

BLINDED VETERANS ASSOCIATION

TESTIMONY PRESENTED BY

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**BEFORE THE HOUSE VETERANS AFFAIRS
SUBCOMMITTEE ON OVERSIGHT AND
INVESTIGATIONS**



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Introduction

Chairman Coffman, Ranking Member Kirkpatrick, and other distinguished members of the House Veterans Affairs Subcommittee on Oversight and Investigations, thank you for allowing the Blinded Veterans Association (BVA) and its members to appear before you today. The Blinded Veterans Association thanks you for allowing us to express our views and concerns regarding specific BVA issues.

H.R. 1284, Beneficiary Travel, is the subject of my testimony today. As BVA's Director of Government Relations, I have already spent many hours and days with members of the House Committee on Veterans Affairs regarding this bill. For Veterans who are currently ineligible, Non-Service Connected (NSC) for travel benefits, Title 38 U.S.C. Section 111 does not cover the cost of travel to one of the 13 Blind Rehabilitation Centers (BRCs), or to any of the 29 Spinal Cord Injury (SCI) locations for NSC SCI Veterans. If the law continues to stay written as it is, NSC Veterans must bear the financial hardship of purchasing their own airline tickets or other modes of travel. This cost will certainly continue to discourage the NSC from traveling to a BRC to obtain the rehabilitation they need to continue to live independently in their own homes. The average age in this group of Veterans, NSC, is approximately 67. Members of this group typically have a degenerative age-related type of blindness. They often live on Social Security that amounts to payments of approximately \$1,450 per month and are therefore unable to pay for their own mode of travel to attend one of the many Department of Veterans Affairs BRCs.

The Chief Business Office (CBO) has scored this bill to cost \$3 Million annually but there is actually no true cost. As the language states, we are asking that Title 38 U.S.C 111 be changed to allow NSC Blind Veterans and NSC SCI Veterans to attend residential rehabilitation programs. In a recent letter from Under Secretary of Health Dr. Robert A. Jesse dated May 21, 2013, he stated that "VA supports the intent of broadening travel eligibility for those who could most benefit from the program." Also stated in the letter is that VA welcomes the opportunity to work with the Committee to craft appropriate language for the legislation as well as ensure that resources are available to support any travel eligibility increase that might impact upon the provision of VA health care. During several of my meetings with members of the Committee, the one issue that is continually addressed is the concept of "Pay For", or "Pay Go". The VA travel budget currently has the appropriations to fund the necessary travel for NSC Veterans to a BRC or an SCI Clinic. Changing the language in Title 38 U.S.C. 111 is all that H.R. 1284 is asking for. We are not asking for \$3 million outright but only that VA be given the authority to use its present transportation budget to pay for NSC Veterans to attend BRCs or SCI clinics. In 2013, VA collected a total of \$2.931 billion through the Medical Care Collection Fund. Travel to a BRC or SCI Clinic, I feel, can be funded by using a very small portion of these collected funds.

BVA is currently obtaining information regarding the number of Blind Veterans that are currently residing in State Veterans Homes. Of the current 147 State Veterans Homes, I have numbers from 14 of these homes, or 10 percent of the homes that have Blind/Visually Impaired Veterans as residents. There are presently 266 Blind Veterans residing at 14 of the State Veterans Homes. VA pays a daily Per Diem of \$100.37 per Veteran. This calculates to \$26,698.42 per day for the 147 Veterans and eventually to \$9,744,923.30 annually. The \$9.7 million is only a calculation for ten percent of those presently living in State Veterans Homes who are blind or

visually impaired. At the present percentage rate, this amount could be approximately \$97.5 million annually if all were to choose to stay in a Veterans home. Veterans homes on average actually cost about \$250 daily but the difference is paid thru Social Security and/or Medicare-Medicaid, all government funded. If only 10 percent of the current residents of State Veterans Homes who are there strictly because of their blindness can benefit from training at a BRC, the costs could in turn pay for the H.R. 1284 Beneficiary Travel Program.

Throughout history, Congressional action has been influential in bringing about several major changes that have impacted the people of the United States. One example is the 19th amendment. Today, this Congress has an opportunity to make history as well by allowing Blind Veterans, Service Connected or Non-Service Connected, the opportunity to attend a BRC so that they may obtain the necessary rehabilitation and continue to live independently. Since blindness does not discriminate between Service-Connected and Non-Service Connected, why should Congress allow this type of separation to continue?

Please remember that there is no cure for blindness. The only possible treatment, for those with blindness, and from which they can benefit from, is rehabilitation. It allows them to enrich their lives, continue to live independently, gain possible employment, and remain active members of their community.

George Washington once stated: “The willingness with which our young people are likely to serve in any war shall be directly proportional to how they perceive the Veterans of earlier wars were treated and appreciated by their nation.” This quote clearly begs the following question: “As generations pass, will this great nation continue to see young people volunteer to join the Armed Forces knowing that their future health care issues may not be covered by the VA health care system? We are all aware of the issues surrounding VA health care right now. You have the opportunity to enrich the lives of hundreds of Veterans. Are you willing to do it?”

GLENN MINNEY BIOGRAPHICAL INFORMATION

Glenn Minney is the Director of Government Relations at the Blinded Veterans Association National Headquarters. Mr. Minney began his military career in 1985 when he entered Boot Camp at Great Lakes Naval Training Center. After completing boot camp, Mr. Minney began Naval Hospital Corps School at Great Lakes Illinois. After graduation he continued his medical education by attending the Naval Pharmacy School in Portsmouth, Virginia. Mr. Minney was then assigned to Naval Hospital in Newport, Rhode Island, and then to Fleet Marine Force Field Medical School for advanced field medical training.

After a four-year Active Duty enlistment, Mr. Minney entered the Naval Reserves and was assigned to a Marine Reserve Unit. Mr. Minney continued his medical education by obtaining a Bachelor’s Degree of Arts and Science. In 1990, Mr. Minney was called to Active Duty for Operation Desert Storm/Shield. Mr. Minney volunteered to remain on Active Duty to attend Independent Duty School.

In 1992, Mr. Minney returned to reserve status and began working for the Department of Veterans Affairs Medical Center in Chillicothe Ohio, first as a pharmacy technician and later as a VA Police Officer and Fire Fighter/Medic. In 2004, Mr. Minney was recalled to Active Duty for Operation Iraqi Freedom. He attended the Israeli Counter Terrorism School in Tel Aviv and was then assigned to the 3rd Battalion, 25th Marine Regiment, 4th Marine Division, Lima Company.

Mr. Minney was assigned as Senior Corpsman and placed as a Senior Medical Department Representative of two Battalion Aid Stations in Iraq. In 2005, he was severely injured when an Iraqi mortar exploded 30 feet in front of him. Evacuated to Germany, Mr. Minney underwent five surgeries to restore his sight that partially obtainable in only his left eye. Mr. Minney retired from Active Duty with 21 years of combined service and returned to Ohio. Unable to return to his position at the VA Medical Center, he retired from that position as well. Mr. Minney was then hired by BVA as the Director of Government Relations.