

Wounded Warrior Project

1120 G St. NW, Suite 700

Washington, DC 20005

☎ 202.558.4302

☎ 202.898.0301



STATEMENT
BY
WOUNDED WARRIOR PROJECT
BEFORE THE
SUBCOMMITTEE ON HEALTH
OF THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
ON
PENDING LEGISLATION
H.R. 5413, THE IMPROVING ACCESS TO CONGRESSIONAL SERVICES ACT OF 2018 AND
H.R. 6418, THE VA WEBSITE ACCESSIBILITY ACT OF 2018.

SEPTEMBER 13, 2018

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Chairman Dunn, Ranking Member Brownley, and distinguished Members of the Subcommittee on Health, on behalf of Wounded Warrior Project, we thank you for the opportunity to testify on legislation before the House Committee on Veterans' Affairs.

Wounded Warrior Project is transforming the way America's injured veterans are empowered, employed, and engaged in our communities. Since our inception in 2003, Wounded Warrior Project has grown from a small group of friends and volunteers delivering backpacks filled with comfort items to the bedside of wounded warriors here in our nation's capital, to an organization of nearly 700 employees in 29 locations across the country and overseas delivering over a dozen direct-service programs to warriors and families in need. Through our direct-service programs, we connect these individuals to their communities and with one another through our peer-to-peer programming. We serve them by providing mental health support and clinical treatment, physical health and wellness programs, job placement services, and benefits claims help; and we empower them to succeed and live life on their own terms. We are constantly striving to be as effective and efficient as possible and are in daily communication with the warriors and caregivers we serve to ensure we are constantly adapting to their unique challenges and needs.

H.R. 5413: Improving Access to Congressional Services Act of 2018

To direct the Secretary of Veterans Affairs to permit Members of Congress to use facilities of the Department of Veterans Affairs for the purposes of meeting with constituents, and for other purposes.

Each year, thousands of veterans turn to Members of Congress with a range of requests that span the spectrum of complexity. The Members and their staff act as the ombudsmen between their constituent, in this case veterans, and the Department of Veterans Affairs (VA). Congressional casework not only helps individual congressional offices assist veterans with critical needs, but it also provides Members and their staff with a better understanding of government programming, how policies affect the veteran population, and whether there is a necessity for congressional oversight or legislative action.

Throughout our 15-year history, WWP has been at the bedside of some of the nation's most critically injured warriors. Through two programs in particular – our Independence Program and the work of our Veterans Disability Benefits Services Team – WWP assists service members and veterans living with moderate to severe traumatic brain injuries, spinal cord injuries, and other neurological conditions that impact independence. We also have partnerships with specialized neurological case management teams at Neuro Community Care and Neuro Rehab Management that provide individualized services to meet the needs of veterans and their families. Warriors that use these programs present with complex needs and the challenges they face are reflective of those seen in the greater veteran's community. This year, the Independence Program will deliver more than 200,000 hours of care to the nearly 700 warriors enrolled.

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When serving these warriors, WWP has often found itself advocating for the critically injured and their caregivers, while communicating with the VA and congressional staff. WWP believes this process can be improved by co-locating a congressional representative’s district staff member within a VA Medical Center (VAMC). Doing so would alleviate the need for multiple trips to different locations and provide a more holistic approach to address the needs of the most critically injured. Simply put, this could create a one-stop-shop for advocacy and medical treatment for the most seriously wounded among our veteran population.

A prototype already exists and appears to be working. The first-ever VAMC-based congressional office was opened in January 2018 at the West Palm Beach VAMC. This office is shared by four Members of Congress and occupied by congressional staff on a rotational basis. Through discussions with some of the participating warriors we serve, it is apparent that there is significant value provided to constituents – in this case, both veterans and their families. Additionally, relations between the congressional offices and VA has allowed for the resolution of some issues, instead of submitting a congressional inquiry which often takes time to respond. The shared space agreement between the congressional offices and VA was written to mitigate issues around prohibited political activities, the use of VA facilities for public fora, and usurping the existing pathways for veterans to seek concern resolution through Service Level Advocates and Medical Center Patient Advocates.

Although it has been demonstrated that a legislative solution is not required to establish a congressional office within a VAMC, the absence of such legislative authority allows the VA to deny space to those who seek it. We suggest a climate survey be conducted to assess the needs and see how each stakeholder feels about the prototype agreement.

The VA’s Office of Congressional and Legislative Affairs (OCLA) is the focal point for VA management and coordination of all matters involving Congress. Assistance to Members of Congress and their staff is available through offices located at VA’s Central Office and on Capitol Hill. Within VA OCLA, congressional interaction is further separated between Outreach and Oversight Divisions. The Outreach Division is responsible for receiving and coordinating constituent related casework and is broken down into seven geographical regions. On average, the Outreach Division receives approximately 40,000 cases per year. Of note, approximately 25 percent are cases received directly from veterans, including some who walk into Capitol Hill offices located in the Rayburn House Office Building and Russell Senate Office Building.

We believe that co-locating a congressional office within a VAMC will lessen the burden on an already overtasked VA Outreach team and facilitate the resolution of some issues locally with greater transparency and efficiency. It would also provide congressional offices and Members of Congress the opportunity to interact more often with the veteran population in their communities and to better understand the challenges veterans may face and observe the challenges and successes at their local VAMC.

Although we support H.R. 5413, WWP would like to caution Congress on a few aspects regarding this legislation. It is our hope that these congressional offices are used to conduct constituent outreach,

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dissemination of information pertinent to the veteran population, and above all, allow Congress to learn from the veteran community through physical interaction at a common veteran focal point. There is some concern with the potential for misusing these offices as an “oversight” to local VA facilities instead of allowing the VA’s Service Level Advocates and Medical Center Patient Advocates from executing their mission. Clear guidance should be considered when determining what actions are acceptable at these locations. Therefore, we suggest VA develop an “Introduction to Veteran Affairs” class, outline a clear “VA advocacy chain of procedures,” and require any individual working at the VA based offices to not only attend these classes but also agree to properly direct veterans who ask for assistance to the appropriate Service Level Advocates or Medical Center Patient Advocates VA. The intent is to ensure that congressional staff working at the local VAMC do not bypass already available resources because they are unaware of how the VA operates. Lastly, Congress should be extremely sensitive to the perception of using veterans for political purposes, and therefore strongly support the closing of the VAMC congressional offices during campaign season as outlined in the current shared space agreement being utilized at the West Palm Beach VAMC.

For these reasons, Wounded Warrior Project fully supports H.R. 5413, the *Improving Access to Congressional Services Act of 2018*.

H.R. 6418: VA Website Accessibility Act of 2018

To direct the Secretary of Veterans Affairs to conduct a study regarding the accessibility of websites of the Department of Veteran Affairs to individuals with disabilities.

Wounded Warrior Project’s mission to honor and empower wounded warriors drives us to foster the most successful, well-adjusted generation of injured veterans in our nation’s history. The warriors, caregivers, and family members we serve are at the center of every decision we make.

While the past several years have seen an increased focus on the mental health needs of post-9/11 veterans, WWP remains vigilant in addressing the needs of those with severe physical and cognitive injuries. According to the Department of Defense (DoD)–VA Extremity and Amputation Center of Excellence, as of June 2018, there have been a total of 1,719 OEF/OIF/OND/OIR/OFS amputee patients treated in all Military Treatment Facilities. A large portion of those patients was treated following high-impact or blast-related injuries. Additionally, the 2017 Wounded Warrior Survey – distributed annually by WWP to warriors registered with our organization – illustrates that 40.9 percent of the 34,822 warriors who completed the survey self-reported to have a traumatic brain injury (TBI). This population includes those with severe TBI who experience significant cognitive issues.

According to the DoD’s Vision Center of Excellence, eye/head trauma or exposure to a blast can result in immediate and/or longer-term vision loss and visual dysfunction that can be difficult to initially detect,

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making those affected with TBIs more prone to vision problems in the future¹. Research also notes that among the 41,469 OEF/OIF/OND veterans diagnosed with eye conditions, more than 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 problems². Furthermore, according to DoD military eye trauma statistics, from 2000 through 2010, there were 186,555 eye injuries worldwide in military medical facilities³. The most significant factors leading to hospitalization were ordnance handling (16.9 percent), enemy action (13.1 percent), and assaults and fighting (11.9 percent)⁴.

Section 508 of the Rehabilitation Act (29 U.S.C. § 794d) requires federal agencies to ensure that all electronic and information technologies developed, procured, maintained, or used by the Federal Government provide equal access for people with disabilities, whether they are federal employees or members of the public. According to a 2012 Department of Justice report, there are still major challenges throughout the government, including at VA, with the implementation and management of Section 508 compliance. Even though the Attorney General is required to submit reports to the President and Congress on the state of federal agencies' compliance with Section 508, WWP was unable to find a more recent report. This highlights the necessity for additional congressional oversight.

According to VA's 2016 American Community Survey, *Profile of Veterans: Internet Use Deep Dive*, most households in which a veteran resides have internet access and use/own a computer or smartphone regardless of gender, age, economic status or educational level⁵. This means that the likelihood of a veteran or a Service member with a physical or cognitive disability relying on or utilizing an electronic or information technology web-based system to seek their care or communicate with VA is extremely likely. As VA introduces new technologies or modifies old systems, it must recognize the potential of inadvertently removing accessibility features that were once in place. The VA must ensure that website developers follow industry-standard accessibility guidelines to ensure compatibility with screen reading software utilized by individuals who are visually impaired. Additionally, as VA executes the implementation of the electronic health record management system, which will have a robust external facing platform, it must do so with thoughtful consideration of end users who may have visual or cognitive deficiencies.

Wounded Warrior Project was pleased to learn that the Cerner patient portal currently being developed is being rewritten and will be Section 508 compliant. This will be the portal a veteran uses to access their medical records and the portal used for the initial operating capacity (IOC) site when they go live. One thing to

¹ DoD Vision Center of Excellence. *Vision Problems Associated with TBI*.

² DoD 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.

³ *Ibid* at 2-7.

⁴ Hilber D, Mitchener TA, Stout J, Hatch B, Canham-Chervak M. *Eye injury surveillance in the U.S. Department of Defense, 1996-2005*. *Am J Prev Med*. 2010;38(1S): S78-S85.

⁵ U.S. Census Bureau, American Community Survey PUMS, 2016 Prepared by the National Center for Veterans Analysis and Statistics.

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be mindful of regarding the Cerner application programming interface (API) framework; mobile apps could be developed by several third parties, including VA, so additional oversight may be needed to ensure Section 508 compliance by non-Cerner developers.

For all other administrative or clinical-facing workflows and solutions, Cerner is not fully compliant because much of the code was developed prior to the availability of requirements. It is our understanding that Cerner is working closely with VA on completing a compliance roadmap.

For these reasons, WWP supports the intent of H.R. 6418, the *VA Website Accessibility Act of 2018* with additional recommendations:

Prior to passing H.R. 6418, WWP recommends Congress receive a brief from the VA CIO, the Department of Justice Civil Rights Division responsible for obtaining information on Section 508 compliance, and the Federal CIO Council Accessibility Committee on the status of ongoing efforts to bring VA IT systems in compliance with Section 508. Any report produced should also include a strategic plan with stated timelines for fixing its inaccessible websites to make them accessible and usable by people with disabilities. Lastly, Congress should institute annual briefs to continue monitoring progress made to include electronic health record modernization efforts.

Conclusion

Wounded Warrior Project thanks the Subcommittee on Health, its distinguished Members, and all who have contributed to the policy discussions surrounding the bills under consideration at today’s hearing. We share a sacred obligation to serve our nation’s veterans, and WWP appreciates the Subcommittee’s effort to identify and address the issues that challenge our ability to carry out that obligation as effectively as possible.

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