Disability Statistics Research Center tracked U.S. civilian, non-institutionalized men and women age 18-64. The Center estimated that those employed in the workforce in 2004 was 19.3 percent compared to 24.5 percent in 2000. In 1997 the rate was 25.5 percent, reflecting a clear decrease in the workforce for those disabled.
- The University of California analysis and research of *The Employment Experience of Persons with Limitations in Physical Functioning*, published in 1999, had several findings. Even after adjusting for age and gender differences, persons reporting functional limitations are less than half as likely to be in the labor force as those with no functional limitations, with adjusted labor force participation rates of 32.4 and 71.2 percent, respectively. Part-time employment is also more common among persons with several functional limitations. Among individuals with functional limitations who have experienced a job loss, nearly three-quarters reported that this loss created a major problem in their lives. Less than half of those with no limitations reported that the loss created a major problem.
- Literature reviews on employment among persons with disabilities reveal that the disabled have a lower participation rate in the labor force. They also have higher unemployment rates and higher rates of part-time employment than do individuals without disabilities (Yelin, 1997; Bennefield & McNeil, 1989). These findings are consistent across numerous national surveys, including the Current Population Survey (CPS), the Survey of Income and Program Participation (SIPP), and the National Health Interview Survey (NHIS) (Trupin & Armstrong, 1998; Trupin, Sebesta, Yelin, & LaPlante, 1997). For purposes of the surveys, disabilities are measured by work capacity, activity limitation, or functional limitation (McNeil, 1993).
- The National Health Interview Survey (NHIS), conducted by the National Center for Health Statistics (NCHS) and reported in a March 2003 article, revealed that working age individuals with visual impairments had employment rates and mean household incomes than those with non-visual impairments. The employment rate of 54 percent among the severely visually impaired age 18-54, reported in 1994-95, was also revealed in the article.
- A study by Hendricks, Schiro-Geist, and Broadbent (1997) examined the link between disability and employment outcomes for those who had the opportunity to pursue both a university education and rehabilitation services at the University of Illinois from 1948 to 1993. When regression analysis was applied, the salary gap between disabled and non-disabled workers with a college degree was 8.3 percent. While these and other studies have found that the disabled in the workforce with higher education and rehabilitation earn more than the disabled without this level of education, the income levels and earning capacity are still lower in all comparisons to the non-disabled throughout the American working age population.

When it comes to employment, BVA would argue that the rather alarming snapshot of data presented above is adequate proof that veterans blinded in one eye are at risk. For the small percentage of veterans who might eventually apply for an increase in service connection under the Paired Organ statute in the event of the catastrophic consequence of going blind in the second eye, it is vital that such veterans receive the additional benefits that a change in the statute would bring to them.

On different but related notes, BVA fully supports the “Respect for America’s Fallen Heroes Act of 2006” (H.R. 5037). Before the Committee today, we wish to commend Chairman Buyer, Representative Rogers, Representative Miller, and Representative Reyes for sponsoring this legislation. During the time of the loss of a service member who has offered the ultimate sacrifice for our nation’s freedom, his/her family, friends, and military brothers and sisters should never be subjected to nearby demonstrations, protests, or disruptions of these services. I have personally spoken with family members who are attempting to deal with their enormous loss. To be subjected to influences that compound their pain at national cemeteries and private funerals is unconscionable. BVA also supports the “Veterans Memorial Marker Act of 2006” (H.R. 5038), providing for markers or memorial headstones for deceased dependent children of veterans buried in private cemeteries.

Mr. Chairman, thank you for this opportunity to present BVA's legislative views on H.R. 2963. We again thank Representative Baldwin also for introducing this important legislation. We stress that the legislation applies only to veterans who are service connected for blindness in one eye. Veterans who served and defended this country deserve the full benefits of a law that compensates Paired Organ loss. If you have any questions, I would be pleased to answer them.

DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

Blinded Veterans Association

The Blinded Veterans Association (BVA) does not currently receive any money from a federal contract or grant. During the past two years, BVA has not entered into any federal contracts or grants for any federal services or governmental programs.

BVA is a 501c(3) congressionally chartered, nonprofit membership organization.

THOMAS ZAMPIERI BIOGRAPHY

Thomas Zampieri is a graduate of the Hahnemann University Physician Assistant Program (June 1978). He obtained a Bachelor of Science degree from State University of New York and graduated with a Masters Degree in Political Science from the University of St. Thomas in Houston, Texas, in May 2003. Mr. Zampieri recently completed his Political Science Ph.D. dissertation and was awarded his degree by Lacrosse University. He is employed as the National Director of Government Relations for the Blinded Veterans Association, a congressionally chartered Veterans Service Organization founded in 1945.

Mr. Zampieri served on active duty as a Medic in the U.S. Army from 1972 to 1975. Upon completing Physician Assistant training, he served from September 1978 to August 2000 as an Army National Guard Physician Assistant, retiring as a Major. During this time, he was involved in several military medical training programs and schools, successfully completing the Army Flight Surgeon Aeromedical Course at Fort Rucker in 1989 and the U.S. Army Medical Department's Advanced Officer Course at Fort Sam Houston, Texas, in 1992.