

**LEGISLATIVE HEARING ON H.R. 5413 AND H.R.
6418**

HEARING

BEFORE THE
SUBCOMMITTEE ON HEALTH
OF THE
COMMITTEE ON VETERANS' AFFAIRS
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**LEGISLATIVE HEARING ON H.R. 5413 AND H.R.
6418**

Thursday, September 13, 2018

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON HEALTH
Washington, D.C.

The Subcommittee met, pursuant to notice, at 9:59 a.m., in Room 334, Cannon House Office Building, Hon. Neal P. Dunn [Chairman of the Subcommittee] presiding.

Present: Representatives Dunn, Mast, Brownley, Takano, Kuster, and Esty.

OPENING STATEMENT OF NEAL DUNN, CHAIRMAN

Mr. DUNN. So it is the habit of this Committee to run on a punctual time. I am glad to see everybody here that we need, and the Subcommittee will now come to order. Thank you all for joining us today, and this morning, we will be discussing two bills that have been referred to the Subcommittee on Health in response to my Committee Members from both sides of the aisle. I am grateful to Representative Brian Mast and Representative Elizabeth Esty for working to ensure the Department of Veterans Affairs is best able to provide the high-quality care and services that our Nation's veterans have earned and certainly deserve.

The bills that we will be discussing this morning seek to improve a veteran's ability to identify and utilize services available to them from the VA and from Congress. Representative Mast's bill, H.R. 5413, the Improving Veterans Access to Congressional Services Act of 2018, would make it easier for veterans to interact with their Representatives by requiring VA to prescribe regulations allowing Members of Congress to use space within a VA facility to meet with veteran constituents.

This bill will build on a successful agreement in place since last year with a number of Members, including Representative Mast, and the West Palm Beach VA Medical Center. It would make it easier for the Members in other districts to enter into similar agreements with their local VA facilities and, most importantly, benefit veterans by allowing for increased communication and on-the-ground resolution with constituent casework issues involving the VA arise.

Representative Esty's bill, H.R. 6418, the VA Website Accessibility Act of 2018, would require VA to examine all Web sites, apps, attachments, and electronic forms to determine which are inacces-

sible to veterans with disabilities and develop a plan to make each of them accessible.

The Blinded Veterans Association is going to testify today that visually impaired veterans, in particular, often face barriers to accessing information from the VA because they are directed to forms or pages that are incompatible—excuse me—with screen readers, in violation of Federal law, which requires agencies to make electronic information accessible to those with disabilities unless doing so would impose an undue burden.

This bill would require VA to take systematic action to address areas of inaccessibility and eliminate barriers to needed VA information for veterans with visual impairments and other disabilities.

Once again, I thank our two bill sponsors for introducing these proposals and for their attendance here today. I also thank the veteran service organizations who will be testifying and submitting statements for the record for their willingness to lend their opinions and expertise to this discussion this morning.

I now yield to Ranking Member Brownley for any opening statement that she may have.

OPENING STATEMENT OF JULIA BROWNLEY, RANKING MEMBER

Ms. BROWNLEY. Well, thank you, Dr. Dunn, and thank you for holding this legislative hearing. And I too want to thank our colleagues on the Committee, Congressman Mast and Congresswoman Esty, for introducing these bills. It is always important to hear the concerns of various stakeholders as we draft and pass legislation on ways, we can improve these bills. For that reason, I also appreciate each of the witnesses' ability to organize and submit remarks in such a short timeframe.

On Mr. Mast's bill specifically, which focuses on congressional offices operating in VA facilities, I am open to the idea if there is space available and we are not taking away from patient care. In my district, for example, our local veterans service officer in our county, Ventura County, is interested in opening a field office in the Oxnard VA, which will be leasing a larger clinic in the coming years. I think these types of partnerships can help veterans, again, as long as we are not taking space away that could be caring for veterans.

I would have liked to ask the VA about this issue today, but unfortunately the VA wasn't given adequate time to prepare their views on today's legislation. I believe that today's hearing would have benefited had we been able to learn the agency's position on these bills.

With that said, I look forward to discussing the positions of our VSOs on these pieces of legislation and am hopeful we are able to incorporate those concerns into amendments to be offered in tomorrow's proceeding if we have one, which sounds like that might get postponed. So thank you, and I yield back.

Mr. DUNN. Thank you very much, Representative Brownley.

I will now welcome our first panel, who will be our authors testifying from the dais. Speaking on their bills today are Congressman Brian Mast from the great State of Florida and Congresswoman Elizabeth Esty from Connecticut.

Mr. Mast, you are now recognized for 5 minutes.

STATEMENT OF THE HONORABLE BRIAN MAST

Mr. MAST. Thank you, Chairman Dunn, Ranking Member Brownley, I appreciate it, the opportunity to testify here before the House Veterans Subcommittee on Health on this legislation. I introduced it back in March of 2018, H.R. 5413, the Improving Veterans Access to Congressional Services Act. Now my commitment, as I believe every commitment—every Member of this Committee has the same commitment—is to help the end user of the VA be served every single day with dignity and honor that they have earned, the best possible experience every day going through the VA.

Now I firmly believe that in order to understand an issue best, you have to be present to see that issue day in and day out. I also believe that our veterans have to know that we care about things before they really care what it is that we know about the issues that we have to deal with, and it is why I still do, and I always will, get every bit of my health care from the Department of Veterans Affairs personally.

It is why, as an incredible pilot program, we opened the first ever congressional office inside of a VA hospital, the West Palm Beach VA Medical Center, last year. This office, it is probably smaller than the table that our panelists sit at, but its efforts have been far-reaching and tremendous. Having this office, I have experienced the good and the bad firsthand, but I also get the opportunity to see what is working well and what is not working, hear it from our veterans firsthand on a weekly basis.

By opening up this office, my staff and I get to see week in, week out, the daily operations of our VA facility. Walking in the door every single week, walking past the same locations every single week, past the same offices every single week, we interact with our veterans daily, receive positive and negative feedback on the operations of the facility in real-time.

When common threads or issues surface, I address it immediately with the hospital administration, which they have appreciated the fact that many veterans share their experiences with me, knowing that I am a veteran, knowing that I am a Member of Congress, knowing that they are heard at the highest possible level, and they appreciate having that information shared with them as the hospital administrators.

Additionally, when veterans have negative personal experiences at our VA facility, they know that they get to be heard by their Member of Congress immediately. They can see their Representative on their turf, where they are comfortable, where they believe that they are in a safe location for them. And they know that their Representatives and their Members of Congress and their government cares. They cry in that office. They get a hug from their Representative in that office. They know that they are heard.

To provide a bit of background and context on this office, we opened it for the first time on December 18, 2017. I share this office with three other Members of the Florida delegation: Representatives Alcee Hastings, Lois Frankel, and Ted Deutch. We all hold office hours there now. I try to personally be in that office on Mon-

days before I fly up here to Washington so that I can be there personally with those veterans and get that one-on-one time with them, to hear about whatever it is they want to speak about.

In 9 short months, this office has held over 400 meetings with our veterans and their families and their caregivers, and opened up nearly 200 additional pieces of casework. The office has allowed me to expedite the assistance that I provide to our veterans and improve their overall quality of service that we deliver to each and every one of them. I truly believe that every Member of Congress should at least have the opportunity to open an office in their local VA. The more present that Members of Congress are, the better quality of service that our veterans can receive.

Now, since our office opened in the VA, I have been approached by countless other Members of Congress looking to replicate these efforts. It took me 8 months of administrative processing from the date that previous Secretary Shulkin gave me the commitment that we could open this office until it actually opened. I was happy to be the first through this door, and the lesson that we learned about the process of opening this congressional office in the VA should be simplified and institutionalized. That is why I introduced the Improving Veterans Access to Congressional Services Act, to pave the way for our colleagues to open up their own VA office, their own congressional offices inside VA medical centers, and together, we do what we do. We work to improve our veterans' access to us, to health care, to every service that it is that they need across the country.

This legislation that requires the Secretary of the Veterans Affairs to permit the use of VA facilities by Members of Congress for the purpose of meeting with their veteran constituents. Additionally, it requires the Secretary to establish a standard operating procedure to facilitate and expedite these requests with inside the VA's facility.

Chairman Dunn, Ranking Member Brownley, and Members of the Committee, I appreciate the opportunity to testify on this legislation. Thank you.

[THE PREPARED STATEMENT OF BRIAN MAST APPEARS IN THE APPENDIX]

Mr. DUNN. Thank you, Mr. Mast, for that passionate presentation.

Ms. Esty, you are now recognized for 5 minutes.

STATEMENT OF THE HONORABLE ELIZABETH ESTY

Ms. ESTY. Chairman Dunn, Ranking Member Brownley, and my fellow Members of the House Veterans' Affairs Committee. I want to thank you for giving me the opportunity to testify today about my bill, H.R. 6418, the VA Website Accessibility Act of 2018.

As the Ranking Member of the House Committee on Veterans' Affairs Disability Assistance and Memorial Affairs Subcommittee, I know all too well how many veterans live with the wounds of war. And according to the Blinded Veterans Association—again, I want to thank Ms. Brunson for being with us here today—there are an estimated over 130,000 legally blind veterans in the United States and another 1.5 million veterans with low vision. These veterans require and deserve the same services and support as other

veterans with disabilities. The needs and deservingness of the disabled veteran is reflected in law. Section 508 requires the VA Web site to be accessible to persons with disabilities.

However, blind veterans currently face challenges accessing the VA Web sites and mobile applications which are often the gateway to VA services and benefits. Navigating the VA's often complicated bureaucracy for the detailed information necessary to apply for VA benefits should not be doubly difficult for our visually impaired veterans. While assistance from a friend or a loved one can be invaluable, not every blind veteran has somebody available at all times to help them with the services and access they need for this critical information, and, frankly, they shouldn't have to rely on someone else to get the services they need.

Reader apps and other devices provide helpful support, but I have heard from blind veterans that—they say these apps are not always supported and don't always work. Perhaps one of the most alarming instances of inadequate access to VA mobile apps was identified earlier this year when the VA updated the veteran's crisis line mobile app but failed to verify that the update was section 508 compliant. Visually impaired veterans were unable to access this vitally important mobile app: the crisis line. And when we have a crisis of military suicide and veteran suicide in this country, it is completely unacceptable that that wasn't checked. Thankfully, quick action by the Blinded Veterans Association, the staff of this Committee, and calls to VA corrected that unacceptable error.

And I know that everyone on this Committee and in this room shares the same goal of providing the best for all of our veterans, but we must not let this happen. That is why I introduced this bill, the VA Website Accessibility Act, which will require a study to determine the accessibility of the VA Web site, and the mobile apps, to ensure that they really truly function for all veterans with disabilities. It is very important that this Congress and the VA continue to ensure that all of our veterans, including those with visual impairments, have full access.

Now, we are all aware, Federal law already requires this, but in fact, we know it is not working. Our commitment is not to have good intentions, is not to have laws in place but actually make sure they are implemented in a way that functions for the people we are honored to serve. So, again, I know everyone on this Committee shares that commitment, and we owe it to all our veterans, including the blind and visually impaired, to ensure this access is real and available when they need it. I want to thank the VSOs here today for their suggestions. We have already talked some, and I know they are going to have some suggestions for us how to improve this legislation.

I want to thank all of you for joining us here today. I want to thank the Committee. Again, I apologize, I have another Committee going, as many of us do, but again, thank you for joining us. Thank you to the Chairman and Ranking Member and my fellow colleagues on the Committee, and I appreciate your assistance in making sure that the VA works for all veterans. Again, my thanks and I yield back.

[THE PREPARED STATEMENT OF ELIZABETH ESTY APPEARS IN THE APPENDIX]

Mr. DUNN. Thank you, Ms. Esty, and thank you for your diligent work on this bill.

Once again, I am grateful for both of you being here, and for sponsoring bills on our agenda this morning.

I will now welcome our second panel to the witness table. And we have joining us:

Ms. Melanie Brunson, Director of the Government Relations for the Blinded Veterans Association. Thank you, ma'am.

Mr. Matthew Shuman, Director of the National Legislative Division of The American Legion. Sir.

And Jose Ramos, Legislative Director for the Wounded Warrior Project.

We will begin with Ms. Brunson. You are now recognized for 5 minutes.

STATEMENT OF MELANIE BRUNSON

Ms. BRUNSON. Thank you, Chairman Dunn. On behalf of the national officers and Members of the Blinded Veterans Association, I want to thank you, Ranking Member Brownley, and all the Members of the Health Subcommittee for the opportunity to participate in this hearing. Both bills under consideration today offer thoughtful means of addressing significant needs of our Nation's veterans.

Because of the time constraints this morning, I would like to focus my comments on H.R. 6418. We thank Representative Esty for introducing this bill because it provides some practical steps that address some of the Blinded Veterans Association's most persistent concerns about the VA's compliance with section 508 accessibility standards. Section 508 compliance is an issue that people throughout the VA generally agree is important, but at the same time, the issue never seems to rise to the level where it gets the attention of VA's leadership for any length of time.

Having the VA secretary compile a report on the current state of this compliance could help change that scenario. And with the recent rollout of the electronic medical record collaboration with Cerner Corporation, along with the focus on the IT modernization across the VA, the Blinded Veterans Association believes the time for a new scenario is now. For this reason, we support H.R. 6418.

Having said that, though, we would like to see some additional measures included that we think would strengthen the bill's effectiveness. We offer these for your consideration.

First, in addition to directing the Secretary to develop a plan that addresses current accessibility shortfalls, we believe the plan should also include steps that will be taken to ensure that these shortfalls are not repeated in the future. Because all too often the VA does not learn from its accessibility-related mistakes.

Second, we suggest that the scope of the evaluation and the report called for in this bill should be broadened to include other items besides Web sites that are covered by section 508, such as the inaccessible kiosks that have been deployed at VA facilities around the country, telehealth tools that are meant to be used in the homes of veterans, but cannot be used by veterans who have visual impairments, and a variety of software and hardware for VA employees to use but is incompatible with the assistive technology used by VA employees who have disabilities.

Including these items in the Secretary's evaluation and report would give both him and Members of Congress a more accurate snapshot of the current state of VA's compliance with section 508 accessibility standards. It would also give the Secretary more compelling reasons to develop a plan that is comprehensive in nature and provides long-term solutions, rather than simply short-term fixes for present concerns.

Finally, once this report is completed, we would like to see the Members of Congress commit to holding the VA Secretary and his department accountable for taking the actions set forth in the Report. The Secretary's perspective on how to bring his Department into compliance is certainly important, but it is just as important that this bill provide for congressional oversight of the Department's response to the legislation, especially the content and implementation of the Secretary's plan of action.

Knowing there will be such follow-through by Congress, we believe, could impact the quality of the response from the VA and the subsequent report of the Secretary. Thank you for your consideration of these suggestions. I am now happy to answer any questions you may have.

[THE PREPARED STATEMENT OF MELANIE BRUNSON APPEARS IN THE APPENDIX]

Mr. DUNN. We will take the questions at the end, if we may, and pass on to Mr. Shuman. You are now recognized for 5 minutes.

STATEMENT OF MATTHEW SHUMAN

Mr. SHUMAN. Thank you, sir.

The American Legion is adamant in assuring both VA and our representative government is accessible to all veterans. The Secretary of the Department of Veterans Affairs has the authority to provide office space to Members of Congress. This is the same authority that was used to open the office in West Palm Beach, but obtaining this authorization was an overwhelmingly complicated process. It took Congressman Mast more than 1 year to open the office space to be utilized for assisting local veteran constituents with obtaining their well-deserved health care benefits.

These are incremental steps in the right direction, but there is still much work to be done. Chairman Dunn, Ranking Member Brownley, Vice Ranking Member Takano, Congressman Mast, distinguished Members of the Subcommittee, on behalf of National Commander Brett P. Reistad and the nearly 2 million members of The American Legion, I thank you for the opportunity to testify on H.R. 5413 and H.R. 6418. If signed into law, H.R. 5413, the Improving Veterans Access to Congressional Services Act of 2018, will direct the Secretary of the Department of Veterans Affairs to permit Members of Congress to use VA facilities to meet with constituents in an attempt to increase and improve the access veterans have to their elected officials. Following an invitation to testify before this Committee, The American Legion engaged the Florida delegation's offices who share the space at the West Palm Beach VA Medical Center to learn more about the creation and day-to-day operations.

The use of this potentially valuable resource appears to vary greatly among the Members of Congress. The American Legion,

with nearly 100 years of dedicated experience, can certainly see the potential value added to a Member of Congress having visible office space within a VA facility, but we can also see the possible negative consequences.

As an example, Congressman Mast himself often maintains a presence in the VA office, leading to a great success in engaging the veteran community, whereas other Members sharing the space do not seem to have the same dedication to fulfill such a presence. The American Legion is not only concerned that VA will be required to provide space to congressional Members but that it may limit space available for other necessary services.

Chairman Dunn, in order to support this bill, The American Legion calls on this Committee to augment H.R. 5413 to create a pilot program with—sorry—with quantifiable criteria that will yield empirical data and show the potential efficacy of the legislation. This evidence-based approach will help to conclusively determine the value to all veterans. The American Legion applauds and appreciates the intentions, efforts, and leadership of Congressman Mast, particularly as a fellow veteran. His efforts, which we can all learn from, highlight the desire of a Member of Congress who understands the value of first-hand engagement with veteran stakeholders in the VA health care system.

The American Legion, the largest representative of those stakeholders, will continue researching and working with this Committee, Congressman Mast, and our membership of war-time veterans to best serve those who have selflessly raised their right hands and taken the oath to protect this great Nation.

Separately, H.R. 6418 will direct the Secretary of Veterans' Affairs to conduct a study regarding accessibility of Web sites at the Department of Veterans Affairs for individuals with disabilities. An accessible information technology system is one that is operated in a variety of ways and does not rely only on a single sense or user ability.

Further, the VA Website Accessibility Act of 2018 requires VA to compile a list of noncompliant Web sites and submit a plan to this Congress to make sure those Web sites are finally compliant. The American Legion is faithful and applauds the leadership of Representative Esty for creating legislation which, in time, Mr. Chairman, will assist VA in becoming more user-friendly to those veterans in need.

In closing, The American Legion, just as this Committee, believes in commonsense, evidence-based solutions. Chairman Dunn, Ranking Member Brownley, Vice Ranking Member Takano, Representative Kuster, and Congressman Mast, I appreciate the opportunity to share with you today the position of The American Legion. I look forward to answering any questions you may have. Thank you, sir.

[THE PREPARED STATEMENT OF MATTHEW SHUMAN APPEARS IN THE APPENDIX]

Mr. DUNN. Thank you very much, Mr. Shuman.

Mr. Ramos, you are now recognized for 5 minutes.

STATEMENT OF JOSE RAMOS

Mr. RAMOS. Chairman Dunn, distinguished Members of the Subcommittee, thank you for inviting Wounded Warrior Project to tes-

tify today. My name is Jose Ramos, and I am a legislative director for the Wounded Warrior Project. In 2004, while serving in Iraq as a member of a marine sniper team, I was hit by a rocket and critically injured. When I returned to the United States, Wounded Warrior Project was there to assist me and my family as they did with all other ill and injured servicemembers.

Over the last 14 years, I worked closely with the injured veteran community, I served on the Dole-Shalala committee, stood up the Congressional Inquiries Division for the Office of the Secretary of Defense, and served as an ambassador for the military program. I am honored to say that I am living proof of the positive outcomes Wounded Warrior Project has had on this community, and it is a privilege to speak to you today regarding the proposed legislation.

In regard to H.R. 5413, Improving Access to Congressional Service Act, Wounded Warrior Project fully supports this legislation. Thousands of veterans turn to you and your staff with a broad spectrum of complex requests. You act as the ombudsman between your veteran constituents and the VA.

Wounded Warrior Project is engaged with the veteran community in a different way. Our organization continues to be at the bedside of some of the Nation's most critically injured as well as through the delivery of a dozen free direct-service programs to warriors and families in need. Wounded Warrior Project often finds itself advocating for critically injured and their caregivers while communicating with the VA and congressional staff.

We believe creating a one-stop shop for advocacy and medical treatment makes sense. It alleviates the need for multiple trips to different locations and provides a holistic approach to address the needs of the most critically injured. Additionally, it would also provide congressional offices and their Members the opportunity to interact more often with local veterans and caregivers within their communities to better understand the difficulties veterans face, as well as observe the challenges and successes at their local VMCs.

It is our hope that these congressional offices are used to conduct constituent outreach, to provide pertinent information to veteran populations, and above all, to allow Congress to learn from the veteran community they physically interact with in a common, veteran focal point. Although we support this legislation, Wounded Warrior Project would like to caution Congress on a few aspects: first, the potential for misusing these offices as an inappropriate oversight tool; second, the potential for new congressional staff to bypass already available resources because they are unaware of the VA process. Therefore, Wounded Warrior Project recommends that, one, the VA and Congress work together to create clear guidance determining what actions are acceptable at the locations; and, two, for the VA to develop an introduction to veterans affairs class which outlines a clear VA advocacy chain of procedures, which requires any individual working at a VAMC-based office to not only attend these classes but also agree to properly direct veterans who ask for assistance to the appropriate VA entity.

Lastly, Congress should be extremely sensitive to the perception of using veterans for political purpose, and therefore, we strongly support the closing of VAMC's congressional office during campaign

season as outlined in the current shared state agreement being utilized at West Palm Beach VAMC.

In regard to H.R. 6418, VA Websites Accessibility Act, Wounded Warrior Project supports the intent of this legislation but offers additional recommendations. Through the delivery of our programs and services, our goal is to increase access to community services and empower to achieve goals of living a more independent life.

To empower warriors with physical or cognitive disabilities to live a more independent life, they will rely on web-based platforms to schedule VA appointments, seek information on programs, and communicate with their VA health care provider. Prior to passing H.R. 6418, Wounded Warrior Project 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 being conducted for VA IT systems to ensure they are in compliance with section 508.

Any report produced should also include a strategic plan with stated timelines for fixing inaccessible Web sites to make them accessible for individuals with disabilities.

Lastly, Congress should institute annual briefs to continue to monitor progress, including the ongoing, electronic health record modernization efforts.

I, on behalf of Wounded Warrior Project, thank the Subcommittee and its distinguished Members for the invitation to testify on the bills under consideration. I want to thank Representative Mast and Representative Esty for their leadership, and I stand ready to answer any questions you may have. Thank you.

[THE PREPARED STATEMENT OF JOSE RAMOS APPEARS IN THE APPENDIX]

Mr. DUNN. Thank you very much, Mr. Ramos.

I now yield myself 5 minutes for questions.

Mr. Shuman, you made reference to specific quantifiable criteria that will yield empirical data. Can you tell us what quantifiable criteria those are?

Mr. SHUMAN. Well, thank you for the question, Mr. Chairman. That is something that we are more than willing to work with this Committee and certainly somebody at the dais who has experience on this. We didn't want to create the arbitrary information ourselves. I think it would be critical to work with subject-matter experts to know exactly what that would look like.

As we have heard Congressman Mast testify, the number of cases that he has opened through this office, along with the number of engagements, we just want to be able to quantify that and see if it truly impacts. But additionally, there are three other Members of Congress that utilize the space as well. We would like to be able to receive the same data from them as well just to truly understand the full scope and use of this beyond the physical Member himself being there and learning what the staff is doing as well.

Mr. DUNN. All right, thank you. I certainly understand the concerns about space constraints within the VA facility's campuses. If space was not a concern at all in any of these facilities, would you

have any reservations about 5413? And I will just go right down the line. Ms. Brunson, first?

Ms. BRUNSON. No.

Mr. DUNN. Thank you.

Mr. Shuman?

Mr. SHUMAN. I think we have other concerns with the bill beyond just space, Mr. Chairman, but we would be happy to look at that at that time.

Mr. DUNN. Thank you.

Mr. Ramos?

Mr. RAMOS. No.

Mr. DUNN. Okay. Mr. Ramos, you made a comment about misused oversight bypassing internal VA advocacy. Have you actually witnessed any of that at the West Palm Beach Veterans Center?

Mr. RAMOS. Great question, Mr. Chairman, and the answer is we have not witnessed, but what our concern would be is, if you have a new congressional staff member working at one of the AMCs, that they would be unaware of maybe the services available, whether it is a patient advocacy or the local service advocacy through the VA. So that is why we recommend that some sort of tutorial or class be implemented and that new staff or staff working there go through them so that they direct the veteran to the appropriate entity first so that they are not bypassing them.

Mr. DUNN. No blowback on this yet, no problems—

Mr. RAMOS. No, sir.

Mr. DUNN. Ms. Brunson, do you think the office of IT there at the VA has the needed authorities and abilities to address these noncompliance issues?

Ms. BRUNSON. Yes.

Mr. DUNN. Good.

Ms. BRUNSON. The difficulty, of course, is that they haven't done so in a comprehensive manner. So what we see happening is the same mistakes being repeated over and over again. Oftentimes things are rolled out in a hurry, and it appears to us that sometimes the request for a determination as to whether something is 508-compliant is sort of a process that we know we are supposed to go through, but if they say it isn't, we implement it anyway because we are in a hurry to get it out, and we figure we will fix it later.

And in the meantime, a certain percentage of the population that the Web site is supposed to serve, or the app is supposed to be useable by, or the equipment is supposed to be for, cannot access it.

Mr. DUNN. Do you know if there are any representatives from the section 508 compliance office embedded in the IT office at VA?

Ms. BRUNSON. The section 508 office is under the IT office, and—

Mr. DUNN. So, yeah, then the entire 508 section is embedded in IT.

Ms. BRUNSON. Yes.

Mr. DUNN. How about that. Well, that concludes my questioning. Ranking Member Brownley, do you have any questions?

Ms. BROWNLEY. Just very, very quickly. I first would like to thank Ms. Brunson for her advocacy. I shudder to think if you weren't on top of this compliant issue, it would be worse than it is. So I thank you for that. And I just wanted to ask, outside of

simply the VA not making this a priority, what other barriers do you see with regards to compliance?

Ms. BRUNSON. I am not exactly sure what you are looking for—

Ms. BROWNLEY. Well, I think the main reason is that the VA just does not make this a priority, and so they are not focused on it. So what I am asking is, is there anything else, other than that, that is a barrier to the compliance?

Ms. BRUNSON. Well, I think that the lack of focus manifests itself in a lot of different ways. I have had, in the time that I have been meeting with the section 508—well, the IT office in particular—the same question, conversation, over and over again, about some of the issues that folks have. And every time we have the conversation, the response is the same, which is: Wow, this is the first time I have heard that.

And I know that is not true because I have had the same conversation with the same individual at a previous meeting.

For instance, I had a conversation in a meeting with other VSOs where we were getting an update on some of the IT modernization dealing with the ability to collect information for databases about veterans that would help make the electronic medical record more comprehensive. And they demonstrated a field that had been added to a particular database that would enable medical providers to collect information about someone's hearing impairment and whether or not they needed an interpreter. And they said: This is really a great step.

And so I raised my hand, and I said: Well, that is great, but have you also included whether someone is visually impaired and might need to have medical information in an alternate format?

And they hadn't thought about that one.

Ms. BROWNLEY. Thank you.

And just, Mr. Shuman, I think you said in your comments, in your beginning comments, that the fact that Mr. Mast, it took him a year to make this partnership and this agreement happen in West Palm Beach, and I agree with that. I think that, you know, partnerships, really across the board within the VA, is always time-consuming and difficult, and somehow, we should be able to streamline those. Because I think those, in many cases, those partnerships are going to help to better serve veterans.

So, having said that, I am not sure that there is, you know, in the language, in the body of this bill, where there is a lot of language here that kind of streamline that process. And I think we kind of need—we need to attack that. But, you know, having said that, and you said you have got a few more concerns other than space, and I think you have articulated that. I mean, do you think the way the bill is written at this moment, understanding that I think we all agree with the spirit and the intent here, do you think the bill, as written, is ready to go to the floor to vote by the House?

Mr. SHUMAN. Thank you for the question, Congressman. The short answer is no. We think there is more information that is still needed. I think that the bill in the first place calls for an SOP, a standard operating procedure, to be created. And it is quite a while, particularly when the Secretary authorized it, and it took 8 more months for that to happen is interesting. And it should have happened faster in the opinion. But at the current form, there need

to be some concerns that need to be addressed, I believe, before it would move to the floor, ma'am, in The American Legion's opinion.

Ms. BROWNLEY. Thank you.

And, lastly, Mr. Ramos, you had said space was the only issue, but I thought that the Wounded Warrior Project had also raised the Hatch Act as a concern around the bill. Is that still a concern or?

Mr. RAMOS. Correct, ma'am, it is a concern. I believe it is addressed in the shared agreement that exists now, but it is a concern that we would have, not only with the Hatch Act, but all the other concerns that we have addressed during the oral testimony and our written.

Ms. BROWNLEY. Thank you very much, and I yield back.

Mr. DUNN. Thank you very much, Representative Brownley.

Representative Mast, you are recognized for 5 minutes.

Mr. MAST. I thank you all for speaking on this bill and for the concerns that you brought up. This is how we get to good legislation, is by having everybody be a part of the discussion. And so I appreciate your comments.

I would like to ask a couple questions, beginning with you, Mr. Shuman. Do the VA hospitals have locations for shopping in them right now? You have seen one VA, you have seen one VA. But do VA hospitals have locations in them for shopping?

Mr. SHUMAN. I am not sure, sir.

Mr. MAST. Do you know if the West Palm Beach VA has a location in it for shopping?

Mr. SHUMAN. I have never physically been to the West Palm Beach VA.

Mr. MAST. I can tell you that it does. It has quite an amount of space in there for shopping for various things from blankets to pins to, you name it. Would you rank shopping above advocacy?

Mr. SHUMAN. No, sir.

Mr. MAST. Okay. Do VA locations—again, you have seen one VA, you have seen one VA—do VA locations of hospitals have locations for employee unions?

Mr. SHUMAN. I am not sure, sir.

Mr. MAST. Do you know if the West Palm Beach VA has a location inside of it for an employee union?

Mr. SHUMAN. I do not, sir.

Mr. MAST. It does. I mentioned that my office is about the size of that table there, maybe even smaller than that. The space for the employee union is probably close to half the size of this room, so quite a bit larger, to employ—for VA employee union duties.

I would ask this—and this is just in response to some of the things that you said—does impacting the life of one veteran make it worth it?

Mr. SHUMAN. Indeed.

Mr. MAST. Absolutely. I would agree with you.

You did also bring up—saying that some Members of Congress that I share this office space with have not taken the same amount of time. Would you like to share those numbers, with the differences in time?

Mr. SHUMAN. Certainly, sir. So we reached out to the other three Members of Congress and received some feedback from the others.

What we found is that your staff and yourself manage that office every day—your 1 day a week that you have available. And, quite frankly, I think you would do it more if you had the ability to.

The other offices sometimes maintain that office once a month compared to the once a week. So that is some of the data that we got back from them, which is why we referenced that there are some that would not use it to the fullest capacity that you have, and I believe you would even use it more.

To the other point that you raise is that space is critical. And I understand what you are saying, advocacy is, you know, some would say is more important than a shopping space. I think our concern is that we want to make sure this is implemented correctly. We don't want to force the VA Secretary to have to do it if they don't have the space. You say that if you have seen one VA, you have seen them all. I would disagree. I would think that many VA facilities are different. Look at the Denver VA brand-new today compared to the one in Phoenix, Arizona, where I am from. So they are slightly different. I am not saying all of them have shopping centers, but I understand your argument there.

Mr. MAST. My statement was actually, "If you have seen one VA, you have seen one VA."

Mr. SHUMAN. Oh, sorry, sir.

Mr. MAST. Yeah, they are not the same; they are all different. I would be perfectly happy to meet with our veterans in a boiler room if that is what it took to have appropriate advocacy for them. I would meet them wherever it is that they want to meet.

I would like to go to you, Mr. Ramos, for a question as well. You spoke about needing some classes for staff, for us as Members of Congress, for our staff to understand how to appropriately advocate, and the levels at which people are supposed to be seen: You know, do you speak to the VA Administrator? Do you go and speak to one of the VSOs? What are those channels and the order in which you are supposed to do them?

Would you suggest that such a class exist for the staff of Members of Congress now? Because we are dealing with all of the same issues. The difference is the convenience and the location where we are dealing with those issues and how quickly a veteran can access us. But we are still dealing with all of the exact same conversations that a constituent would want to come see us in some other facility. So that being said, would you advocate that we have a class just right now, just for our staff to address those same things?

Mr. RAMOS. That is a good question. And I believe OCLA has a guidebook for it but not a class. So the answer would be yes, but more importantly for those working within an installation because the concern would be that a veteran goes to a representative office and bypasses those. So it is just to reinforce that those entities within the VA exist and that they should go through that process first.

Mr. MAST. And that is an appropriate concern, and that is something that I would like you to know that my staff is educated in that and directs those constituents: These are the appropriate channels in which you are supposed to go through in order to address this issue.

And I would just make one other comment as it was brought about, about Hatch Act violations. I think the same concern can be brought about when you are talking about any congressional office anywhere. There is always a risk that some member of staff could dive into something political in a location that is meant very strictly for official work. That is a problem that can exist anywhere. No office anywhere in the country for any Member of Congress is barred from that risk, regardless of its location. I thank you for the time for answering my questions.

Mr. DUNN. Thank you, Mr. Mast.

Mr. Takano, do you wish to be recognized?

Mr. TAKANO. Yes.

Mr. DUNN. You are recognized for 5 minutes.

Mr. TAKANO. Yes, Mr. Chairman.

You know, for Members of the panel, outside of embedding congressional offices outside of VA facilities, how can Members of Congress improve access to have congressional services they offer?

Mr. SHUMAN. Well, thank you for the question, Congressman.

Quite frankly, I think, thinking such as Mr. Mast has deployed is a step in the right direction. Trying to find sort of target-rich environments for constituents in general, not just veteran constituents, is great. You will find a lot of Members of Congress host mobile office hours. That is the—that is the direction that they should be going, not just having one stationary office or two stationary offices; moving around and really trying to find the environment where the constituents are gathering, or like I said earlier, a target-rich environment where, in this particular situation, veterans gather at VA, it makes sense.

Mr. TAKANO. One of the things that my office engaged in was to—I know that congressional offices can obtain information about the veterans that they represent in the district. I am pretty sure that that is a pretty standard sort of piece of information that congressional offices can obtain. And they can do mailings—not mailings—but they can do questionnaires via email about the services they have, the quality of the services that they have at the local VA. Kind of a questionnaire or survey. I know that my office did that, and we got an idea of what our veteran constituents felt about the local VA service, but it also garnered quite a bit of inquiries about representation and advocacy that they—it was a way for our office to engage with those veterans.

And if there was anybody who scored the VA health care system in a very low manner, we called them up and said: You know, what can we do to help you in this sort of situation?

So I think that is another way in which we can try to engage veterans who may not be aware of the services or who are engaged with services and aren't quite happy with them. What do you think about that?

Mr. SHUMAN. Well, sir, again, I think any medium that allows a Member of Congress to reach out to their constituents is important. One thing from my time working in a district office for a Member of Congress is that many constituents are not aware that a Member of Congress can even help with these services. For the ability to be able to inquire, to sort of assist the VA in moving along in rendering a decision on a claim, many general citizens are

not aware of those services that your office can assist with. So I think any way sharing that information with your constituents, particularly the veteran constituents, is a massive step in the right direction, sir.

Mr. RAMOS. I would add that personal interaction, though, goes a long way. So, in addition to reaching out electronically, I think attending or participating locally within events, particularly where veteran population is.

Mr. TAKANO. Oh, I would agree with you. I think a combination of an all-hands-on-deck approach to try and reach out. Veteran advocacy is one of the—unfortunately, one of the things that congressional offices have to do. And I say “unfortunate” because, you know, if we had a more well-functioning VA, it would imply that congressional offices wouldn’t have to do so much advocacy.

I just want to point out, it is true that at least one-third—at least one-third of people employed at the VA are veterans themselves. Is that a number that you are familiar with?

Mr. SHUMAN. I don’t know what the exact number is, but I know there is quite a few employees that—

Mr. TAKANO. My recollection is at least one-third. And at least, you know, one-third of the workforce, frontline, nonmanagerial employees are members of an employee union. And I want to differ somewhat. I mean, I do think that what my colleague from Florida, in casting aspersions on union employees, a lot of what the union does is defend veteran employees who need due process.

And we certainly—I certainly believe that veterans, of all people, who fought for our country, also fought for important workplace employment rights, and they deserve it just as many as any other employee. And to the extent that there is office space available for them, I think that it is appropriate.

Mr. DUNN. Thank you very much, Mr. Takano.

Any further questions from up here?

All right. Thank you all. Thank you all for participating in this hearing. If there are no further questions, the second panel is now excused.

I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material.

And, without objection, that is so ordered.

This hearing is now adjourned.

[Whereupon, at 10:47 a.m., the Subcommittee was adjourned.]

A P P E N D I X

Prepared Statement of Honorable Brian Mast

Chairman Roe and Ranking Member Walz, I appreciate the opportunity to testify before the House Veterans' Affairs Subcommittee on Health on legislation I introduced in March 2018- HR 5413, the Improving Veterans Access to Congressional Services Act.

My commitment every day is to prioritize fixing the issues our veterans face, no matter my station. However, I firmly believe that in order to fix an issue, we must be present to understand the problem. That is why I still do, and always will, get my healthcare from the Department of Veterans Affairs. I experience the issues and problems first hand, but I also get the opportunity to see what is working well.

That is also why, as many of you may know, we opened the first-ever congressional office inside the West Palm Beach VA Medical Center last year. By opening up this office, my staff and I get to see, week in and week out, the daily operations of our local VA. We interact with our veterans daily and receive positive and negative feedback on the operations of the facility in real-time. When common threads or issues surface, I address it with the hospital administration and we work collaboratively to resolve them. Additionally, when veterans have a negative personal experience at our VA facility, they know they can be heard at the highest possible level - immediately.

To provide a bit of background and context, our office in the VA opened for the first time on December 18, 2017. I share this office with three other members of the Florida Congressional Delegation: Representatives Alcee Hastings, Lois Frankel, and Ted Deutch. I try to personally be in the office on Mondays before I fly back here to Washington. In just 9 short months, my office has held over 400 meetings there with our veterans and their families and caregivers and opened nearly 200 additional cases. This office has allowed me to expedite the assistance I provide our veterans and improve the overall quality of service my office delivers.

I truly believe that every Member of Congress should have the opportunity to open an office at their local VA. The more present Members of Congress are, the better quality of service our veterans will receive. Since I opened our office in the VA, I've been approached by several other members looking to replicate our efforts. It took me eight months of administrative processing from the date Secretary Shulkin gave me his commitment until the office actually opened. I was happy to be the first through this door and lessons learned about the process of opening a Congressional VA office should be simplified and institutionalized.

That is why I introduced the Improving Veterans Access to Congressional Services Act, to pave the way for our colleagues to open VA offices of their own. Together, we can improve our veterans' access to us and make a high level of service a reality across the country. This legislation requires the Secretary of Veterans Affairs to permit the use of VA facilities by Members of Congress for the purposes of meeting with their veteran constituents. Additionally, H.R.5413 requires the Secretary to establish standard operating procedures to facilitate and expedite requests for space within a VA facility by Members of Congress.

By building off the process established by the Veterans Administration when I opened my office, we can improve our veterans' access to Congressional services, as well as their overall care. Chairman Roe, Ranking Member Walz and members of the Committee, I appreciate the opportunity to testify on my legislation.

Prepared Statement of Honorable Elizabeth H. Esty

Chairman Dunn, Ranking Member Brownley, and my fellow members of the House Committee on Veterans' Affairs, thank you for the opportunity to testify today about my bill, H.R. 6418, the VA Website Accessibility Act of 2018.

As the Ranking Member of the House Committee on Veterans' Affairs Disability Assistance and Memorial Affairs Subcommittee, I know all too well how many veterans must live with the wounds of war.

According to the Blinded Veterans Association, there are an estimated over 130,000 legally blinded veterans in the United States, and another 1.5 million with low-vision. These veterans require and deserve the same services and support as other veterans with disabilities. The needs and deservingness of disabled veterans is reflected in law - Section 508 requires the VA Website to be accessible to people with disabilities. However, blind veterans currently face undue challenges accessing VA websites and mobile applications which are often the gateway to VA services and benefits. Navigating the VA's often complicated bureaucracy for the detailed information necessary to apply for VA benefits should not be doubly difficult for our visually impaired veterans. While assistance from a friend or a loved one can be invaluable, not every blind veteran has somebody available at all times to help them access the critical information they need, nor should they have to rely on someone else to help them gain access. Reader apps or other devices provide helpful support but I have heard from blind veterans who say that these apps do not always work on VA websites as required by law.

Perhaps one of the most alarming instances of inadequate access to VA mobile applications was identified earlier this year when the VA updated the Veterans' Crisis Line mobile application, but failed to verify that the update was Section 508 compliant. Visually impaired veterans were unable to access this critical mobile resource. Thankfully, quick action by the Blinded Veterans Association, our staff and calls to the VA corrected this unacceptable error. I know that everyone on the dais shares my opinion that we cannot let things like this happen again.

That is why I introduced the VA Website Accessibility Act which would require a study to determine the accessibility of VA websites to individuals with disabilities. It is incredibly important that this Congress and the VA continue to provide all our veterans, including those with visual impairments, with full access to all the resources and information they need to be successful.

I understand that federal law already requires VA's websites to be accessible to veterans with disabilities. But reports from visually impaired veterans and the VSO community demonstrate that in practice, this is not always the case. I am sure that this is often not intentional, but we must take steps to ensure that total compliance to 508 regulations is the standard 100 percent of the time. Good intentions are not enough. We owe it to all veterans - including the blind and visually-impaired—to ensure that they are able to access the benefits that they have earned through service to our nation.

I thank the Committee for inviting me to testify today. I hope to see this bill move quickly through this committee and on to the House floor.

Thank you.

Prepared Statement of Melanie Brunson

INTRODUCTION

Chairman Dunn, Ranking Member Brownley, and Members of the Health Subcommittee, THANK YOU, on behalf of the Blinded Veterans Association (BVA), its national officers and members nationwide, for this opportunity to offer our views on HR6418 and HR5413. BVA is the only congressionally chartered Veterans Service Organization (VSO) exclusively dedicated to serving the needs of our Nation's blind veterans and their families.

As such, we thank Rep. Esty, and Reps. Mast and Higgins for their interest in meeting the needs of our nation's veterans, as evidenced by the provisions in these bills. We will offer some comments on each of these pieces of legislation, beginning with HR6418 below.

I. HR6418, The VA Website Accessibility Act of 2018

By directing the Secretary of the Department of Veterans Affairs to examine and compile a report on the accessibility of VA's websites, HR6418 provides a welcome opportunity to finally raise the profile of some of the VA's longest standing barriers to its effective communication with people who have visual disabilities, whether they are employees of the VA, or veterans seeking to utilize the benefits and services administered by the Department. We believe this legislation gives the Secretary a concrete means of launching an initiative that could result in addressing IT and website accessibility issues in a meaningful and long-term manner.

Section 508 of the Rehabilitation Act requires federal agencies to ensure that all electronic and information technologies developed, procured, maintained, or used in the federal environment provide equal access for people with disabilities, whether they are federal employees or members of the public. Section 508 implementing regulations, together with web accessibility guidelines (WCAG) compiled periodically over the years by the Worldwide Web Accessibility Consortium, have sought to put agencies of the United States government, including the VA, in a position to lead the way and make websites accessible to all users, regardless of disability. Unfortunately, our experience indicates that while the VA has made significant progress toward consistent compliance with these accessibility guidelines, the department has a long way to go to be a leader in this area. BVA's national officers and staff meet regularly with staff of the Section 508 Compliance Office and they are generally responsive to the concerns we raise. They address the accessibility barriers we bring to their attention promptly. However, all too often, those same barriers, are erected again a few months later when websites are updated, or a new website is rolled out. The scenario that is most disturbing is when accessibility features are put in place, only to be broken the next time the site is updated.

One example of this was cited in BVA's testimony during the joint House and Senate Veterans' Affairs Committee hearing last March. It involved use of the chat feature on the VA Crisis Line's website. When the website launched, that feature could not be accessed by anyone using screen reading software commonly used by people who are blind to read websites. The VA was notified of this issue and eventually a software patch was developed to allow screen readers to access the chat feature. However, several months later, a different problem arose, which once again, made it difficult to access this feature. In order to invoke it, one had to get to it from vets.gov, rather than through the Crisis Line's website. We once again contacted VA, and once again, I am happy to report, the problem did get resolved. However, the sad situation is that twice, during a period of less than a year, if any visually impaired veteran was in crisis and could have benefited from that tool, it was off limits to them. This seems to defeat the purpose for which the feature was launched in the first place.

Another example has created significant hardships for BVA's own veteran service officers who have visual impairments. It concerns the Veterans Benefits Administration's (BVA's) VSO training course, TRIP. After repeated requests by BVA, beginning two years ago, asking VA staff to insure this course would be accessible upon its release, the course was released early this year by BVA posted on a website that is incompatible with screen reading software utilized by blind persons. Furthermore, barriers to access via screen readers that were inadvertently built into the website's design cannot be readily removed without requiring a major, expensive, overhaul of the entire design.

Additionally, VA frequently circulates, both through its websites and in e-mail communications, files that are created in inaccessible formats. We receive pdf documents on a regular basis from various offices within the VA that are not readable by screen readers.

The question that arises then, is whether the Congressional directive to the VA Secretary that is proposed in HR6418 will help to improve the situation, as described above. Our belief is that it has the potential to do so. The trouble with a report on website accessibility is that websites are not static. A report can only describe their status at a particular point in time, and that status can change even before the ink dries on the report, as website administrators add tools, redesign features, or update content. Any one of these alterations can render aspects of that site inaccessible, unless the industry standards for website accessibility are followed. In each of the examples we noted earlier, the accessibility barriers were avoidable. Industry standards for making each of the features we discussed accessible were clear and widely available to website developers. Therefore, while we support this legislation as a positive step toward more consistent accessible compliance with accessibility requirements on the part of the VA, we think some additional direction would increase its effectiveness as a means of addressing VA's compliance issues. First, identifying VA's "inaccessible websites" in the report is not enough. The report should also specify what makes each item inaccessible and what is required to fix it. This would inform the plan the legislation directs the secretary to develop. Second, this plan should not only address current accessibility shortfalls, but should also set forth practices and policies the OIT will implement to insure that VA follows Section 508 compliance guidelines more consistently in the future.

To be effective as a means of addressing crucial accessibility issues within the VA, the scope of this report should also be broadened beyond VA's websites, as there are additional concerns of Section 508 compliance that the VA needs to deal with sooner

rather than later, as part of its IT modernization effort. Some areas of ongoing concern include:

- Continued reliance on inaccessible kiosks at VA Medical Centers, the use of which is required to check in for scheduled appointments.
- Inaccessible Telehealth tools, namely the Health Buddy home monitoring station.
- VBA web pages containing eBenefits information that are inaccessible to blind people who use screen readers.
- The continuing accessibility barriers faced by VA employees with visual disabilities who are forced to use legacy systems that are largely incompatible with adaptive software in order to do their jobs.
- Inadequate staffing by the VA to ensure its capacity to address internal and external accessibility issues.
- Lack of an enforcement mechanism or other means of addressing compliance issues, so that if equipment, hardware, software, or a website is found to be noncompliant with accessibility standards, someone follows through and addresses the issues that are identified, and thereby fixes the accessibility problem.

In summary, greater priority must be given to insuring that VA's IT infrastructure, including websites, apps, and IT equipment procured by the department for use by employees or members of the public who may have visual impairments, is accessible at the time of implementation or rollout. The current practice of relying on later "fixes" is neither cost-effective nor acceptable. If approved by Congress, this legislation could give Secretary Wilkie the impetus to lead the VA's effort to insure compliance with accessibility guidelines is central to all of the department's IT policies and practices, and not just an add-on once the important things are completed. This is especially important as VA rolls out its new initiative in collaboration with Cerner. The veteran-facing aspects of the electronic medical record this collaboration produces must be accessible to those veterans who have visual impairments or other print reading disabilities, just as it is for nondisabled veterans. If this does not occur, the system will once again fail to serve a significant portion of our nation's veterans.

Before concluding our discussion of this bill, there is one final question we want to raise. What will Congress do with the report called for in this legislation? It is our hope that the members of this subcommittee, and the House and Senate Veterans' Affairs Committees, will exercise greater oversight of VA's compliance with accessibility guidelines. While the report called for here can highlight what needs to be done, it doesn't make its accomplishment a foregone conclusion. We urge members of this committee to hold VA accountable for addressing the barriers and implementing the plan set forth in any report Congress receives on the accessibility of VA's websites to people with disabilities.

II. HR5413, Improving Veterans Access to Congressional Services Act of 2018

Like other VSOs, BVA has several staff members, as well as a number of members across the country, who volunteer time each week to assist veterans with claims for VA benefits. We know this is an important service, and we are pleased that members of Congress have constituent services staff who are dedicated to helping veterans with such claims. Reaching those veterans who need help can be a challenge for all of us. While one reasonable way to address that challenge could be to open more claims offices within VA medical centers, where veterans congregate, the proposal described in HR5413 raises some questions for us. Chief among these is the space limitations at many VA facilities. BVA's claims staff have experienced these limitations numerous times over the years. It is not uncommon for VA directors to run out of space for the offices of the medical personnel they hire to try to meet the needs of their increasing patient population. Given the shortage of space for their medical staff, it may not even be possible to find space for a claims representative at some facilities, regardless of how much value there might be in doing so. A related question arises with regard to VA medical centers whose patients live in several Congressional districts. We understand that the authors of this bill work well with other members to share VA office space. But we can't help but question whether the all-too-common absence of bipartisan working relationships these days could make this difficult in some districts. How many office spaces would, or should, be obligated for use by Congressional staffers in such cases? While we support any effort to reach veterans who are in need of assistance with their claims, we have not taken a position on the particular proposal set forth in HR5413, because of the logistical questions listed here. Even so, we appreciate the intent of

the bill's authors and we would welcome further clarification on how these issues might be addressed in order to minimize the burden on local VAs and maximize the benefits veterans could gain from having access to additional resources.

Our thanks, once again, to the members of the Health Subcommittee, for the opportunity to speak with you about the above legislation. If you would like any further information, please feel free to contact Melanie Brunson, Director of Public Affairs, at mbrunson@bva.org. We look forward to answering any questions you may have.

Prepared Statement of Matthew J. Shuman

Chairman Dunn, Ranking Member Brownley, and distinguished members of this critical subcommittee, on behalf of National Commander Brett P. Reistad and the 2 million members of The American Legion, the country's largest patriotic wartime veterans service organization, we thank you for the opportunity to testify on the H.R. 5413, the Improving Veterans Access to Congressional Services Act of 2018 & H.R. 6418, the VA Website Accessibility Act of 2018.

H.R. 5413

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.

In 2017, Representative Brian Mast, a special-forces combat veteran and Veterans Health Administration patient, opened the first-ever congressional office at the West Palm Beach Veterans Affairs Medical Center (VAMC). The purpose of this office is to meet with constituents, primarily veteran constituents receiving healthcare at the Department of Veterans Affairs (VA). Working with then VA Secretary, Dr. David Shulkin, an office was dedicated for congressional use in late 2017.¹ The West Palm Beach VAMC services four different congressional districts, and VA supplied the office space, but required the space be shared between the four Members of Congress who represent the area.

The Secretary of the Department of Veterans Affairs has the authority to provide office space for Members of Congress. This is the same authority used to open the office in West Palm Beach. Congressman Mast has shared the process for obtaining this authorization is arduous and time-consuming. It took him more than a year to open the West Palm Beach location.

H.R. 5413, the Improving Veterans Access to Congressional Services Act of 2018, will direct the Secretary of VA to permit Members of Congress to use VA facilities to meet with constituents. This bill will afford Members of Congress the ability to have physical offices at VA Medical Centers, allowing them to meet with and assist their veteran constituents with VA claims, earned benefits, and to receive comments about care received at their local VAMC. The bill also requires VA to develop regulations regarding the use of agency office space by Members of Congress, mandating that space is made available during normal business hours and in a location that is easily accessible to the Member's constituents.

The American Legion, when invited to testify before this committee, engaged Representative Mast's congressional office, as well as the other Members sharing the space in the West Palm Beach VAMC, to learn more about the creation and day-to-day operations. Congressman Mast's District Director, who manages their weekly office hours, explained the agreement to provide office space in the facility shared among the four Members of Congress who represent the area, is on a rotating basis. Each of the four members offices is assigned a day of the week to staff the office from 10:00 am to 2:00 pm. The American Legion agrees expanding access to services, especially congressional services is a good thing, however, our experience also makes us wary of possible negative unintended consequences.

The use of this potentially valuable resource appears to vary greatly among Members. Whereas Congressman Mast often personally maintains a presence in the location and his office has had great success in engaging the veteran community, other members sharing the space do not seem to have the same level of commitment or resources to fulfill such a presence. For example, in Congressman Mast's May 16th, 2018, testimony before the full House Veterans' Affairs Committee, he expressed that his VA office, in only five months of existence, had conducted more than 250 meetings with veterans, their families and caregivers, and has opened more than

¹ <https://cbs12.com/news/local/rep-brian-mast-to-open-new-office-inside-va-medical-center-in-west-palm-beach>

110 individual constituent cases to assist veterans.² In contrast, other offices indicate the office space is used as little as once a month and provides minimal value. The American Legion is not only concerned that VA will be required to provide space to congressional members who may further limit space currently available for necessary healthcare services, but that this valuable space may be underutilized.

The American Legion is adamant in ensuring both VA and our representative government are accessible to all veterans. We are also concerned an office of this type will be little more than a “Complaint Department,” where veterans will express only issues and concerns about VA care, services, and VA employees.

The American Legion, in order to support this bill, calls on this committee to augment the Improving Veterans Access to Congressional Services Act of 2018, to create a pilot program with quantifiable criteria that will yield empirical data to show the potential efficacy of this legislation to conclusively determine the value to veterans.

The American Legion applauds and appreciates the intentions, efforts, and leadership of Congressman Mast, particularly as a fellow veteran. His effort, which we can all learn from, highlights the desire of a Member of Congress who understands the value of firsthand engagement with veteran stakeholders in the VA healthcare system. The American Legion, the largest representative of those stakeholders, will continue researching and working with this committee, Representative Mast’s congressional office, and our membership of wartime veterans to determine our position and course of action, to best serve those who have selflessly raised their right hands and taken the oath to protect this great nation.

The American Legion supports H.R. 5413 with recommended amendments.

H.R. 6418

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

20 USC 794d § 508 (Section 508), of the Rehabilitation Act establishes requirements for electronic and information technology developed, maintained, procured, or used by the federal government. Section 508 requires federal electronic and information technology to be accessible to people with disabilities, including employees, and members of the public. An accessible information technology system is one that is operated in a variety of ways and does not rely on a single sense or user ability.

The VA Website Accessibility Act of 2018, is not proposing any changes to Section 508. H.R. 6418 requires VA to examine all websites (including attached files and web-based applications) of VA to determine whether such websites are accessible to individuals with disabilities in accordance with Section 508. Further, H.R. 6418 requires VA to compile a complete list of non-compliant websites and submit a plan to Congress to make these websites compliant with the requirements of Section 508.

The American Legion is thankful and applauds the leadership of Representative Esty for creating this legislation, which, in time, will assist VA in becoming more user friendly to veterans in need.

The American Legion supports H.R. 6418.

Conclusion

The American Legion thanks this committee for the opportunity to elucidate the position of the nearly 2 million veteran members of this organization. For additional information regarding this testimony, please contact the Senior Legislative Associate, Mr. Larry Lohmann, at The American Legion’s Legislative Division at (202) 861-2700 or llohmann@legion.org.

Prepared Statement of WOUNDED WARRIOR PROJECT - Jose Ramos

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 volun-

² <https://mast.house.gov/2018/5/mast-testifies-before-va-committee-on-his-legislation-encouraging-congressional-offices-at-va-facilities>

teers 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.

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, 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, 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

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

²DoD 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.

³Ibid at 2–7.

(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 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.



⁴Hilber 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.

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