

Most of VHA's Office of Human Resources Management staff are involved in transactional activities rather than in establishing policy or other high-level activities that ought to occur in a corporate office. It is also diffused throughout the system with a human resources activity center in VACO, one in VBA, one each in VHA, NCA, and BVA. This makes it difficult to share responsibilities that may apply to all agencies, such as classification, coding, and training, and also confuses staff about whom to contact when guidance is needed. VA must reexamine the administrative structure of its human resources activities and determine if another organizational structure would address duplication and allow some efficiencies to occur.

In addition to onboarding, improving pay and benefit packages, creating career tracks, and enhancing culture to support an environment where risk is rewarded and all employees' views and opinions matter, will help retain VA's brightest stars. VA's leadership should also more closely embrace VA's human capital management executive team to ensure it is integrally involved in making organizational policy and defining the workforce needed to execute VA's strategic vision.

According to the Commission on Care, VHA has among the lowest scores in organizational health in the US government. This is a result of VHA executives not being focused on the importance of leadership's attention to the cultural health of the organization and not integrating the requisite training, assessments, and performance accountability into the system, including an organizational structure and management processes that facilitate decision making at the lowest level and foster the spread of best practices. If VA is to effectively transform and engage employees, it needs the financial incentives and hiring authorities to attract outside leaders and experts who want to serve in VHA, to include temporary and/or direct hiring of health care management graduates and senior government and private-sector health system leaders and experts.

Eye Injuries Among OIF/OEF/OND Veterans

RECOMMENDATIONS:

The IBVSOs recommend oversight hearings on the implementation of two sensory centers of excellence (COEs) for vision and hearing.

Congress must conduct oversight of the Defense and Veterans Eye Injury Vision Registry (DVEIVR), which is responsible for the electronic coordination of the eye-injured.

We recommend that defense appropriations committees include \$15 million for the -peer-reviewed Vision Research Program (VRP) in FY 2018.

The IBVSOs recommend DOD's Office of Defense Health Affairs (DHA) establish central management of the vision and hearing COEs.

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. Traumatic eye injury and other visual disorders from penetrating wounds ranks fourth behind TBI, PTSD, and hearing loss as one of the most common injuries among active-duty military service members, currently affecting 16 percent of all evacuated wounded in OIF, OEF, or OND, an increase from 13 percent in 2009. VHA reports that a total of 201,980 OEF/OIF/OND

veterans have been enrolled with variety mild, moderate, or severe eye diagnostic conditions.²¹ In May 2011, the DOD Armed Forces Surveillance Center MSMR report *Eye Injuries, Active Component, U.S. Armed Forces, 2000–2010* stated that during 11-year surveillance period review it found 186,555 eye injuries worldwide in military medical facilities within its data.²² VA peer-reviewed research also notes that among the 41,469 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.²³

The director of DOD's Office 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 ocular injuries, and vision care education and training. The DOD MSMR reported that of the total of 186,555 injuries identified, 133,274 were mild, superficial ones that were treated on an outpatient basis. The MSMR report also identified 4,154 severe, penetrating eye injuries with high risk of blindness, 7,539 retinal and choroidal hemorrhage injuries, 798 optic nerve injuries, and 4,843 chemical and thermal eye-burn injuries between 2003 and the end of 2010. This report of active-duty service members with eye injuries demonstrated a sharp increase in eye injuries that occurred starting in 2004 in OIF and then continued into OEF with 9,571 orbital injuries, 82 percent from IED blasts.

TBI vision researchers found that veterans screened positive for TBI-related visual system dysfunction an average of 66 percent of the time, and with widespread screening more VA sites are diagnosing these vision impairments. The Palo Alto Polytrauma Rehabilitation Center found that 75 percent of the veterans with polytrauma injuries have subjective visual complaints, with objective visual diagnostic disorders found, including 32 percent with loss of field of vision, 39 percent with accommodation insufficiency, 42 percent with convergence disorder, and 13 percent with ocular-motor dysfunction. Nearly 60 percent of these patients reported an inability to interpret print, and 4 percent were determined to be legally blind.

The IBVSOs believe that VRP must be funded at higher rates than in the previous four years, where it has been lower than other congressionally directed medical research programs for deployment-related combat research. Funding new translational deployment treatments for severe eye damage from blasts must be increased in FY 2018 to \$15 million. We point out that such injuries can have not only long-term implications for the veteran's vision health, productivity, and quality of life (as well as that of his or her family), but also a high financial impact on society.

In 2012, the National Alliance for Eye and Vision Research released its first-ever *Cost of Military Eye Injury and Blindness* study, prepared by Kevin Frick, PhD (of Johns Hopkins University's Bloomberg School of Public Health). 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, and family care.

²¹Office of Public Health Epidemiologic Report, *Cumulative Frequencies of the Eye and Adnexa Enrollment OIF/OEF/OND* (FY October 2002 to second quarter, FY 2015).

²²DOD Armed Forces Health Surveillance Center, Medical Surveillance Monthly Report (MSMR), vol. 18, no. 5, "Eye Injuries, Active Component, U.S. Armed Forces 2000–2010," May 2011, 2–7.

²³DOD Armed Forces Health Surveillance Center, Medical Surveillance Monthly Report (MSMR), vol. 18, no. 5, "Eye Injuries, Active Component, U.S. Armed Forces 2000–2010," May 2011, 2–7.

²⁴Greg L. Goodrich, Karen D. Brahm, Palo Alto VAMC, "Visual Impairment and Dysfunction in Combat-Injured Service Members with Traumatic Brain Injury," *Optometry and Vision Science* 86, no. 7 (July 2009).

²⁵Alliance for Eye Vision Research, "The Value of Defense-Related Vision Research: Peer-Reviewed Vision Trauma Research Program in Defense Appropriations," *Decade of Vision 2010–2020* (Fall 2012).

The establishment of a Vision Center of Excellence (VCE) for the prevention, diagnosis, mitigation, treatment, and rehabilitation of military eye injuries was authorized by the FY 2008 National Defense Authorization Act (NDAA; P.L. 110–181, section 1623), and the Hearing Center of Excellence and Limb Extremity Center of Excellence were established in the FY 2009 NDAA (P.L. 110–417). Congress established these three centers as joint DOD-VA programs to improve the care of American military personnel and veterans affected by eye, hearing, and limb/extremity trauma and to improve clinical coordination between DOD and VA. These centers are also tasked with developing fully operable DOD-VA registries containing up-to-date information on the diagnostic, treatment, and surgical reports to facilitate clinical follow-up for the injuries received by our nation’s military personnel. The DOD’s *Recovering Warrior Task Force 2012-2013 Annual Report* recommends that changes also be made in regard to management of the vision and hearing COEs and that the Office of the Assistant Secretary of Defense for Health Affairs develop and implement measures of effectiveness that ensure consistency, completeness, and implementation of the clinical recommendations of these COEs. As of 2013, these changes had not been implemented.²⁶

The IBVSOs were encouraged initially by the Vision COE efforts with the DVEIVR, which began development in October 2010 and has been the first DOD-VA clinical registry with the ability to exchange integrated health records. It was initially the model for all other COE registries, but today it has only 27,000 eye-injured veterans’ records in its data system and less than this number of the veterans’ eye injury records from VHA’s electronic health record system. DVEIR was to be the first registry to combine DOD and VA clinical information into a single data repository for tracking patients and assessing longitudinal outcomes, which improved coordination of care, allowed development of new strategies for training, and enabled translation of peer-reviewed research into clinical practices and policy.

Congress must request more briefings and oversight of VHA and DOD on the implementation, funding, and senior governance of the DOD-VA vision and hearing COEs, as well as direct greater participation of the Health Executive Council in their operations. The IBVSOs are concerned that these COEs could also suffer setbacks as the defense health budget battles for FY 2018 and FY 2019 continue.

Hearing Loss and Tinnitus: The Forgotten Invisible Wounds

RECOMMENDATIONS:

VA must expand programs for research and treatment of tinnitus.

Congress must continue providing funding for VA and DOD to prevent, treat, and cure tinnitus.

DOD and VA must provide better education to service members and veterans on the importance of hearing protection and preventive actions.

BACKGROUND AND JUSTIFICATION:

Tinnitus, commonly referred to as “ringing in the ears,” is a potentially devastating condition; its relentless noise is often an unwelcome reminder of war for many veterans. These facts are illustrative of the nature of the problem:

²⁶Department of Defense Recovering Warrior Task Force 2012-2013 Annual Report, page 9, Sept 2013.