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ASSESSING INADEQUACIES IN VA DATA USAGE FOR AND SERVICES PROVIDED TO VISUALLY-IMPAIRED VETERANS

HEARING

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION

OF THE

COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRTEENTH CONGRESS

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ASSESSING INADEQUACIES IN VA DATA USAGE FOR AND SERVICES PROVIDED TO VISUALLY-IMPAIRED VETERANS

Thursday, May 29, 2014

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

The subcommittee met, pursuant to notice, at 10:15 a.m., in Room 334, Cannon House Office Building, Hon. Mike Coffman [chairman of the subcommittee] presiding.

Present: Representatives Lamborn, Roe, Huelskamp, Benishek, Walorski, Kirkpatrick, Takano, Kuster, O'Rourke, Walz.

OPENING STATEMENT OF CHAIRMAN MIKE COFFMAN

Mr. COFFMAN. Good morning. This hearing will come to order. I want to welcome everybody to today's hearing titled Assessing Inadequacies in VA Data Usage for and Services Provided to Visually Impaired Veterans.

My name is Mike Coffman and prior to hearing testimony and asking questions to our witnesses, I ask that each member state his or her name to assist our witnesses in identifying who is speaking. Thank you for your cooperation. Now let us begin.

This hearing focuses on continued problems within VA that have caused its contribution to the Vision Center of Excellence to stagnate, allowed VA systems to continue to operate in non-compliance with Section 508 of the Americans With Disabilities Act, and compromised other services provided to veterans with visual impairments.

The creation of the Vision Center of Excellence, or "VCE" as we will refer to it today, was mandated by the National Defense Authorization Act of FY 2008. It stated that the Department of Defense was required to create the facility and to collaborate with the Department of Veterans Affairs in doing so.

One of the main responsibilities required in the 2008 NDAA for the operation of the VCE was to "enable the Secretary of Veterans Affairs to assess the registry and add information pertaining to additional treatments or surgical procedures and eventual visual outcomes for veterans who were entered into the registry and subsequently received treatment through the Veterans Health Administration."

The reference to the Registry is that the Department of Veterans Eye Injury and Vision Registry, which we will also refer to as the

"Registry" today for convenience. The DoD has done a commendable job of populating the Registry with over 20,000 unique patient entries. However, the most recent number VA has provided the Committee regarding the contribution of the Vision Registry is one entry. One, compared to 20,000.

Notably, in an October, 2013 briefing, VA staff stated that the one entry was just a test case to ensure that the transfer of information would work. So, essentially, VA had not entered in any veterans information into the Registry, which precludes VA from meaningfully contributing to the very purpose the Registry was created—"to collect the diagnosis, surgical intervention, operative procedures, and related treatments, and follow-up on each significant eye injury incurred by members of the Armed Forces while serving on active duty."

We will hear from a veteran today who will articulate the importance of VA fulfilling its obligation to contribute to the Registry. Another major issue we will address today is VA's continued failure to bring its information systems into full compliance with Section 508 of the Americans with Disabilities Act.

The two separate of the Section 508 addresses access for people with physical, sensory, or cognitive disabilities in various types of technologies. Two separate memoranda, dated July 26, 2012, issued by then Assistant Secretary for Information and Technology, Roger Baker, illustrated the ongoing problems with VA regarding Section 508 compliance. Both memoranda reference how recent audits conducted by VA show that most of the content and information on VA web sites was not Section 508 compliant.

Further, in a 2012 VA dashboard summary analysis, every site review showed a status of less than 50 percent compliance with Section 508. Some notable examples include VA jobs, e-benefits, and VA forms. VA jobs at 80 percent critical, e-benefits at 95 percent critical, and VA forms at 100 percent critical.

The rating of critical in the analysis states that the listed percentage is the amount of that web site that is completely inoperable.

We will hear today in VA's testimony that they are making great strides in bringing VA systems into compliance with Section 508. However, we will also hear from a blinded veteran, who must actually navigate these pages himself. He may be inclined to disagree.

With that, I now recognize Ranking Member Kirkpatrick for her opening statement.

[THE PREPARED STATEMENT OF CHAIRMAN, MIKE COFFMAN APPEARS IN THE APPENDIX]

OPENING STATEMENT OF ANN KIRKPATRICK, RANKING MEMBER

Ms. KIRKPATRICK. Thank you, Mr. Chairman. I am Ranking Member Ann Kirkpatrick from Congressional District 1 in Arizona.

The hearing topic today is an important one and I look forward to an in-depth discussion with our witnesses. Today we are examining the Department of Veterans Affairs role in the operation of the Vision Centers of Excellence and Section 508 of the Rehabilitation Act of 1973 compliance as they relate to proper access and services for blinded veterans.

We will also hear the testimony of Mr. Glenn Minney, from the Blinded Veterans Association on HR 1284, a bill introduced by my colleague and Ms. Brownley, a member of the House Committee on Veterans Affairs, and Ranking Member of the Subcommittee on Health.

This bill will expand the VA's Beneficiary Travel Coverage Program for some veterans who are not currently eligible for beneficiary travel, but who are in need of treatment at one of the VA's Blind Rehabilitation Centers or Spinal Cord Injury locations.

Mr. Minney, I look forward to hearing your testimony and as a result of being a cosponsor of HR 1284, I believe this bill will help remove another access to care obstacle within the VA medical system for our veterans.

Many of our visually disabled veterans would greatly benefit and become capable of living independently in their own homes if able to receive rehabilitation. However, some of these veterans are not able to receive these treatments because of high travel costs and ineligibility for beneficiary travel under the VA programs, and this is a special problem in my district, which is a very large rural district in Arizona, and my veterans have to go to three different veterans hospitals depending on where they live, and travel hundreds of miles.

This bill will expand eligibility for beneficiary travel so that more veterans are able to receive rehabilitative treatments.

I understand that in the current conflicts, eye injuries have accounted for approximately 15 percent of all battlefield traumas. We also know that as many as 75 percent of traumatic brain injures, those patients also suffer visual dysfunctions that can affect their quality of life.

When the Vision Center of Excellence was envisioned and established through the 2008 National Defense Authorization Act, the Department of Defense, in collaboration with Department of Veterans Affairs, was tasked with prevention, diagnosis, mitigation, treatment, and rehabilitation of eye injuries. While it took some time, I understand that the Center is now functioning, although problems such as staffing, funding, and clear policy remain challenging.

In addition to the Center, the 2008 National Defense Authorization Act also required the establishment of a Vision Registry. I look forward to hearing from our witnesses today on the progress of that collaboration, especially enrollment and seamless transfer of VA vision care data to the Vision Registry.

Mr. Chairman, while the wars may be winding down, we know that the need for research, treatment, and rehabilitation will remain for eye injury veterans for decades to come. Today we are also looking at the Department of Veterans Affairs compliance with Section 508 of the 1973 Rehabilitation Act.

Section 508 addresses access for the disabled to different types of technology. According to VA testimony, VA systems are still not compliant with the law. One of our witnesses today described the difficulty of navigating through the VA web sites because they are not 508 compliant, causing him frustration and a lot of extra time to get the information he is looking for.

Eye injured veterans are already challenged and we should be working as fast as we can to ensure that their next encounter on the VA web sites will not be so difficult.

I would like to hear from our VA panel what they are doing to become compliant, why is it taking so long, and what resources are needed, if any, to aid in becoming compliant. We need to get this right sooner rather than later.

Thank you, Mr. Chairman. I yield back.

Mr. COFFMAN. Thank you, Ranking Member Kirkpatrick. I ask that all members waive their opening remarks as per this Committee's custom.

With that, I welcome the first panel at the witness table. On this panel, we will hear from Mr. Travis Fugate, Kentucky National Guard, Retired; Mr. Terry Kebbel—did I say that right—United States Army, Retired; and Mr. Glenn Minney, Director of Government Relations for the Blinded Veterans Association. All of your complete written statements will be made part of the hearing record.

Mr. Fugate, you are now recognized for five minutes.

STATEMENT OF MR. TRAVIS FUGATE

Mr. FUGATE. Thanks, Chairman, and Ranking Member, for inviting me here to speak again.

It was over five years ago that I came here to speak about the VCE. It had been—the creation had been mandated the year prior to the time that I spoke before, which was March, 2009. Only a week before the day that I spoke, I had been told that my vision was totally gone and I wouldn't see again.

Most people who reviewed the case agreed that the vision that I had lost—let me explain something further. When I was injured, I had some remaining vision and I had it for three years, and then I got an infection within the VA and the doctors did not have access to the proper medical data. So they failed to do preventative surgeries, and when I had an emergency situation, they did not have access to the medical documentation, which may have lead to the vision loss that resulted after the surgery.

Since I was here before, I have went on. I have went to school. I have worked to improve myself and my life. I have been active in the VA and the Blinded Veterans Association, trying to help other blinded veterans. I meet new young blind men coming from the wars every year.

I am interested in hearing you ask questions about how things have changed since the testimony in March, 2009, in which I participated. If some young man went into the VA tomorrow, as I did, would his doctors be able to have access to electronic data that would allow them to perform preventative surgeries and see all of the surgeries he had in the past, or she?

I am open for questions.

[THE PREPARED STATEMENT OF TRAVIS FUGATE APPEARS IN THE APPENDIX]

Mr. COFFMAN. Thank you so much for your testimony, Mr. Fugate. Mr. Kebbel, you are now recognized for five minutes.

STATEMENT OF TERRY KEBBEL

Mr. KEBBEL. As a blinded veteran, I have had an opportunity to assist other blinded veterans on how to use websites. We have done a good job of describing what 508 is, compliance. We have done a good job of stating that we need to do something about it. I want to talk about what we have not done yet, okay?

As I was asked to investigate ten websites or ten web pages for this testimonial. I had the opportunity to design, with some help from some other blind veterans, a form that helped us to evaluate each of those web pages. In my opinion, each of those web pages failed. Each of those web pages failed in different areas—some very major and some very minor.

When I get the opportunity to read a web page, I would like to be able to navigate properly, and I can do that with headings. And headings is a way for a non-visual person like myself to navigate a web page.

One of the pages I evaluated had no heading level—heading on the page, which means that I have to navigate the whole web page to find out what the purpose of that web page is. A sighted person can visualize it and see what that purpose is right away.

Another page that I had the opportunity to evaluate was one with link problems and I was kind of interested when you said the forms page failed 100 percent, well I am in total agreement with that one. I had the—you know, when I went to the web page I listed the links on the page and there was 217 of them, and these are links to forms. Every one of those links were named by a numerical number. It had no description on what that form was.

Another one was—another form I evaluated is where I went to the web page. The first one I downloaded it was a form to fill in, okay? The first thing I noticed was that it was an image file. Well, for those of us who use a screen reader and who are blind, we know that we can not look at pictures, and that is an image file. So I can not read that image file.

The second thing is that it was a form I was supposed to be able to fill out. Well, if it is an image file and there are no form of edit boxes on that page, I can not fill in the information needed to fill out that form.

So when I hear that we are making progress on it, it is difficult for me to believe. You know, I would like the same opportunity to read a web page as a sighted person, and I can do that on web pages. I can go to Open Culture, which is a website from Stanford University and access all their information. I can take courses there. I can, you know, do a lot of things on that particular web page.

I can go to the Library of Congress and do the same thing. I can go to the National Federation of the Blind, which is probably one of the best websites that I know of, and read as if I was a sighted person.

What concerns me the most is that we are sitting here arguing about are we compliant or not. When I went to Viet Nam, I went to Viet Nam as a volunteer. I did not go because it was the law, you know, I went because I thought it was the right thing to do. And as we sit here now, I think the right thing is to do is to make

it compliant, whether it is not the law or not. I just think it is an issue of that you have the right to do it.

As I look back, you know, in the 20th century, the law became in fact, okay? We are now 13 percent into the 21st century, and as far as I am concerned, we have not made any progress. And I am not going to be around for the 22nd century, so I do not think I am really going to see anything happen.

Thank you.

[THE PREPARED STATEMENT OF TERRY KEBBEL APPEARS IN THE APPENDIX]

Mr. COFFMAN. Thank you so much. And an inability to access care is really no different than a denial of care.

Mr. Minney, you have five minutes for your remarks.

STATEMENT OF GLENN MINNEY

Mr. MINNEY. Chairman Coffman, Ranking Member Kirkpatrick, and other distinguished members of the House Veterans Affairs Subcommittee on Oversight Investigation, thank you for allowing the Blind Veterans Association and its members to appear before you today. The Blind Veterans Association is here to express our views and concerns regarding specific VBA issues. The issue I am going to discuss is HR 1284, the Beneficial Travel.

As a Director of the government relations for VBA, I have already spent many hours and days with members of the House Committee on Veterans Affairs regarding this bill. For veterans who are currently ineligible, which are non-service connected veterans for beneficiary travel, Title 38, U.S.C. Section 111 does not cover the costs of travel for those non-service connected veterans to one of the 13 blind rehab centers or to any of the 28 spinal cord injury locations.

If the law continues to stay as written, the non-service connected veteran must bear the financial hardship of purchasing their own mode of travel to one of these rehab centers. The cost will certainly continue to discourage the non-service connected veteran from traveling to a blind rehab center or spinal cord injury center.

At this time, most of the ER non-service connected veterans are of the age of 67 years old and their blindness or vision impairment is due to age-related conditions. They often live on Social Security, which is approximately $1,450 a month. And with having that limited income and requiring them to pay for their own mode of travel to a rehab center, that is really going to pay dividends and be detrimental to their monthly income.

The Chief Business Office has scored this bill, HR 1284, as $3 million which, to be honest, I do not think that is true. Because as the language states in Title 38, what we want changed is for it to say that it covers non-service connected veterans. We are not wanting $3 million. We are just wanting the wording, the language to state that 1284 covered non-service connected veterans as well as service connected veterans so they can have the access to the rehab centers that the VA has out there—the 13 blind rehab centers and the 29 spinal cord injury facilities.

In a letter dated May 21, 2013, Under Secretary of Health, Dr. Robert Jessie clearly stated, "VA supports the intent of broadly travel eligibility for those who can most benefit from the program."

And also he states the VA welcomes the opportunity to work with this Committee to craft the appropriate language so that those who are not service connected can have access to those rehab treatment facilities.

One thing I have ran into with several other members, speaking with them, is the word, the "pay for" or the "pay go." Well, VA travel budget continues to increase every year and they ask where are we going to get this $3 million? Well, in 2013 the VA collected $2.913 billion through the Medical Care Collection Fund. Well, there is money that they have collected and I sat up last night listening to last night's hearing: $1.1 billion returned two years ago, $1 billion returned last night, and a half billion returned just this year. If there is that much money that can be turned back in from the VA to Congress, well, there is our $3 million to send these non-service connected veterans to the rehab that they so dearly deserve.

So there is no pay for or pay go. The money is there. It was clearly stated last night in the hearing that the VA is giving the money back. So if you want to pay for it, there is your pay go.

Also, the VA right now is currently—there are 147 state veterans homes. I have been collecting data, and right now I have got 14 of those state veterans homes, which is ten percent. And of those—that 10 percent, those state veterans homes house 268 veterans who are there for blindness or visual impairment.

Each one of those veterans the VA pays a per diem of $100.37 a day per vet per day. You add that up—266 vets, 365 days a year—that is just ten percent. Now let us make it 100 percent, and to be honest, that total is $97.5 million annually we are paying to house veterans in state veterans homes just because of blindness. If we can send them to a blind rehab center, get them the rehab that they so dearly deserve, how many of them could we offer the opportunity to live independently? Not house in a state veterans home, but live independently—live on their own.

The one thing I did want to mention here is, just remember this: there is no cure for blindness. There is not, no matter how much research we do. But what there is is rehab for those who are blind or visually impaired, and getting that rehab will allow them to enrich their lives, become independent, and be active members of their community. So let us not say, well, you are not service connected so we will not send you to a rehab.

You know, blindness does not discriminate between service connected and non-serviced connected, and it does not know. Blindness is blindness. Let us eliminate service connected and non-service connected. Let us send the blind veteran to the rehab that the VA is providing.

And lastly, I want to make this quote. George Washington once stated, "The willingness to which our young people are likely to serve in any war shall be directly perpetual to how they perceive the veteran of earlier wars were treated and appreciated by their Nation." This quote clearly begs the following question: As generations pass, will this great Nation continue to see young people volunteer to join the Armed Forces, knowing that their future healthcare issues will not be covered by the VA? Are we willing—are we all aware of the issues surrounding what is going on right now? Are we willing to enrich the lives of hundreds of non-service

connected veterans by allowing them to go to a blind rehab center? Are you willing to sponsor 1284, push it up and see to it that it is voted on so that the non-service connected veteran can get the same rehab that the service connected veteran gets?

Thank you, ladies and gentlemen.

[THE PREPARED STATEMENT OF GLENN MINNEY APPEARS IN THE APPENDIX]

Mr. COFFMAN. This is Mike Coffman, Mr. Minney. Thank you for your testimony. I have got a few questions. Again, this is Mike Coffman.

Mr. Fugate, unfortunately your story is not likely a unique one. Have you found that other blind veterans have gone through similar experiences with VA's failure to populate the Vision Registry?

Mr. FUGATE. It is really hard for me to say that I know individuals who have had situations that match to my own, but I am sure that they exist.

Mr. COFFMAN. Okay. Mr. Fugate, again, Mike Coffman. In your opinion, what would have been the benefits during your past surgeries had the VA contributed to the Vision Registry?

Mr. FUGATE. If my information was accessible to the VA doctors when I first met them, rather than asking me about the surgeries I had and thumbing through a two-inch stack of documents, they would have had access to—better access to the information. They would have seen that the DoD doctors wanted me to have a preventative surgery within the year. I told the doctor that. The doctor—my word is not as strong as the military doctors that had made the suggestion to me at Walter Reed.

Mr. COFFMAN. Okay.

Mr. FUGUTE. Also, I am a number. I am a statistic, and it is meaningless. There is no research being done on the numbers. If my information and all of the other blinded veterans' information were in this data set, much more information could be discovered and we could direct ourselves forward to help us—help us all much better.

Mr. COFFMAN. Thank you. Again, this is Mike Coffman. Mr. Kebbel, thank you for providing a number of findings and observations for improving the VA's compliance with Section 508. Have you had an opportunity to share your findings with the VA?

Mr. KEBBEL. This is my first opportunity to do that, but I do share my findings with other veterans. I belong to a lot of virtual supports groups in which us veterans talk about problems with veterans web sites. You know, how to deal with the inconsistencies, how to deal with the inaccuracies and how to deal with the problems of filling out forms. So, I do that virtually.

Mr. COFFMAN. Okay. Mike Coffman, again. You stated earlier, Mr. Kebbel, you stated earlier that there are many good examples of 508 compliant web pages. Do you and your team keep repository of best practices and lessons learned associated with that? And do you have a list of performance metrics that agencies such as VA can strive to achieve?

Mr. KEBBEL. Yes, we do. It is in various forms. It is not in one form that I would consider accessible yet and we're in the process of developing that.

Mr. COFFMAN. Thank you very much. Ranking Member Kirkpatrick.

Ms. KIRKPATRICK. Thank you, Mr. Chairman. Mr. Fugate, one of the things that our committee has been focused on is creating and making sure there is a seamless transfer of records from DoD to VA so that there is no gap at all in the records that a doctor might see, the day that you transition our of the Department of Defense. So, I am curious, did Walter Reed have the Department of Defense records but just not look through them? Can you just explain that to me?

Mr. FUGATE. Walter Reed had my medical records and it was at the VA that I had the complications. It was the transfer between Walter Reed and the VA.

Ms. KIRKPATRICK. So, did the VA have your Department of Defense records?

Mr. FUGATE. My first meeting with my doctor at the VA was surprising. My father drove me three hours to get to the facility. I lived at the time in back glacier mountains of Eastern Kentucky. Once we got to the meeting the doctor came and sat with me and the nurse brought in my records, which was a big, heavy stack of records. I could not see them, but I heard the thump and he said there was—something along the lines of he could not do anything with that, he would have to review it later and find the information and I was sent back home, sent along my way.

Ms. KIRKPATRICK. Even though you told him that the doctors recommended that you have preventative surgery within a year?

Mr. FUGATE. Absolutely. I told him that numerous times and after probably the third time he said that it was better for us to wait until an issue occurred and address it then and I am pretty sure he must have been aware that I was commuting two and a half, three hours.

Ms. KIRKPATRICK. Well, I am so sorry that treatment was not given to you in a timely manner and I just want to say your positive attitude is really an inspiration and I thank you for coming again. And I just wanted to take you up on what you said in your testimony and ask you what changes you have seen since your testimony before the committee in 2009.

Mr. FUGATE. I have been deeply involved in my education. But, yearly I catch up with my blind veteran friends at the BVA and it is—every year it gets more discouraging, so for the last year or so I have stopped asking about it because it was just depressing to me. And this year when I got with them they told me that for the past years the staffing was inadequate and that the records were not being put into the registry and the collaboration was not taking place as it was supposed to. I never got any positive information about the progress of the VCE.

Ms. KIRKPATRICK. If there were one thing that our committee could do to make a difference in that area, what would that be, in your estimation?

Mr. FUGATE. To ask to—to see what—to ask the people responsible what they were asked to do and which of those tasks they've completed and how long it took them to complete that task. Just to hold the people responsible for creating this wonderful tool for us.

Ms. KIRKPATRICK. Mr. Chairman, I think that is what our committee should do. And, Mr. Fugate, I understand that you are friends with our colleague, Tim Walz, and I am not going to hold that against you, but actually I want to tell you that he is a ardent supporter, a passionate advocate for our veterans, you could not have a better friend.

So, thank you very much for your courage and your testimony here today. I yield back.

Mr. FUGATE. Thank you.

Mr. COFFMAN. Thank you, Ranking Member Kirkpatrick. Dr. Huelskamp, you have five minutes.

Dr. HUELSKAMP. Thank you, Mr. Chairman. It seems like I was just here a few minutes ago and I do appreciate having more time to discuss these, but I appreciate the testimony. My name Tim Huelskamp and here from the State of Kansas.

Mr. Fugate, I hope I pronounced your name correctly, mine is often mispronounced as well. But a little follow up on your particular situation and one thing I have seen lacking in just my years in Congress is accountability.

Systems do fail. People do fail. I am curious with your particular situation and you described it in your testimony—in written and oral testimony. Has the VA followed up with you after this fact and determined yes, this is where we failed in this system? I mean, I see a number of things that, obviously, the electronic medical records did not happen and I'll have a follow up question for Mr. Minney about other items in that vein.

Did the VA ever contact you after this or after your testimony and say, hey this is where we failed? This is the doctor, this is where the system failed for you?

Mr. FUGATE. No. No one ever phoned that I can recall, explained to me where the failure occurred or held themselves accountable or provided an apology. I have stuck with the VA and I have had great medical care and met and became friends with a lot of medical professionals within the VA, but the system clearly, clearly failed in my case and no one ever has explained to me what happened.

Dr. HUELSKAMP. Do you still travel two and a half hours to a VA center for your current care with the VA or have you found one closer to you that would let you—or did you move? Can you describe that a little bit more? I come from a very rural district, plenty of veterans as well have to drive 100, 200, 300 miles one way for care often times they could get next door almost, literally, and the VA says no, you have to drive. And I am just curious of your particular situation.

Mr. FUGATE. I moved out to California to go to school, to California State Monterey Bay. Luckily there is a VA in Palo Alto, a branch of the Pal Alto system right next to my campus. So, that was very helpful for me.

I have came back home to Eastern Kentucky to spend some time with my family and we now have a branch of sorts. It is an office and a medical facility. They do not—I can't get my medications there. I still have to travel or get them by mail. So, I have seen improvements in trying to get centers or branches into rural areas.

Dr. HUELSKAMP. Yeah, appreciate that and I appreciate your testimony today. Mr. Minney, a follow up question. This electronic medical records issue which has been plaguing the VA and the DoD attempting to communicate. It is my understanding that it often—actually happens in the private world, they actually do communicate. It is a fairly regular process, but the VA and DoD cannot do that, it is my understanding. Can you describe the situation that occurred with Travis? Given the current scenario, would that likely occur again when a veteran walks in and says, here is my medical records where they show it is just paper; is that still the situation in many cases?

Mr. MINNEY. Yes, it is. Travis was one of the unique individuals because he actually did have a copy of his health records. But I spent 21 years in the Navy as a corpsman in the medical field and then once I retired from there, then I actually went to work for the VA. So, I can tell you right now, DoD health records, they're not being transferred into the VA healthcare system.

If you take a young 0311 Marine that gets injured and he gets surgery and lunch stool, when he gets back home and he goes into a VA healthcare system and a doctor will ask him, what surgeries did you have? He is not going to know the names of these surgeries. So right there the VA has to start from scratch and build a health profile on him.

If there was a transfer of those health records or a joint health record, the VA could access his DoD health records and see exactly what surgeries he has had, what medications he's on and what therapies he is needed. That is where the benefit would come into play, but no, not everybody was as fortunate as Travis to actually have a copy. Some of the injured show up at the VA with nothing, no documentation at all.

Dr. HUELSKAMP. Thank you, Mr. Minney, Mr. Fugate. I yield back, Mr. Chairman. Thank you.

Mr. COFFMAN. Mr. Takano.

Mr. TAKANO. Thank you, Mr. Chairman. Mr. Huelskamp, that last question brought up some very, very bitter memories. I mean, one of my first committee hearings was about this issue of the medical records not being able to be transferred from DoD into Vista and I can barely contain the anger I feel about this situation and the millions and millions of dollars that have been spent trying to solve this situation, and then to hear in the interim months between my first hearing and now, that there seems to be no way to bridge this gulf between the two departments.

It is bad enough to see a casualty of war, but it is even worse to see that casualty of war made even more tragic by this systemic failure between these two departments. I do not know what to do about this. I mean, it is frustrating to be a member of Congress and not be able to say, fix this thing and have it fixed.

That being said, I do want to say to Mr. Fugate and—is it Mr. Kebbel or Kibbel? Mr. Kebbel, that I am proud to have started the first deaf caucus in the Congress, I'm one of the co-chairs and it has put me in touch with the disabilities community. One of the useful things that has come out of that is that we've made a commitment to have an intern from the deaf community from Guidant University. It is my belief that some of the disabilities communities

are not well represented by advocates here on the hill compared to all the other very strongly represented interests here.

And I want to ask Mr. Fugate, you're a young man and you're getting an education at Cal State. I am proud to call you a Californian now. Have you given much thought to what direction your life might take at this point?

Mr. FUGATE. I was really excited after having the opportunity to speak here back in 2009. It felt great to be heard, but as the year went on and a couple more years passed and things did not happen, it was very discouraging. So, I was really happy that I had picked a career in computer science where I could talk to computers instead of asking people for help.

Computers are much easier to talk to. They give you the answers out one end, so my path is in technology.

Mr. TAKANO. Well, I am wondering if there might be some individuals in your capacity—the same situation that might be willing to intern on the hill to be able to kind of be a constant reminder to members about just what are the challenges.

Mr. Minney, if there might be a way for us to have a pipeline of veterans in this situation, that might facilitate that. This is going to take a long—I mean, it has been several—I don't know how much time it's taken to get attention focused on DoD and the Veterans Affairs Department—the VA on its records issue—the health records issue and it seems like it is going to take us several more months, if not years of focus.

Might it not be helpful to have a way to get some of these service members to intern or to even to have staff positions here on the hill?

Mr. MINNEY. I think it would be an absolute wonderful thing to have a few blind veterans here up on the hill for the simple fact as members of Congress are walking the halls, their staff, or even individuals from the outside coming in, if they see the blind veteran maneuvering the halls, getting around, and seeing that their disability is not hindering them from being an active member of society or the community, then I am all for having some blind veterans doing internship here on the hill and I would advocate for that.

Mr. TAKANO. Mr. Kebbel, do you think that we could understand—members might understand your struggles with the websites if we had to upgrade our systems to be able to accommodate blind interns—blind veteran interns here on the hill if our systems had to have the kind of software that would make it possible for them to work here and to advocate on behalf of their brothers and sisters in arms?

Mr. KEBBEL. There is no question about it that it would help. There are some serious issues that have to be overcome first. There is that some of the Legacy software that the VA uses, no matter how much work you do on it will be accessible for Screen Reader.

It would be valuable for someone to sit down and evaluate the process of using a website or even just documents to do that. As we look at it a little bit though, is right now I think the VA doesn't even have—I think they are self audited as far as if a web page is usable. Okay.

The automation systems are fine. Okay. And that may give you an indication that it is "accessible." But until you have someone who sits down and uses a Screen Reader with it I don't think you are going to have very good results.

Mr. TAKANO. Thank you. Mr. Chairman.

Mr. COFFMAN. Dr. Roe, Tennessee.

Dr. ROE. Thank you, Chairman. I would like to introduce someone before I start. Timothy Dennis is 19 years of age is here with us today. This is Foster Youth Shadow Day on the—and Timothy, if you would stand up. He has spent six years in foster care in Tennessee and he is here, as many of his other friends are, with the hill today. So, let us give him a warm round——

Phil Roe speaking. Travis, I remember your testimony very well and I remember you being here and it was powerful then, it is powerful now and thank you for coming back. And I am your neighbor just south of you in East Tennessee, so I am just down—where in Kentucky are you from?

Mr. FUGATE. I'm from a small town in Knott County, Kentucky. We border Virginia. The closest city to me that people recognize is Hazard, Kentucky.

Dr. ROE. So, you are Hazard. Okay, I know exactly where you live then. First of all, I appreciate your testimony and one of the things that you brought up is extremely important. Five years ago—last year we had the VA and DoD come in and they just burned a billion dollars, a billion. We are worried about three million. We burned a billions dollars trying to make the DoD and the VA health care records speak to each other and they can't, they quit. So, three million dollars is nothing.

And I have been to Great Lakes, Illinois twice to look at the system where they tried to get it to interact. It has not worked and I do not know, Travis, whether you are finding that information out, but it would certainly have been nice if they had that information out—whether it would have prevented what happened to you, no one—only God knows that, but it certainly would have been nice if a doctor would have had all the information available to be able to make those decisions and, by the way, just a commentary, when you go to California do not let them mess you up. You are just fine in eastern Kentucky, okay? Out there in California.

And also, I think, Mr. Kebbel, what you said—tomorrow I go back. I am a veteran as you are, as all of you are and I am going back to Vietnam tomorrow, on a kodel, and what you just said when you made your testimony is the right thing to do is absolutely correct. Not because you have to do these things, because it is the right thing to do.

And one of the things I do every year, we have—about January or February we have our sight impaired folks come to the hill and I go to my condo and I put a blindfold on for an hour and I try to walk around my condo, which is very small, and get around. Let me tell you, it is not easy.

And we need to do everything we can for our veterans who have been—who are sight impaired and I agree with you, whether it's service connected or not. If there are veterans—and I completely agree with that—I have a question that may be better for the next panel but I'm going to have to miss it, is that Glaucoma and

Diabatic Retinopathy and Macular Degeneration are potentially blinding diseases that are highly prevalent in the aging veteran populations, as you mentioned. What procedures or processes are in place as far as you know to insure that veterans with advanced sight threatening eye diseases have been seen by an Ophthalmologist?

Mr. FUGATE. I had trouble hearing you, sir.

Dr. ROE. I said, what procedures or processes are in place to insure that veterans with advanced sight threatening eye diseases have been seen by an ophthalmologist? Do you know that in the VA hospital system?

Mr. FUGATE. I do know that once they are first diagnosed with the first stages, that they are put on like a screening program where they monitor it three months, six months, but then that's really all that they can do is monitor it, because Macular Degeneration, there is medication to slow the progress but there is no cure. Glaucoma, medications, no cure. So the only thing they can do is monitor it.

Dr. ROE. Travis, just one other thing before I have to leave is that your comment here on your testimony, I am disappointed that after the passed three years while on DoD side they already have 23,450 eye injured records in the vision registry, but today VA has one veteran's record. The VA has not set this up because instead of having the clinical electronic data records contract—the contractors at DoD already doing the work. The VA, from we have been told now, is waiting for contract bids to be settled before getting started.

It is now four years ago you were here. I recently had a chance to talk to my Congressman Harold Rogers to insure this is not delayed any longer. Thank you for that information right there. We will find out from the next panel. And the three of you, all of you, sincerely, thank you for your service to our country.

Mr. COFFMAN. Thank you, Dr. Roe. And now Command Sergeant Walz.

Mr WALZ. Thank you very much, Mr. Chairman and thank you for holding this hearing. Great to have you all here again. Travis, I know my colleague gave a kind introduction and associated you and I together as friends, but I think Harry Truman was right. I know you've got a companion at your side a lot, if you need a friend in Washington, get a dog. You have got that one, so—but, I am honored, there's no one I'd rather stand with.

And I say that because—and we are going to hear the panel, but it is not often you get the opportunity, we're going to discuss the intent of Congress, the spirit and the letter of the law. Today you got the folks in the room that wrote the law. We have got the person in the room that advocated for the funding and we work together. I am reminded and I had it here, I pulled it up. You would probably appreciate this, Travis. Here was a USA Today story that said, a military center devoted to finding new treatment for combat eye injuries has been delayed for a year by an ongoing squabble between Congress and the Pentagon over who will pay the five million needed to get it started, according to interviews. That was January 28th, 2009 and so we hear this—Mr. Takano asked the question, how long this issue of electronic records is going on and seam-

less transition. I can just say from my perspective, my entire adult life, we have advocated for this, both when I was in the military and then after. It is an important point.

I also think it is important to note though because it was mentioned here, a February 2013 New England Journal of Medicine story though, made this clear, in the private sector 12.2 percent of physicians use electronic record meaningfully. Do not try and pretend that there is some type of magic bullet on the other side that it is working. That is nonsense, too. The issue on this is not trying to set up some pyridine here that the private sector is doing this and we are not, we are failing in getting this done here. Our purpose is to get this right and I would ask, Travis, on this, is your goal to have the Vision Center of Excellence up and running and doing what it is supposed to do and getting this care, or is your goal to go to the private sector to get your eye care?

Mr. FUGATE. My goal is to have the—I care deeply about the VA and all the care they provided, recreational care, therapy, mental health counseling. I recently came back to Kentucky to help my parents who are getting up there in the years address some of their medical issues and they were unable to manage their care in the private sector. It was too complicated. I could not imagine trying to go into the private sector, to be honest with you.

And one of the selling points when I am telling young men and women about my military experience is that you can avoid the private sector when it comes to medical care. It is so freeing to know that I can just take the bus to the VA and be around people who know me and care about me and understand my issues.

Mr WALZ. This is an important point, because we need to really be careful because these service issues are absolutely fair issues. There is a role for that and there is a goal for that, but these core mission issues, especially on the issues of vision impairment and different things, you are not going to get off the hook by not fixing what is here. And I am angry too that this communication is not working. I said in this interview back in 2009 demanding that we get this right. But I think, collectively, together, when there is a role and a mission and a purpose and one that is working for people like Travis or our other veterans, we need to get that right.

So, I agree with Dr. Roe's on this, this is not a funding issue on that. They have got to get this figured out. I represent the Mayo Clinic and they tell me, the Vista system in the VA is the best medical record in the world, okay. So, we have that.

DoD has a different one. Now, keep in mind, I understand DoD's role is to fight wars, but until this Nation understands when we have our two biggest bureaucracies in government siloed up in DoD and VA not communicating with one another, you cannot separate Travis and these warriors and their injuries from the war that we fought. And now we have got the problem of a turf battle fighting over who is going to institute, who is going to put it in.

Tom Gagliano, who is an absolute expert in this and everyone testified to that, in this article was talking about, yeah, I have an Eye Care Center of Excellence, but I do not have any computer and I cannot get going.

So, we have got a responsibility here to avoid the easy flippant answers of what it's going to do. Dig down and hold the account-

ability, which we heard, get the accountability on this, get this thing up and running. Because as Travis came to me and told me, his goal is to get back and do the things you enjoy doing, get back into technology. Get that little place sometime and you did say Tennessee, I got to give Dr. Roe that, that at some point in time, going there.

But we can do that. So I would appeal to my colleagues, let us let the data, let us let the oversight, let us drive this and get this going. We chose to do the Vision Center of Excellence, fully knowing that it was the best chance to do all the things that Mr. Minney, Mr. Kebbel, Mr. Fugate asked us to do. Now let us just make it work. I yield back.

Mr. COFFMAN. Thank you. Dr. Benishek.

Dr. BENISHEK. Thank you, Mr. Chairman.

Gentlemen, thank you very much for being here. I am Dan Benishek from Michigan, I am a physician as well as Mr. Roe, and I worked within the VA system for about 20 years as a consultant, and I have a couple questions for you all.

Mr. Fugate, let me ask you this question. It sounds from your testimony that you are not quite happy with the care you are getting from the VA right now; is that correct? I mean what could the VA be doing? It seems to me that you are checking in with them periodically and that is about all you are doing; is that correct?

Mr. FUGATE. It is tough for me because I am very satisfied and happy with the medical professionals and the community that I deal with and that I work with when I go to the VA. It is failures in the system that are causing the—you know, that bother me.

Dr. BENISHEK. What could the VA be doing for you now that they are not doing? What would you like them to—is there something you would like them to do? I mean to me seems like you are not having that close a communication with the VA over this, you know, tragedy of your loss of sight. It seems to me that there should be some ongoing help to you to get your life in order as best as can be. Are you getting anything like that from the VA now?

Mr. FUGATE. Yes, absolutely. They are serving—I go to mental health meetings regularly, I have been involved, as I said before, with the recreational departments.

Dr. BENISHEK. What could they be doing that you would like them to do that they are not doing?

Mr. FUGATE. Well currently everything they are doing fine by me, it is that they failed. And I could see a little bit, I had some vision, some very useful vision, and it was their failure in handling me when I transferred from the DoD to the VA that led to me losing that remaining vision. And what—my care is fine now.

What I hope to do is prevent other soldiers, veterans from being hurt further by a failed transition between the DoD and the VA.

Dr. BENISHEK. Right.

Mr. Minney, do you have any comments on that question? I mean who could the VA be doing to, you know, besides avoiding the issues like Mr. Fugate talks about and the whole reason this testimony here is——

Mr. MINNEY. The biggest challenge I see that can be fixed once again is communication across the board. The two agencies need to

communicate better. It needs to be a more seamless transition so that no one gets lost in the system.

When I was injured my injuries required me to get surgery from a German hospital, Landstuhl wouldn't touch me, so I had five eye surgeries from a German hospital. While Landstuhl had no idea—Landstuhl sent me there, but then when my unit was looking for me Landstuhl couldn't tell them where I was at. Once they discovered where I was at I had already left Homburg. After Landstuhl my unit and my family were looking at Homburg. Homburg finally got around to telling them I was at Landstuhl. By the time they made it to Landstuhl I was back at Bethesda Naval Hospital.

The same thing went on as far as my purple heart. My purple heart was delivered to me by the UPS man because it went from Homburg to Landstuhl to Bethesda. Everything was a month behind because no one was communicating.

It is the tracking. They need better tracking. That is where I would see improvements being made.

Dr. BENISHEK. Mr. Kebbel, I was intrigued by your statement here about the lack of—or the difficulty for a blind person to get through the VA website, and I guess I am really not familiar with the technology that involves the blind to deal with a computer, and I guess there is a big lack in the ability of the VA to communicate with the blind veteran. Could you just elaborate on that a little bit more than your testimony before?

Mr. KEBBEL. Yeah, I will be glad to do that.

Let me just go back in history a little bit and down scale the situation a little bit instead of being at a government level I will be at the city level in the City of Las Cruces.

Okay, they were in the process of redesigning their website so I had an opportunity to sit there with their IT department and discuss what that means to us. And the next thing is once the IT department had the concept of what to do I sat down and performed training for the city employees to give them a basic understanding on why we need accessibility and why we need properly tagged elements. Okay. Once I was able to do that, okay, the city employees were 100 percent in.

So I think right now what I see the problem is, is that we understand what needs to be done but nobody really understands why it should be done.

Dr. BENISHEK. All right. Well, I know why it should be done, Mr. Kebbel, and I appreciate you being here to tell us.

Thank you all for your testimony, I am out of time.

Mr. COFFMAN. Thank you, Dr. Benishek.

Mr. O'Rourke from the State of Texas.

Mr. O'ROURKE. Thank you, Mr. Chairman.

And I want to thank the witnesses for being here. And I wanted to begin my comments and then ask a question to Mr. Fugate.

You know, in the beginning of your comments you talked about being here five years ago in 2009 and implied in that was, you know, what difference did your testimony then make, what progress have we made since then, what is the value of your appearance here today?

And I want to just tell you from my perspective as a member of this committee you have focused my attention on this problem, I

have learned many things today that I did not know before today's hearing. I am a new member of Congress, this is my first session in Congress, my first session as a member of this committee, and I am now resolved, as I know the rest of this committee is, in insuring that we correct the mistakes that were made in your individual case and the larger systemic problems that today's hearing has uncovered in these Vision Centers of Excellence and other problems for those who are sight impaired and are working with the VA.

So I first want to begin my thanking you and telling you that what you are doing today is very powerful, very impactful, and it has set up I think some excellent questions that this committee will then ask the VA. You are helping us to hold the VA accountable, so I wanted to tell you that.

And I also wanted to make you aware of a bill that we authored this session of Congress, H.R. 3045, which would require the DoD to provide every transitioning service member with a portable electronic record so that they have that, they own it, and they can bring it to their visit with a VA doctor, they can bring it to their visit with a private medical doctor, they can just have it and refer to it as they need it, and you have given us a poignant example of why that is so badly needed.

I will say that we have cosponsors that include the chairman of this committee, the ranking member of this committee, Mr. Walz, Mr. Takano, members from both parties, we would welcome additional support, but as you continue to advocate on that issue, and Mr. Minney and Mr. Kebbel as well, we would certainly encourage you to make sure that members are aware that we have a bill that would provide part of the solution to some of these problems.

You, Mr. Fugate, offered some good advice when asked what you would ask other veterans to do who might be in your situation. You know, you said that working within the VA you found to be helpful versus working within the private sector.

And let me also just say I really appreciate your even-handed description of VA services. You talked about providers both on the physical and mental health side who were there to help you, the great quality care that you got once you got in, despite the unfortunate decision that was made initially, so I really appreciate that.

What else? Because besides influencing this committee and the VA I think there is a wider public that is listening to your remarks today.

The veteran who is returning from Afghanistan today who has sight impairment, what is your advice to that veteran, what would you like them to keep in mind?

Mr. FUGATE. I would hope that they would understand that the VA is there for them, it is a veteran community. I have enjoyed sitting in the waiting rooms and meeting veterans from the pastors and their wives and their families and having coffee with them from down the hall while they are waiting.

It is a community and the system is slow and you have to reach really deep to find the patience sometimes to allow the system to turn. The system is not turning fast enough. The people in the VA aren't out to get you, they are not against you, the system just is

turning too slowly. People care deeply about their returning veterans.

Mr. O'ROURKE. Thank you for saying that. And again, thank you for finding the good within the system that we can build upon while also recognizing the frustrations that you and others have with parts of that system that do not work.

Mr. Kebbel, I am about out of time and I may ask you some questions following the hearing, but I did want to follow up on a point that you are making about inaccessibility on the VA's website, and really make sure that this committee is also doing everything it can. Mr. Walz leaned over earlier during your testimony and asked is this committee's website fully compliant and accessible to you and others who are sight impaired? And I think the answer we received from staff initially is that it is not.

So I think we need to do our part to make sure that we are not just blaming the VA and not just holding them accountable, which we should do, but also holding ourselves accountable.

You mentioned the Library of Congress as an example of a federal agency that is doing it right. I am going to have to give my time back to the chairman, but I would like to follow up with you after the hearing to find other agencies and federal departments who are doing the job the right way and see what we can learn from them.

So I wanted to thank you and Mr. Minney also for being here. And with that, Mr. Chair, I will yield back.

Mr. COFFMAN. Thank you.

Ms. Kuster, State of New Hampshire.

Ms. KUSTER. Thank you, Mr. Chair, and thank you to your witnesses here today both for your courage and articulating the problem, but also I want to join my colleague, Mr. O'Rourke, in his comments because I want you to understand we are—I am also a new member of Congress, a new member of this committee, and Mr. Fugate, when you said people cared deeply within the VA but the system is slow this has been our experience within the United States Congress. People care deeply but the system is very slow.

And I want to revisit a letter that I led with my colleagues, a bipartisan letter that we wrote last summer, July 22, 2013, to Secretary of Defense, Chuck Hagel, and Secretary of Veterans Affairs, Eric Shinseki, where we raised our concerns about the Vision Centers of Excellence and asked for information to get a sense. Sometimes around here it is difficult to even get the information about where things stand, because obviously we have colleagues on both sides of the aisle that came before us that cared deeply about creating this Vision Center of Excellence.

And one of the parts of the response that I find troubling, this is dated January 4, 2014 from Secretary Shinseki, is that there seem to be a number of positions that are open. The VA contributed 6.6 full-time equivalent employees for the vision center. Now that doesn't sound like very many to me given the scope of this project. 2.6 are currently filled, 4 are in the hiring process, and then this is also the case with the Hearing Center of Excellence, 4 FTEEs of which one position was filled and 3 were in the hiring process. And I don't know if anyone of this panel can help us with this, but I do want to convey to you, as Mr. O'Rourke has, that you

have focused our attention on this issue and that we intend to press this case forward, because the very purpose of setting up the Vision Center of Excellence is to address these concerns. We have so many new veterans are Iraq and Afghanistan with sight impairment from the war and then aging veterans with sight issues.

So could you comment on, if you know, any member of the panel, what is the current progress and do you think there are sufficient resources, including people power, to address these concerns about registering the people into the system and the computer issue that you have raised? Mr. Minney.

Mr. MINNEY. Well, I know the last word that we got was on the VA side there is a blind rehab specialist position that is—they are interviewing for, and then the VA side will have all their FTEs filled, but now they are looking—they are putting bids out for contractors.

My question is, the inception was in 2009. There was $6.9 million that was budgeted for the VA side for 2.6 employees between 2010 and 2014. I would like to have that salary. 6.9 million split between 2.6 employees over 4 years? So my question is I don't know where that funding went.

Ms. KUSTER. Right.

Mr. MINNEY. So that is what I would like to know.

Ms. KUSTER. And I also think the comment was well taken about the funds that are returned to the treasury.

It is a fine thing in this world to be frugal, we don't see a lot of that around here, but the point is how can funds be returned to the treasury if there are issues like this that remain up resolved and not addressed.

So I am going close my time and I just want to thank you for coming, and I also want to join Dr. Roe in addressing, I have a constituent here, Dakota Umbro from Berlin High School who is joining us in the back of the room and fostered—not child, young person here to learn more about our congress.

And Mr. Fugate, I think you have a bright future and I can just hope and pray that you might choose to address it to resolving the computer issues at the VA.

So thank you for joining us.

Mr. COFFMAN. Thank you, Ms. Kuster.

Before the panel leaves I would like to have Mr. Hannel discuss an issue that Mr. O'Rourke raised relative to the compliance of this committee's website.

Mr. HANNEL. Thank you, chairman.

To your question, sir, the committee's web site does use a reader and it is called BrowseAloud, which is an element of a five-way compliance. So have you folks at the panel been able to access that?

Mr. FUGATE. Could you say the name again, please.

Mr. HANNEL. BrowseAloud.

Mr. FUGATE. I never heard that term in my life.

Mr. KEBBEL. I have not used it.

Mr. HANNEL. Okay. Then we will get with you after this and you can walk us through to make sure that it does address your needs.

Mr. FUGATE. Can I make a comment on that?

Mr. COFFMAN. Yes, sir.

Mr. HANNEL. Yes, please.

Mr. FUGATE. There is standard screen reading software that blind folks use, and when you introduce a screen reader that a blind person isn't accustomed to using it is hard to expect that they will be able to interact with your—the information the way that they are accustomed to interacting with information on other web pages. So in my opinion a custom screen reading solution for a web page is inadequate.

Mr. KEBBEL. Can I address that too?

Mr. COFFMAN. Yes.

Mr. KEBBEL. Yeah, this is Terry Kebbel.

The problem with an automated system is it is designed by someone who looks at a script and says this is what it is supposed to do. Okay. So I would say most of the time it is probably accurate, okay? But there is a lot of times where it will look at a tag and there will be a description of the tag of the label and the label will say button, well it passes the test, but the button—I don't know what the button does. Okay? Is it a button for searching something, is it the blue button that we are talking about, is it a button that sends me nowhere? Okay? So yes, it all passed test, but is it effectively labeled, is it effectively described?

You can probably go to the form fields web site on the VA web site and look at the link, because I bet you every one of those links will pass inspection, but every one of those links are numerically described. There is no description of what that form is.

So yes, yeah, you can use that, but as I spoke later, that you really need someone to sit down and evaluate it who uses a screen reader. Either Jaws or voice over or whatever screen reader you are using. If it is designed correctly any other screen readers will be able to address that.

Mr. COFFMAN. Let me have Mr. Takano and then we need to move to the second panel. Mr. Takano.

Mr. TAKANO. Very briefly, Mr. Chairman.

I appreciate that you and your staff are going to work with Mr. Kebbel after the hearing, but could we not share this information with the House Administration Committee and our counterparts in the Senate? I think it is important that the entire institution of the Congress, every members' web site should be able to accommodate blind veterans and the blind community in general.

Mr. COFFMAN. We will certainly do that, and this is the same system I think that is on the House VA committee that the Library of Congress uses, as I understand it, but I think there is always room for improvement and we will certainly look at that.

I want to thank you all so much for coming and testifying here today. Really appreciate your service to our country.

Mr. Kebbel.

Mr. KEBBEL. Yeah. As a Vietnam veteran what I hear concerns me, okay, because we are talking about all the young veterans coming back. Okay? What concerns me about us Vietnam veterans is Agent Orange, okay? I had a catastrophic heart failure that led to a heart transplant, okay? I feel that is because of Agent Orange. That led to my blindness. There are a lot of us Vietnam veterans out there who are dying without any health care right now. Okay?

And I have a concern about that and I don't think we addressed that.

Thank you.

Mr. COFFMAN. Thank you very much, I appreciate it. Appreciate your service to our country, all three of you. Thank you very much.

And now we will move to the next panel, the second panel. I now invite the second panel to the witness table.

On our second panel we will hear from Dr. Maureen McCarthy, Deputy Chief of Patient Care Services for the Veterans Health Administration, and Ms. Lorraine Landfried, Deputy Chief Information Officer for Product Development for VA's Office of Information Technology. They are accompanied by Dr. Mary Lawrence, Deputy Director of the Vision Center of Excellence, and Mr. Pat Sheehan, Director of VA's 508 Compliance Office.

I think we will continue the—for committee members we will continue the process of stating your name so those that are vision impaired in the audience can know who is speaking, and I would ask the panel to do the same.

Dr. McCarthy, your complete written statement will be made part of the hearing record and you are now recognized for five minutes.

STATEMENTS OF DR. MAUREEN McCARTHY, MD, DEPUTY CHIEF PATIENT CARE SERVICES, VETERANS HEALTH ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS; MS. LORRAINE LANDFRIED, DEPUTY CHIEF INFORMATION OFFICER FOR PRODUCT DEVELOPMENT, OFFICE OF INFORMATION TECHNOLOGY, DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY DR. MARY LAWRENCE, MD, DEPUTY DIRECTOR, VISION CENTER OF EXCELLENCE, AND MR. PAT SHEEHAN, DIRECTOR, 508 COMPLIANCE OFFICE, DEPARTMENT OF VETERANS AFFAIRS

STATEMENT OF DR. MAUREEN McCARTHY

Dr. MCCARTHY. Thank you.

Good morning Chairman Coffman, Ranking Member Kirkpatrick, and members of the committee. I appreciate the opportunity to discuss the Department of Veterans Affairs contributions to the Vision Center of Excellence and the care and services provided to veterans with visual impairments.

I am accompanied today by Dr. Mary Lawrence, Deputy Director of the Vision Center of Excellence.

The Vision Center of Excellence, or VCE, was established by the National Defense Authorization Act in January of 2008. In October of 2009 a DoD and VA memorandum of understanding defined the roles and responsibilities of the departments and the establishment and operation of the VCE.

VCE's efforts are directed at improved vision health, optimized readiness, and enhanced quality of life.

The National Defense Authorization Act also required the implementation of the defense and veterans eye injury and vision registry. The vision registry collects longitudinal data on eye injuries, guides research and clinical education, promotes best practices, and informs policy for the treatment of eye and vision-related injuries

for service members and veterans. I am pleased to share that the vision registry is on schedule and on budget.

VCE has achieved many significant accomplishments since its inception. VCE has identified and addressed 33 process improvement opportunities through the monthly VCE hosted World-wide Ocular Trauma Video Teleconferences which connect providers across the continuum from combat support hospitals and coalition providers to VA Poly-Trauma Centers. It has also led the way to initial inclusion of Fox protective eye shields in joint first aid kits and is attempting to expand them into individual first aid kits.

In addition VCE, in collaboration with VA Blind Rehab Services, has designed an educational pamphlet geared toward in-patient care teams in hospitalized settings to assist with transitions.

Mr. Chairman, the consequences of vision injuries to our service members and veterans will be with us for decades to come, therefore VA will continue to partner with DoD to provide eye care providers, clinical care practitioners, and researchers to have access to the information needed to develop strategies that will enhance and improve patient care outcomes.

Mr. Chairman, this concludes my testimony, I am prepared to answer any questions you may have.

Mr. COFFMAN. Next I would like to introduce Lorraine Landfried, Deputy Chief Information Officer for Product development, Office of Information and Technology, to address issues related to 508 compliance.

[THE PREPARED STATEMENT OF DR. MAUREEN MCCARTHY APPEARS IN THE APPENDIX]

STATEMENT OF LORRAINE LANDFRIED

Ms. LANDFRIED. Thank you, Dr. McCarthy, and good morning Chairman Coffman, Ranking Member Kirkpatrick, and members of the committee.

We appreciate the opportunity to discuss veterans affairs work to improve access to information technology resources for visually impaired veterans, stakeholders, and employees. Accompanying me today is Mr. Pat Sheehan, Director of our 508 program office.

Since 2001 this office has provided validation testing on VA web sites and applications using a combination of automated tools and manual auditing, the latter of which is performed by users who have a disability, including those with a visual impairment.

When VA identifies non-conformant applications or web sites Section 508 staff work with relevant parties to correct or remedy accessibility issues.

As critical as it is for us to audit and improve our existing web sites it is just as important to insure that all future applications and web sites are in conformance with 508 standards as well.

To do this we have implemented formal policies requiring all information technology developed by VA to complete a four-step milestone process. This helps us insure that accessibility is planned for and built in up front rather than trying to inspect it in the future.

We also provide training to VA's system content creators providing them with the tools and the know how to make VA information 508 conformant.

We have made tremendous progress over the past year. For example, we improved the conformance of the my healthy vet web site from 16 percent in November to 95 percent today, and we will continue to pursue an aggressive strategy to insure access to all covered systems and electronic information.

We are also committed to working with our veteran stakeholder groups. VA will attend the Blinded Veterans Association's upcoming national conference to review recent updates to frequently used applications and web sites with BVA stakeholders and work with them to identify ways that usability can be improved, even in areas where we are technically already Section 508 conformant.

Mr. Chairman, this concludes my prepared remarks, and Mr. Sheehan and I look forward to answering any questions you may have. Thank you.

[THE PREPARED STATEMENT OF LORRAINE LANDFRIED APPEARS IN THE APPENDIX]

Mr. COFFMAN. Thank you. Are there further remarks?

Okay. Dr. McCarthy, again this is Mike Coffman. According to your testimony there were 23,664 unique patients enrolled in the vision registry. How many of those patients were enrolled by the Department of Defense and how many from the Veterans Administration?

Dr. MCCARTHY. Mr. Coffman, that is an important question. The actual entry of the data was primarily done by the Department of Defense. You heard mention that there was one person entered by VA and that was to test the systems.

I want to explain the registry just for a minute if I could. The registry is seated at the Department of Defense and so it is set up to take information more directly from the Department of Defense for servicemembers who do receive eye injuries.

Okay. VA set up the architecture for the registry and over 50 percent of it was used by the Department of Defense in order to enter service members' data into it.

VA has to go through a two-step process to enter the data into the registry. It is typical with cancer registries and all kinds of registries of that sort that information is harvested from a particular medical record, placed in a repository, and then entered into the registry.

VA's contract you may have heard is currently out for bid that we—the bids close June 9th, for the completion of the data entry into the registry—well first into the repository to go into the registry. So the two-step process for VA is under way.

We did look at how many veterans—let me rephrase that—how many people who are—have treated in the VA because some active duty servicemembers have been through our blind rehab program. How many people have actually been treated at the VA that already have data in the registry, and currently there are at least 2,400 veterans who have data in the registry, but you are accurate that that data was entered by——

Mr. COFFMAN. If we could just go back to the question, and that is that I get the Department of Defense, because they are going to have the service connection ones as folks are out processing in active duty so they are going to enter that in, but this registry is also for non-service connected veteran eye issues is it not?

Dr. MCCARTHY. It is about eye injuries.

Mr. COFFMAN. So whether it is service connected or not service connected it is about veteran eye injuries. And so, but the fact remains you haven't entered into a single person, so what it tells me is you are not participating.

Dr. MCCARTHY. I understand why you say that, and it is regrettable that none have been entered, but the framework is in place, the target date for the registry to be functional is by the end of fiscal year 2015, and so the fact that the contract is out for bid at this point is progress and we are looking forward to data being entered by the end of the fiscal year.

Mr. COFFMAN. Well we had a lot of those definitions in progress last night before the full committee and it is disconcerting.

Ms. Landfried, in VA's February 2014 response to a letter I wrote in October 2013 I was told that VA had not awarded a data abstraction contract due to contracting delays. What were those delays and have the problems that caused them been corrected?

Ms. LANDFRIED. That is actually probably better answered by Dr. McCarthy.

Dr. MCCARTHY. And, Mr. Coffman, I am not aware of the exact delays. I would be happy to take that for the record and get back to you. Before the hearing I did ask if we could find a timeline for the process of the contract awards and what the delays were. I don't have that at this point but we will get back with you.

Mr. COFFMAN. Okay. Mike Coffman again.

Ms. Landfried, according to a July 26th, 2012 memo from the assistant secretary for information and technology all VA IT software was required to be compliant with Section 508 by January 2013. Is all VA software compliant at this point in time?

Ms. LANDFRIED. At this point in time it is not. We have not achieved 100 percent conformance with the 508 standard. We have made significant progress since that time.

Mr. COFFMAN. What percentage are you at right now? This is Mike Coffman again, and I want to remind people to identify themselves for this hearing before they speak. What percentage are you at right now?

Ms. LANDFRIED. Mr. Sheehan, would you like to take that?

Mr. SHEEHAN. Yes. This is Pat Sheehan. Thank you.

The percentage is difficult for me to address right now, because the software that we are looking at particularly on the web and particularly the software that we look at as far as applications are concerned are pretty much in development.

I think the important point that I want to make here is that the process that what we are doing with the software is working through the processes that we have established so that we can build software in at the beginning of the software life cycle and through the test process.

Mr. COFFMAN. So I think the simple answer would be you are not compliant at this point in time. Thank you very much.

Ms. Kirkpatrick.

Ms. KIRKPATRICK. This is Ann Kirkpatrick.

And, Dr. McCarthy, I would like to go back to your description about the VCE. So it is housed at the DoD, but does the VA have access to the records that are at DoD?

Dr. MCCARTHY. Yes, there would be the opportunity for a VA provider to access that record. That would be the opportunity.

Ms. KIRKPATRICK. And does that happen?

Dr. MCCARTHY. At this point I am going to defer to Dr. Lawrence on that question.

Ms. KIRKPATRICK. Okay.

Dr. LAWRENCE. Yes, Ranking Member Kirkpatrick, the registry is designed so that eventually individual providers from DoD or VA will be able to access the information in the registry on their individual patients and de-identify data on other patients. So they could, for example, put in some criteria that may be characteristic of a patient they are seeing and look at de-identified data and look at the outcomes of that de-identified data to help inform the provider and the patient as a——

Ms. KIRKPATRICK. I appreciate that. My concern is suppose that a military member transitions out today, goes to a doctor tomorrow, technically in the VA system, will that doctor be able to see that person's records regarding the eye injury that was service connected?

Dr. MCCARTHY. This is Dr. McCarthy speaking.

There are multiple opportunities for VA doctors to be able to access records from the Department of Defense. In our CPRS record system screen there is an opportunity to use a web-based interface in order to have access to those records.

Ms. KIRKPATRICK. So I am still not clear what your answer is. Would that doctor be able to see that patient's military medical records the day after they transition out?

Dr. MCCARTHY. It is my understanding that if those records are electronic those records can be accessed, and most of the records are electronic at this point.

Ms. KIRKPATRICK. Do you know what percentage?

Dr. MCCARTHY. I do not have that number but we could check with DoD and get back with you.

Ms. KIRKPATRICK. Okay. So then the VA's portion of this is just eye injuries, not necessarily military connected, and that is where your contracting out to have somebody enter that information?

Dr. MCCARTHY. What we are contracting for is for someone to go through our CPRS records and pull out information such as eye exams, data from those exams, visual acuity, treatment interventions that were made so that over time progress can be tracked by the individual but looked at collaboratively. That is the point of the registry.

Ms. KIRKPATRICK. I have a question about the funding, Dr. McCarthy. Again, this is Ann Kirkpatrick.

Your testimony notes a total of 6.9 million that the VA has budgeted for the center from fiscal year 2010 to fiscal year 2014. Has the funding been consistent each year, and can you provide a year by year breakdown of the funding over the past five years?

Dr. MCCARTHY. Thank you, Ranking Member Kirkpatrick. This is Dr. McCarthy speaking.

The $6.9 million was allocated in an accumulative amount for that period of initially from fiscal year 2009 to 2013, extended to 2014. So really over a five to six-year period. What happened was an initial kind of ramping up of salary dollars, but in addition a

kind of fencing of the money for contracting to enter the data that we are talking about from that VA medical record into the repository. So that money has kind of been kept separate, but the money that has been used over time, and I will be happy to provide those dollars for you for the record if you like, that is a gradual increase over time as salaries have increased and functions have increased.

Ms. KIRKPATRICK. Thank you, Dr. McCarthy. I would like to see the breakdown, the year by year breakdown since the funding started.

Dr. MCCARTHY. Yes.

Ms. KIRKPATRICK. And then how much is set aside for the contractor.

And thank you, ranking member, I yield back.

Mr. COFFMAN. Thank you, Ranking Member Kirkpatrick.

Dr. Benishek.

Dr. BENISHEK. Thank you, Mr. Chairman.

I can't believe it takes five years to get this thing going. What is the story with that? I mean apparently it is not even all staffed up yet, this Center of Excellence. Why has it taken five years? I mean the entire Second World War was four years for us.

Dr. MCCARTHY. Sir, this is Dr. McCarthy speaking. I would like to respond.

There have been processes involved in getting this set up. The joint executive committee, VA, DoD set——

Dr. BENISHEK. Five years?

Dr. MCCARTHY. They set a target for the registry to be functional.

Dr. BENISHEK. I know, but five years seems like a really long time.

Dr. MCCARTHY. I appreciate that.

Dr. BENISHEK. Well let me get to something a little bit more pertinent.

Dr. McCarthy, it has come to my attention that there is many issues with our veterans with their eye diseases, glaucoma, and Dr. Roe brought it up earlier, this diabetic retinopathy, macular degeneration, blinding eye conditions that if left untreated will lead to blindness and we are very prevalent in our ageing veterans population. So what procedures are in place to insure that veterans with these eye diseases are seen by an ophthalmologist?

Dr. MCCARTHY. Sir, this is Dr. McCarthy speaking again.

What I would be happy to tell you about is some of the processes we have in place. For instance a patient who has diabetes is at risk for diabetic retinopathy. They are screening processes in place in which we use telemedicine and photographs of the retina of every patient with diabetes are taken and read by an optometrist or an ophthalmologist, and if needed then that patient is referred to an ophthalmologist for care, but it is part of the routine screening for diabetics.

In addition patients with glaucoma are followed regularly in our eye clinics.

And you mentioned one other disease, I am sorry.

Dr. BENISHEK. Macular degeneration.

Dr. MCCARTHY. And macular degeneration is a tragedy. We do have ophthalmologists carefully following people with macular de-

generation. I can't speak to the exact screening procedures that are developed for those patients, but I——

Dr. BENISHEK. Well, I have a concern because, you know, I worked at a VA hospital, and you know, it is tough to staff many of these clinics with ophthalmologists, I mean they have a hard time keeping people.

Are you aware of any of the procedures for hiring local ophthalmologists for staffing VA centers on a part-time basis? Are you familiar with any of that?

Dr. MCCARTHY. Well, I am a former chief of staff from a VA facility in Salem, Virginia, and it was our experience there that we did try to hire full-time ophthalmologists or we would ask for people to come in on a contract basis. Because we were an academic facility we had a strong partnership with the University of Virginia and we were able to recruit people effectively there. But I am aware that other institutions do have contracts for folks to be hired.

Dr. BENISHEK. Well, I am somewhat concerned because, you know, some of my friends are ophthalmologists that work at the VA——

Dr. MCCARTHY. Yes.

Dr. BENISHEK [continuing]. And they are concerned of the fact that the VA limits their ability to work at the VA because once they reach a certain dollar amount then they can't work anymore for the year, and so—because they think well maybe it is more cost effective to be a full-time ophthalmologist within the VA, but of course they don't have any full-time ophthalmologist so the patient then travels 250 miles to Milwaukee to get to see the ophthalmologist.

So they say well you can't pay them more because it would be more efficient to hire a full-time ophthalmologists but yet they don't hire a full-time ophthalmologist so the patient just goes without. Whereas if they just would allow him to work there a little longer he could continue to provide the care and not have the patient go to Milwaukee. And I don't understand the reasoning for that rule. If you say that it is more efficient to hire a full-time ophthalmologist then hire a part-time ophthalmologist. So it seems like it is sort of a catch-22 problem.

Dr. MCCARTHY. But it doesn't—I can respond.

Dr. BENISHEK. Let me ask another question.

Apparently I have also heard that in order to improve the access to eye care that they are having like eye technicians do some of the work rather than physicians, some of the screening work. I mean you mentioned, you know, the screening the retinal pictures. You know, it concerns me when, you know, people other than physicians are providing care. I mean how do we know those people are trained properly? Do you know what the status of that situation is?

Dr. MCCARTHY. Yes, sir. This is Dr. McCarthy speaking again.

I can talk about the training for teleretinal imagers or I could talk about a typical eye doctor appointment in which there are other non-physician people that are involved, you know, that might check visual acuity or might be involved in checking——

Dr. BENISHEK. I know, but I am talking about like things that physicians typically do. I mean I am always concerned about the

quality of care when physicians aren't doing the things that they are supposed to do.

I am sorry, I guess I am out of time, but maybe we with further that later.

Dr. MCCARTHY. Discuss later. Thank you, sir.

Mr. COFFMAN. Mr. Takano, State of California.

Mr. TAKANO. Thank you, Mr. Chairman.

Dr. McCarthy, just help me, where is this central—where is your center located physically?

Dr. MCCARTHY. The Vision Center of Excellence?

Mr. TAKANO. The Vision Centers for Excellence.

Dr. MCCARTHY. I am going to defer to Dr. Lawrence.

Dr. LAWRENCE. Yes, Dr. Mary Lawrence.

The Vision Center of Excellence has two locations in the national capital region. One, our headquarters is at Walter Reed National Military Medical Center in Bethesda, and we also have an office in Crystal City, Arlington, Virginia, and we also have a small office at Madigan Army Medical Center in Tacoma, Washington.

Mr. TAKANO. Okay. And Walter Reed is under the agents of the DoD, right, but nevertheless this veteran Center for Vision of Excellence is located at—one of them is located at Walter Reed; is that right?

Dr. MCCARTHY. Yes, sir. This is Dr. McCarthy again.

The Vision Center of Excellence is a joint effort between DoD and——

Mr. TAKANO. Okay.

Ms. MCQUEEN [continuing]. And VA, and of the Centers of Excellence DoD authorized navy to be involved with this, and so it is a partnership between the navy on behalf of DoD with VA.

Mr. TAKANO. That clears up something. I have actually been to Walter Reed and actually saw the center and so I said is that the same center? But nevertheless we are still having problems with the registry being populated.

Now help me understand this registry. The registry has not been populated, we are waiting for the contracts to be filled and you are saying by the end of fiscal 2015 is when we expect this registry work to be done or begin?

Dr. MCCARTHY. No, sir. Dr. McCarthy again.

The registry contract is out for bid at this point, it is on the streets and we will have the bids in mid June and we expect it to be awarded and the data entry to start by the end of fiscal year.

Mr. TAKANO. Okay. All right. And you are saying—and I want to clear up a question that—the answer to Ms. Kirkpatrick's question about a provider being able to access a servicemember's records once they leave service and go to the VA.

So even without the registry being populated you are saying that the entire record is still theoretically accessible if it is electronic, if it exists in electronic form at DoD the medical provider on the VA side still can access it—should be able to access it overnight or you know the next day?

Dr. MCCARTHY. It is actually realtime, it is not exactly instantaneous. I have to say it does take some time.

Mr. TAKANO. Okay.

Dr. MCCARTHY. But I would like to yield to Lorraine to see if she could say more about that.

Ms. LANDFRIED. On how interoperability works?

Dr. MCCARTHY. Yes.

Mr. TAKANO. Yeah, I just wanted—I think she asked the question—Ms. Kirkpatrick asked the question, a servicemember leaves defense, next day sees a VA doctor, can that VA doctor access the record?

Ms. LANDFRIED. As long as it is an electronic record then yes, and as was stated earlier most of the records in DoD are now in electronic form in their health record system.

I guess the daylight there or the gap there is between interoperability and seamless interoperability. So if it is DoD data then essentially you have to, you know, push a button to say go fetch it and bring it to me. It is not stored locally as part of the VA system, and that is what a lot of the work recently has been about is to go from interoperability to seamless interoperability. So as you are conducting a clinical work flow that the information that you need is there hand in hand with the step that you are doing.

Mr. TAKANO. I have a couple more questions, I will try to ask them really quickly. It has to do with accounting for diversity.

I know that in certain ethnic groups, Asians in particular, that glaucoma can show up much earlier in a patient. Do you have procedures in place to be able to accommodate the different health needs among servicemembers according to ethnicity?

Dr. MCCARTHY. You know, VA has set up an office of healthcare equity and diversity and I would want to yield to them, so if it is possible I would like to take that one for the record and get back to you.

Mr. TAKANO. Thank you, I appreciate that.

And related to Mr. Kebbel's—he raised the point about Agent Orange and its connection to his blindness. Is there anything being done to sort of deal with this huge Agent Orange population that we are going to have to address from the point of view of any kind of preventative work we can do?

Dr. MCCARTHY. This is one, sir, I would have to take for the record. I don't have an answer for that.

Mr. TAKANO. Okay.

Dr. MCCARTHY. I mean I could talk about Agent Orange in general but not specifically related to blindness.

Mr. TAKANO. Yeah, I would like to sort of address that issue if you—and we can deal with that later in written form.

Dr. MCCARTHY. Thank you. Okay.

Mr. COFFMAN. Mr. O'Rourke, State of Texas.

Mr. O'ROURKE. Thank you, Mr. Chairman. This is Beto O'Rourke, El Paso, Texas.

So for Dr. McCarthy, some of these questions you may have already answered and they may be repetitive, but I am new to this and I want to make sure that I fully understand it. You mentioned that January '08 was the start date for this initiative for the eye injury and vision registry.

Dr. MCCARTHY. I mentioned—I am sorry, this is Dr. McCarthy. I mentioned that the act that established it was January 2008.

Mr. O'ROURKE. That is when it became law?

Dr. MCCARTHY. Yes, sir.

Mr. O'ROURKE. Okay. And then the funding was appropriated the next year?

Dr. MCCARTHY. I don't have the date of the funding, I can tell you the date that the MOU was signed——

Mr. O'ROURKE. Okay.

Dr. MCCARTHY [continuing]. Between DoD and VA, and that was October 2009.

Mr. O'ROURKE. And the back up I received shows that at least $5 million of that funding has been spent, and I hope I am speaking about the same pot of money, there was a total of $6.9 million appropriated, $5 million has been spent. What has that $5 million been spent on?

Dr. MCCARTHY. Okay, let me just back up.

Mr. O'ROURKE. And in the plainest terms possible just because we are limited on time.

Dr. MCCARTHY. Okay, I am sorry, and again this is Dr. McCarthy.

We have $2.8 of that $6.9 million set aside for the contract, so that brings us to $4.1. The $4.1 million has been used for salaries for individuals as we have ramped up the employment over the past five years, and in addition to education and training events, and I would yield to Dr. Lawrence for more details about that if you like.

Mr. O'ROURKE. Not just yet.

Dr. MCCARTHY. Yes.

Mr. O'ROURKE. Thank you though.

You in responding to an earlier question about how long it has taken you said it is regrettable but that you also mentioned that we are on schedule and on budget. So when this became law in January of '08 and when the funding was appropriated in the year thereafter was it always understood that June 9 of 2014 was when we would go out to bid or make a decision on closing those bids?

Dr. MCCARTHY. This is Dr. McCarthy again.

Actually it was always understood that by the end of fiscal year 2015 the registry would be operational.

Mr. O'ROURKE. Okay. Thank you. And it does just from a layman's perspective seem like a very long time. Dr. Benishek compared it to the amount of time that we spent in World War II and the number of people who are affected by these issues who do not have access to this care.

And I would like to take one that we had as an example today from Mr. Fugate. Based on his testimony from '09, to the extent you are familiar with it and his testimony today, do you have anything to offer in response to concerns that he raised or the specific case study that he has offered and how we are or have not yet learned from it and are or not yet able to provide the kind of care that might have provided for a better outcome in Mr. Fugate's case?

Dr. MCCARTHY. This is Dr. McCarthy again. And I am happy to be in touch with Mr. Fugate after the hearing and I would be interested in offering support in that way.

I do want to mention the 33 process improvement activities that were identified as part of the Vision Center of Excellence calls in

which the people in the field and the people at Vision Center of Excellence and the people at the polytrauma centers have worked together to try and solve those kind of communication issues.

Mr. O'ROURKE. Okay, and that might be good for myself and the entire committee to understand from your perspective Mr. Fugate's specific case and how that case in 2014 might be handled differently and how the interoperability between DoD records and medical recommendations and decisions and those in the VA might provide for a better outcome or might not where we still have some ground to make up. And so I think it is very important for us if nothing else to learn from his specific case and ensure that it is not repeated, and I think you could probably agree with me on that.

Dr. MCCARTHY. Yes.

Mr. O'ROURKE. And then for Ms. Landfried and the Section 508 issues. I think this discussion today is happening within the larger context of the American publics' and Congress' frustration with lack of accountability within the VA. And so again, just looking at the backup and all of the chances that the VA had to come into compliance, the waivers that were issued to allow the VA to remain out of compliance, the fact that on some of the most critical issues like the ability to fill out a VA form that Mr. Kebbel brought to our attention, it seems like not only would that be a benefit to the sight-impaired veteran, it would be a benefit to the VA to be able to have that information entered there by the veteran himself or herself instead of have been to go to a VBA office.

How do you answer in the plainest terms possible what I feel is very justified frustration at the amount of time that the VA has had to get it right? And you and Mr. Sheehan spoke earlier of the processes involved, all the things you have got to do, which are really lost on me. I think we just really want to know what is taking so long, where is the accountability, when will you be able to assure this committee and the veterans who depend on these services through the web that you will be 100 percent compliant?

Ms. LANDFRIED. Sure, I would be happy to address that.

We are absolutely committed to making sure that all of the information that veterans need about benefits, about healthcare available to them, and everything else that we have to offer is available to them as electronic products through our web sites and forms. And the memo that was mentioned earlier by the chairman, that was I think a wake-up call and accountability for us to say there are these waivers out there, what are we doing with them?

Mr. O'ROURKE. With the chairman's indulgence could I just ask you a really quick pointed question? Give us a date by when every single page on every single VA web site will be 508 compliant.

Ms. LANDFRIED. And the reason that we keep talking about the process is, is that if I was 100 percent compliant tomorrow new systems are going to come online, additional forms are going to be added, additional web pages are going to be added, additional documents are going to be added, so——

Mr. O'ROURKE. This does not build confidence in you and what you are doing and what our veterans can expect, and I would hope that you could come back to this committee with a set date and from that date we are 100 percent compliant and every day there forward we will be 100 percent compliant.

Ms. LANDFRIED. Okay.

Mr. O'ROURKE. I think that is what we are asking, I don't think it is too much to expect, and I think that is what the veterans that we serve deserve.

So with that I yield back to the chair.

Mr. COFFMAN. Thank you, Mr. O'Rourke.

Ms. Kirkpatrick.

Ms. KIRKPATRICK. Dr. McCarthy, I appreciate your willingness to provide the committee with a year by year breakdown of how the money has been spent. You know, that is part of our responsibility on this committee is, Mr. Chairman, to oversee how taxpayer dollars are being spent. So I am going to ask that within that year by year breakdown you also categorize that and work with the committee staff on what categories seem to be appropriate and we will get that to you and just like to have some dialogue with our staff on that. In other words I would like to know how much is spent on salaries, how much is spent on space, how much is spent in other areas just so we have got an idea of how that is being spent.

And I thank the panel for being here today, and thank you, Mr. Chairman, for having this meeting.

Mr. COFFMAN. Thank you. Our thanks to the panel. Second panel you are now excused. Again this is Mike Coffman.

All right, today we have had a chance to hear about problems that have led to many years passing while virtually—I am sorry—visually-impaired veterans continue to be denied equivalent access to VA services due to VA failures. As such this hearing was necessary to accomplish a number of items.

First to identify the reasoning for VA's lack of progress in implementing the vision registry, despite years having past since authorization.

Second to receive an explanation on why VA has not brought its system into compliance with Section 508, of the Americans with Disabilities Act.

And third to determine what steps are being taken to correct these issues and improve the care provided to veterans and their ability to access crucial information.

I ask unanimous consent that all members have five legislative days to revise and extend their remarks and include extraneous material. Without objection so ordered.

I would like to once again thank all of the witnesses and the audience members for joining us in today's conversation.

With that this hearing is adjourned.

[Whereupon, at 12:06 p.m., the subcommittee was adjourned.]

APPENDIX

PREPARED STATEMENT OF CHAIRMAN MIKE COFFMAN

Good morning. This hearing will come to order.

I want to welcome everyone to today's hearing titled, "Assessing Inadequacies in VA Data Usage for and Services Provided to Visually-Impaired Veterans." My name is Mike Coffman, and prior to hearing testimony and asking questions to our witnesses, I ask that each Member state his or her name to assist our witnesses in identifying who is speaking. Thank you for your cooperation. Now let us begin.

This hearing focuses on continued problems within VA that have caused its contribution to the Vision Center of Excellence to stagnate, allowed VA systems to continue to operate in noncompliance with Section 508 of the Americans with Disabilities Act, and compromised other services provided to veterans with visual impairments.

The creation of the Vision Center of Excellence, or VCE as we will refer to it today, was mandated by the National Defense and Authorization Act of FY 2008. It stated that the Department of Defense was required to create the facility and to collaborate with the Department of Veterans Affairs in doing so. One of the main responsibilities required in the 2008 NDAA for the operation of the VCE was to "enable the Secretary of Veterans Affairs to access the registry and add information pertaining to additional treatments or surgical procedures and eventual visual outcomes for veterans who were entered into the registry and subsequently received treatment through the Veterans Health Administration."

The reference to the registry is that of the Defense and Veterans Eye Injury and Vision Registry, which we will also refer to as the Registry today for convenience. The DoD has done a commendable job of populating the Registry, with over 20,000 unique patient entries. However, the most recent number VA has provided the Committee regarding its contribution to the Vision Registry is one entry. One, compared to 20,000. Notably, in an October 2013 briefing, VA staff stated that the one entry was just a test case to ensure that their transfer of information would work. So, essentially, VA had not entered any veterans information into the Registry, which precludes VA from meaningfully contributing to the very purpose the Registry was created, "to collect the diagnosis, surgical intervention, operative procedures and related treatments, and follow up of each significant eye injury incurred by members of the Armed Forces while serving on active duty." We will hear from a veteran today who will articulate the importance of VA fulfilling its obligation to contribute to the Registry.

Another major issue we will address today is VA's continued failure to bring its information systems into full compliance with Section 508 of the Americans with Disabilities Act. Section 508 addresses access for people with physical, sensory, or cognitive disabilities to various types of technologies. Two separate memoranda, dated July 26, 2012, issued by then-Assistant Secretary for Information and Technology Roger Baker, illustrated the ongoing problems within VA regarding Section 508 compliance. Both memoranda reference how recent audits conducted by the VA showed that most of the content and information on VA web sites was not Section 508 compliant.

Further, in a 2012 VA Dashboard Summary analysis, every site reviewed showed a status of less than 50% compliance with Section 508. Some notable examples include: VA Jobs (86% critical), eBenefits (95% critical), and VA Forms (100% critical). The rating of "critical" in the analysis states that the listed percentage is the amount of that web site that is "completely inoperable." We will hear today in VA's testimony that they are making great strides in bringing VA systems into compliance with Section 508. However, we will also hear from a blinded veteran who must actually navigate these pages himself. He may be inclined to disagree.

With that, I now recognize Ranking Member Kirkpatrick for her opening statement.

Travis Fugate
Testimony for May 29, 2014
House VA Subcommittee on Oversight and Investigations

My name is Travis Fugate. I am 30 years old, and I am a retired specialist in the U.S. Army. I served as a member of the Kentucky National Guard starting December 5, 2003 until April 2, 2006 when medically retired because of my OIF injuries. In March 2009 I came here to tell my story about what happened to me and the complications that can occur to any of the thousands of severe eye injured if the Vision Center Excellence joint Eye Injury Vision Registry isn't fully functioning. Today as we brief you it is important that this committee continue to provide strong oversight on both DOD and VA not just today but during the work that congress mandated to be done when the VCE was mandated.

While in support the 18th Military Police Brigade I was mobilized on active duty December 13, 2004 then deployed to Iraq February 2005...I was severely injured on patrol on May 18, 2005 from IED blast. So on May 18, 2005, when I was hit in the face by an I.E.D., I remember telling myself to stay calm. We had been on a routine mission just south of Baghdad, and I had been in the turret of our vehicle. My buddies told me, "The bird is on its way," and as soon as I heard the helicopter, I knew life was in hands of medics. The initial blast caused severe facial injuries with loss of my right eye, traumatic brain injury, and penetrating injuries to left eye resulting in severe visual impairment to my left eye. Initial emergency surgery done in Green Zone, then to Lundstuhl Germany, then evacuated to Walter Reed Army Medical Center. I was in coma at WRAMC for over a month, and had several facial and eye surgeries during this time on my facial injuries, and left eye so I could not tell my providers later on what exact procedures had been done.

After discharge from Walter Reed, living in Kentucky. I had lost my right eye, and I had a limited field of vision from my left eye—about 20/200 which is legally blind. But I could still see colors, hundreds page shapes, large print and shadows.

In 2006, I went for a follow-up visit with an ENT doctor at the Lexington VA Medical Center. The nurse brought him a big stack of my paper military medical files, and he told her, "There's absolutely nothing relevant that I need in there." He told me the anatomy of my sinuses was so disfigured, he didn't know what in my face tissue was natural and what was artificially implanted. He said he wouldn't feel comfortable doing any further procedures, I trusted that decision because my experience was that the medics and Army doctors are all professionals, and I was used to putting my faith in them.

For two years, things were OK. I went back to community college, and I started being active with many different disabled sporting events and programs where I had chance to meet other injured OIF veterans, and attended the Blinded Veterans Association national convention in August 2007 and returned to other BVA OIF peer group meetings since.

Then in November 2008, three weeks before finals, I had to call my dad at 10 p.m. to tell him I thought I had one of those headaches that the doctors at Walter Reed warned me about. They

said the damaged sinus and orbit area around my left eye could lead to a severe infection in area around my sighted eye. He took me to the ER, and I was in the hospital for 10 days with a serious infection. The upper left hemisphere of my face was so swollen that my eyelids swelled together, that was the last time I had any sight.
In December I had been told that when sinus infections cleared maybe some vision would return like before. I strongly believe today the lack of having my eye surgery records in an electronic joint registry where both VA and DOD medical staff can find out immediately what treatments and surgery was done could have made a difference.

In January, I returned to Walter Reed, where the doctors would have better access to all my surgery trauma records. I saw a retina specialist, and within five minutes, he'd scheduled a five-hour surgery the following day for detached retina and bleeding in left eye. Then, I have had more surgeries, the last one March 6th 2009 where they again tried to save my damaged retina because of another detachment but it failed and have no eye sight since then.

While inpatient at Walter Reed Medical Center I was constantly visited by a VA Blind Rehabilitative Specialist who helped me with orientation and mobility training while an inpatient, and helped arrange my transfer to the Hines VA Blind Rehabilitation program in Chicago starting on March 18, 2009 for several weeks. My blind rehabilitation training was very good at Hines and they helped me learn skills to live in world being blind.

With the rehabilitation I have already completed, I understand that special devices and adaptive technology can make nearly anything achievable for a person who has lost his vision. I moved to California in August 2009 to pursue a degree in computer science and have completed three years of credits towards graduation. But again today my being here is to raise several questions about where is the VA participation and funding been to get all the veterans eye injured records into the mandated Vision Center Excellence joint registry? Because of a lack of my electronic surgery files being accessible from WRAMC, the VA medical doctors in Kentucky did not have all the information needed about my very complex eye injury and surgery facial reconstruction treatment in various military medical centers to make the right decisions.

My sister reminded me that I wrote her a letter from Iraq before I was injured. I told her that if I was hurt, I'd rather die than go on living without my sight but I don't feel that way anymore. Today, I am happy to be alive, and I'm excited about my future. But just like everyone else in this room, and everyone else in this country, I want to live a life that's full, and am not bitter about my case but want you all to recognize the risk to all OIF OEF 5,000 severe eye blast injured if the delays continue with the Vision Center Excellence Registry not having all records.

The reason I am here today is to tell my story and let you know that the Vision Center Excellence that this congress established in NDAA 2008 law is very critical to ensuring that all the combat eye injured and TBI with visual impairments are entered into a registry where the surgery records and treatments can be tracked from both military and VA eye care providers. I am disappointed that after the past three years while on DOD side they already have over 23,450 eye injured records in the Vision Registry but today VA has one veteran's record! The VA has not set this up because instead of having the clinical electronic data records contractors that DOD already doing the work the VA from what we have been told now is waiting for contract bids to

be settled before getting started. I recently had a chance to talk with my Congressman Harold Rogers to ensure this isn't delayed any longer.

I want to stress that my retinal surgeon at Walter Reed Medical Center was one of the best in the world, he is well respected by everyone, and cares deeply about me and other combat eye injured, so I want to make clear that my military medical care was top notch in this story. The joint Vision Center of Excellence will help estimated 158,680 veterans with eye conditions and injuries by coordination of their follow-up care, developing vision research plans for both medical and technology research to help all of us and previous generations of war injured veterans who need these things. Why VA did not use the $ 5 million provided to them in 2009 and went for two past years with two full time staff to get this set up is beyond me, and funding should not be an excuse now anyway, for not doing this today! One thing that must be made clear is that the Deputy Director Vision Center Excellence Dr. Mary Lawrence here today is not to be blamed for the senior management decisions to throw up countless road blocks and not approve resources even when BVA complained to the past Under Secretary Health Dr. Petzel that they wanted top leaders to help Dr. Lawrence get the job done. For over three years BVA made their complaints known that the effort must be joint in staffing, the implementation registry, and funding.

Today I thank the chairman, ranking member, and other committee members for allowing me the opportunity to testify today and tell my story. I will try to answer any questions now for you.

Terry Kebbel

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Testimony:
Terry Allen Kebbel, 4426 Levante Dr. Las Cruces, New Mexico 88011

Military Service:
Regular Army 1970 -1973, Vietnam Veteran 1971-72, Rank E5, MOS, Aircraft Instrument Repair 68F30, Honorable Discharge

Work Experience:
Journeyman Power Lineman, Field Service Engineer, Automation Sales Manager

Current:
In 2002, I was medically retired due to total blindness, no light perception. Since that time I have served in voluntary capacities with the Cleveland Sight Center, Blinded Veterans Association, Hines Blinded Veterans Association, Las Cruces ADA Advisory Committee and Mayor's Veterans Advisory Committee. In addition, I am a facilitator for local blind and vision impaired support groups.

Advocacy:
I have a passionate interest in technology, and I am self-taught in the use of access technology. While serving on the Las Cruces ADA Advisory Board, I advised the city Information Technology (IT) department during their website redesign process regarding 508 compliance and provided training to city employees on how to create accessible information for webpages. I currently provide virtual training to other blinded veterans on how to effectively read a webpage.

Purpose:
To address problems that have allowed VA systems to continue to operate in noncompliance with Section 508 of the Americans with Disabilities Act.

Summary of Section 508 from www.ada.gov/508 :
"In 1998, Congress amended the Rehabilitation Act of 1973 to require Federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. Inaccessible technology interferes with an ability to obtain and use information quickly and easily. Federal agencies must give disabled employees and members of the public access to information that is comparable to access available to others."

What 508 Compliance Means to Me:
When I read a 508 compliant webpage using a screen reader, I expect to be able to read the page with the same level of ease and understanding as a sighted person.

Background:

Using a Computer:
How do I use a computer? Let me show you. Visualize that you are sitting at your desk looking at your computer monitor. Now, close your eyes. With your eyes closed, imagine reaching for your mouse and clicking on a link. Now open your eyes. This exercise demonstrates the same difficulty I face. Because I am a blind computer user, I can't use a mouse or see the monitor so I use a screen reader which enables me to access information when using the computer.

Screen Reader:
A screen reader is an application that allows me to read the information displayed on the monitor. In order to read the information in the same way as a sighted person, the webpage needs to have consistent, accurate, and appropriately labeled elements.

VA Webpage Evaluation:
A team of several blinded veterans was asked to evaluate ten different webpages. We have developed an evaluation tool and used it to find how useable each page is for blind users.

My findings:
While there are many types of elements that can be found on a webpage, here are three non-compliance elements I examined in my webpage evaluation.

Example 1, Headings Element:
The heading element provides structure for the webpage. Using a screen reader, I have the ability to navigate web pages through a heading structure. This means that I can view a list of all of the headings on the page and navigate directly to a heading level.

Heading Evaluation 1, Webpage Title: VA Jobs Home (www.va.gov/jobs),
This example illustrates improper heading structure. There is no heading 1 on this page. A sighted person can scan the content of the page to find the purpose. I had to read through the entire web page in order to identify its purpose which finally states, "The Department of Veterans Affairs is committed to adding and retaining Veterans to our workforce...."

Example 2, Link Element:
The link element provides a method to move to another location on the same page, or to another location on the same site, or to a different site. The link should be consistently labeled in order to identify exact location.

Link Evaluation 2, Webpage Title: Search VA Forms, (www.va.gov/forms)
This example exhibits enumerated links with no useful description. In order to locate a desired form, each link must be opened in order to identify which specific form you have located. There are 217 links to forms! That is a lot of forms to go through, even for a sighted person!

Example 3, Form Field Element:
The form field element provides the opportunity to enter data. In order to enter the correct data, there must be an accurate text label.

Form Field Evaluation 3, Webpage Title: OPA, The Office of Public and Intergovernmental Affairs, (www.va.gov/opa)
This example exhibits inaccurate text labels. There are at least two failures on this page. First, the "Direct Deposit Sign-Up Form SF 1199A" is a scanned image. The screen reader can read Optical Character Recognition (OCR) files but not scanned image files. The second part of the failure is that because the form is an image, information cannot be inserted in an edit box.

Summary:
While I examined the ten VA webpages, I found that they do not provide me the same opportunity to access information as a sighted person. Each of the ten sample webpages that I was asked to examine exhibits 508 compliance failures. Some of these failures are more critical than others.

Final Thought:
Section 508 was enacted in the 20th century to ensure that all people with disabilities can access electronic and information technology. We have now completed 13 percent of the 21st century. The technology is available to solve these 508 compliance failures. There are many good examples of 508 compliant webpages. How much longer do we have to wait?

BLINDED VETERANS ASSOCIATION

TESTIMONY PRESENTED BY

GLENN E. MINNEY

BVA DIRECTOR OF GOVERNMENT RELATIONS

BEFORE THE HOUSE VETERANS AFFAIRS SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

May 29, 2014

Introduction

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

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

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

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

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

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

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

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

GLENN MINNEY BIOGRAPHICAL INFORMATION

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

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

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

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

WRITTEN STATEMENT OF
DR. MAUREEN MCCARTHY, MD
DEPUTY CHIEF PATIENT CARE SERVICES,
VETERANS HEALTH ADMINISTRATION
&
MS. LORRAINE LANDFRIED
DEPUTY CHIEF INFORMATION OFFICER FOR PRODUCT DEVELOPMENT
OFFICE OF INFORMATION TECHNOLOGY
DEPARTMENT OF VETERANS AFFAIRS

BEFORE THE
OVERSIGHT AND INVESTIGATIONS SUBCOMMITTEE
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

May 29, 2014

Good morning Chairman Coffman, Ranking Member Kirkpatrick, and Members of the Committee. We appreciate the opportunity to discuss the Department of Veterans Affairs (VA) contributions to the Vision Center of Excellence (VCE) and VA's work to provide access to resources for visually impaired employees and Veterans. We are accompanied today by Dr. Mary Lawrence, Deputy Director of the Vision Center of Excellence and Mr. Pat Sheehan, Director, 508 Compliance Office.

Vision Center of Excellence

The VCE was established by the National Defense Authorization Act (NDAA) (Section 1623) of Public Law 110-181, in January of 2008. It stated, "the Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of military eye injuries to carry out the responsibilities in subsection (c) {of Section 1623}". In a memo dated May 18, 2010, the Under Secretary of Defense (Personnel and Readiness) established the Navy as the Lead Component of VCE.

NDAA 2008 further mandated that the "Secretary of Defense shall ensure that the center collaborates to the maximum extent practicable with the Secretary of

Veterans Affairs, institutions of higher education, and other appropriate public and private entities (including international entities) to carry out the responsibilities in subsection (c) {of Section 1623}." A VA and DoD Memorandum of Understanding, dated October 8, 2009, established VCE under the authority of the Secretary of Defense in collaboration with the Secretary of Veterans Affairs.

NDAA 2008 also required the implementation of a Vision Registry to collect longitudinal data on eye injuries, guide research, promote best practices, guide clinical education, and inform policy for the treatment of eye and vision-related injuries for Servicemembers and Veterans.

As per Public Law (110-181; Jan 2008), VCE's congressionally mandated core mission areas include surveillance of DoD eye injuries via the Vision Registry, the integration of clinical care, education and training of healthcare team members, and guidance on eye research focused on rehabilitation and reintegration. To this day, VCE provides leadership and advocacy for programs and initiatives focused on improving eye care and contributes knowledge and guidance that will further the goal to continuously improve quality of life for Servicemembers and Veterans.

Funding and Staffing

To date, VA has allocated $6.9 million from fiscal year (FY) 2010 through FY 2014. VA's budgets include funding for Civilian Pay ($3.3 million) and operational support ($3.6 million), which primarily includes research prioritization, development of clinical recommendations, and education and training initiatives to contribute to improvements in clinical care.

Currently, VA has six authorized full time equivalent employees (FTEE) in the VCE. Five of those FTEEs have been filled. A candidate has been selected for the sixth position and Human Resources is finalizing the paperwork to establish a report date. Additionally, VA has filled a 0.6 FTEE who is a non-permanent, incumbent-only

staff member. This individual is a former VA Armed Forces Institute of Pathology (AFIP) health scientist who was relocated to VCE when AFIP closed.

Defense and Veterans Eye Injury and Vision Registry

The Defense and Veterans Eye Injury and Vision Registry (DVEIVR) is a DoD and VA joint capability that was developed to support readiness, enhance clinical best practices, guide research and inform policy regarding vision injuries incurred by a member of the Armed Forces while serving on active duty. DVEIVR empowers the DoD and VA vision community with the ability to conduct longitudinal analyses on outcomes across the continuum of clinical, surgical, and rehabilitative vision care of Servicemembers and Veterans.

The DVEIVR program is on schedule and budget. The system achieved initial operating capability in March 2014. As of May 14, 2014, there were 23,664 unique patients enrolled in the Vision Registry. We have also successfully tested and implemented the ability to seamlessly transfer VA vision care data to the Vision Registry.

DVEIVR has received the following awards:

- Selected as one of the top 8 finalists for the American Council for Technology and Industry Advisory Council (ACT-IAC) "Igniting Innovation 2014 Showcase and Awards"
- Named a finalist in two categories, Health Information Technology and Collaboration, for the 2014 American Council for Technology-Industry Advisory Council (ACT-IAC) Excellence.Gov Awards
- DVEIVR Program Manager recognized as Federal Top 100 in Information Technology

VA Data Abstraction Support Contract

VA requires a contractor to provide Data Abstraction Support Services for manual extraction of clinical ocular and related information from medical records from Veterans Health Information Systems and Technology Architecture/Compensation and Pension Record Interchange (VistA/CAPRI) that are maintained by the VA into a computable database, the VA Eye Injury Data Store (VA EIDS) (also known as VA Eye Injury Registry-VA EIR and Defense and Veterans Eye Injury Registry-DVEIR). For the purpose of the contract, VA EIDS will be used. The VA EIDS data will be electronically transferred to DVEIVR. VA clinical and related data will be used to establish mechanisms to longitudinally identify and collect data and conduct analyses on eye and vision-related injuries and diseases of Wounded Warriors.

VCE's Significant Accomplishments

VCE has achieved many significant accomplishments since its inception. VCE has identified and addressed 33 process improvement opportunities (systems or clinical issues) through the VCE-hosted monthly World-Wide Ocular Trauma Video Teleconference, which connects providers across the continuum from combat support hospitals and coalition providers to VA Poly-Trauma Centers. VCE continues to move forward on addressing remaining issues.

VCE has led the way to initial inclusion of protective (Fox) eye shield in joint first aid kits (JFAK). It is coordinating with the Armed Services to expand into individual first aid kits (IFAK).

In addition, VCE, in collaboration with the VA Blind Rehabilitation Service, has designed an educational pamphlet geared toward inpatient care teams caring for blind and visually impaired patients in a hospital setting. The pamphlet is being distributed to hospitals throughout both DoD and VA healthcare systems. VCE has also hosted a knowledge-based workshop in collaboration with the VA Employee Education System, entitled "Managing Vision Disorders Following Traumatic Brain Injury" to train VA and

DoD ophthalmologists and optometrists to improve clinical assessment and management of eye and vision disorders associated with Traumatic Brain Injury (TBI). Lastly, VCE, in collaboration with Defense Centers of Excellence (DCoE), developed a clinical recommendation and reference card: "*Assessment and Management of Visual Dysfunction Associated with Mild TBI.*"

Vision Research

VA-funded vision research (intramural only) supports 19 funded projects, including pre-clinical, translational, and clinical studies, as well as two vision research centers of excellence, one in Atlanta, Georgia, the other in Iowa City, Iowa.

DoD-funded vision research (intramural and extramural) supports 67 funded projects covering prevention, genetics, treatment, and rehabilitation services.

The following is a list of VCE's interagency vision research coordination:

- VCE tracks vision related research outcomes (publications, patents, product development)
- VCE established and chairs Interagency Vision Research Scientific Steering Committee
- VCE chaired Clinical and Rehabilitative Medicine Research Program (CRMRP) Joint Programmatic Committee-8 (JPC-8) programmatic review for 2012 – 2013 program and are key participants in the 2014 program
- VCE chaired CRMRP JPC-8 programmatic review of proposals submitted for the Assistive Technologies Research Award (including VA, National Institutes of Health representatives)

508 Compliance

VA considers its responsibility to provide access to electronic and information technology resources to its employees with disabilities and customers as one of the critical aspects of our service. Recently, VA has made significant progress enhancing access to electronic mediums such as Web sites and Information Technology through compliance with 508 requirements.

Section 508 of the Rehabilitation Act of 1973 was enacted to eliminate barriers in information technology, open new opportunities for people with disabilities, and encourage development of technologies that will help achieve these goals. The law applies to all federal agencies when they develop, procure, maintain, or use electronic and information technology. Under this law, agencies must provide employees and members of the public with disabilities access to information that is comparable to access available to others.

Since 2001, VA's Section 508 Program Office within the Office of Information and Technology has provided validation testing on VA Web sites and applications. To identify VA's compliance with Section 508, VA continually audits its Web sites to determine their level of adherence to Section 508 standards. Due to the vast size of VA's web presence, VA focuses the majority of its Section 508-related analysis and remediation efforts on its most frequently visited Web sites.

To validate conformance with Section 508 requirements, VA uses a combination of automated tools and manual auditing, the latter of which is performed by users who have a disability, including visual impairment. Automated tools enable VA to monitor web-based applications for ongoing compliance with Section 508 standards.

In addition, since 2012, VA has trained more than 4,200 stakeholders on the legal requirements of Section 508 and the proper use of VA's Section 508 tools. VA also provides personnel from the Section 508 Program Office to provide guidance to developers who create Section 508-compliant solutions for Web-based and client server applications. Our goal is to ensure that information and content creators know their responsibility to conform to Section 508 guidelines starting at the beginning stages of their work. We are focused on providing employees with the tools and training they need to make information and content accessible.

When VA identifies non-conformant applications or Web sites, its Section 508 staff conducts a thorough analysis of these applications(s) and works with the relevant developers or development teams in creating a remediation schedule to correct or remedy Section 508 accessibility issues.

As a result of our efforts to train employees and remedy issues, VA has made notable progress in achieving Section 508 conformance for our highest-volume Web sites. Since January, 2014, 85 percent of errors in VA's user interface for the Computerized Patient Record System), a tool used by clinicians during patient care, have been remedied. Since November, 2013, VA has improved MyHealtheVet conformance – VA's one stop portal for Veterans to access their healthcare information –from 16 percent to 95 percent, and we are working toward to achieving a 100 percent conformance level.

VA has also made significant progress in reducing the number of non-conformant applications that were granted waivers from the Section 508 requirements. In January of 2013, VA's Chief Information Officer revoked all waivers for applications that are non-conformant with Section 508 and mandated that these applications meet all Section 508 technical standards. As a result, the Department has reduced the number of these applications from 200 to 26. The use of waivers provided an excellent balance between execution demands and the necessity for accessibility, as all waivers come with a Plan of Action and Milestone for mitigation and are presented to the VA's Chief Information Office to emphasize the importance of 508 to the project management community.

As critical as it is for VA to audit and improve its existing Web sites and applications, we also take seriously our need to ensure all future applications and web developments are in conformance with 508 standards. In support of this commitment, VA has instituted formal policies requiring all electronic and information technology developed by VA to complete a four-step "Milestone and Review" process prior to being released. This process requires project managers to certify their applications for 508

conformance prior to release and all new releases are subject to random audits by the 508 Program Office.

Finally, it is important to note that VA is committed to an extensive and robust dialogue with our disabled Veteran stakeholder groups and address their concerns. VA will attend the Blinded Veterans Association's (BVA) upcoming national conference to pair IT experts with BVA stakeholders to review recent updates to eBenefits, MyHealtheVet, and Web site access and to discuss how accessibility can be improved. We will work together to see where we can improve usability, even in areas where we are already Section 508 compliant. We also regularly meet with Veterans Service Organizations, and accessibility issues are a standing agenda item.

VA will continue to audit its Web sites and applications for Section 508 compliance development and is dedicated to ensuring the Department meets all of its customer and workforce access requirements.

Conclusion

Mr. Chairman, the consequences of vision injuries to our Servicemembers and Veterans will be with us for decades to come. VA will continue to partner with DoD through the VCE to provide eye care providers, other clinical care practitioners, and researchers, as well as to develop strategies that will enhance and improve patient care outcomes. Additionally, VA will continue to build on our significant progress in achieving conformance with requirements of Section 508.

Mr. Chairman, this concludes the testimony. My colleagues and I are prepared to answer your questions.

ATTACHMENT VISION CENTER OF EXCELLENCE (VCE) DATA ABSTRACTION CONTRACT SUMMARY

SEPTEMBER 13, 2013

1. June 12, 2012: VCE contacts General Services Administration (GSA) Contracting Officer (CO) regarding involvement of VA for funding of the Data Abstraction contract.
2. July 3, 2012: Office of Specialty Care Transformation contacted by Department of Defense (DoD) representative supporting VCE, requesting assistance with VCE Data Abstraction Contract.
3. July 3, 2012: Office of Specialty Care Transformation contacted the Office of Specialty Care Services (SCS) to assist VCE.
4. Patient Care Services (PCS) Budget Office was contacted by SCS on July 3, 2012, to review funding for VCE in support of the Data Abstraction Contract.
5. July 16, 2012:
a. VCE sends initial paperwork for Data Abstraction Contract to SCS.
b. VCE staff provides virtual introduction for VA Contracting, GSA Contracting, and VHA SCS staff.
c. VA Office of Acquisition Services (OAS) assigns Contract Specialist advisor.
6. July 17, 2012: SCS notified by PCS Budget Office that funding would have to go through VA OAS.
7. July 22, 2012: VA OAS notifies SCS that funds transfer documents must be loaded into the VOA portal.
8. July 26, 2012: Attempt made to set up funds transfer to OAS.
9. August 22, 2012:
a.Contracting documents forwarded to SCS Executive Assistant for entry into the Veterans Online Application (VOA) portal for acquisition.
b.Contracting specialist notifies SCS that award is now high risk for not being awarded by October 1, 2012.
10. September 4, 2012: All requirements documents loaded into VOA portal.
11. September 11, 2012: Contracting Specialist notifies SCS that contracting requirement is not within the scope of the Interagency Agreement (IAA). Contracting Specialist recommends initiating contract in Quarter 1, Fiscal Year 2013.
12. September 30, 2012, Fiscal Year 2012 closed out. Contract not awarded.
13. October 1, 2012, contracting process reinitiated.
14. November 16, 2012: Rolling discussions between Contracting Specialist and General Services Administration (GSA) regarding use of the DoD/GSA IAA.
15. November 27, 2012: Contracting Specialist starts research to find another contracting vehicle to use.
16. November 28, 2012: Contracting Specialist request copy of DoD/GSA IAA award for review.
17. November 30, 2012: Attempts to load requirements documents into VOA portal unsuccessful due to technical issue with the portal.
18. December 3, 2012: Requirements successfully loaded into VOA portal and Contracting Officer and Contracting Specialist assigned.
19. December 13, 2012: Conference call held with GSA, Contracting Specialist, VCE, and SCS representative to discuss issues with security clause.
20. December 18, 2012: Contracting Specialist requests new Determination and Findings (D&F) and part B be completed.
21. December 20, 2012: New 2237 issued for funding.
22. January 8, 2013: Contracting Specialist request submission of completely new requirements package to include D&F, Independent Government Cost Estimate, Part A and B.
23. February 12. 2013: New documents submitted to Contracting Specialist for review.
24. February 21, 2013: Contracting Specialist returns documents with comments. Proposes to GSA to push contracting date to May/June 2013.
25. March 5, 2013: Contracting Specialist returns IGCE to modify period of performance
26. March 6, 2013: Contracting Specialist notifies SCS that market research must be signed by an SES as the acquisition would be awarded to a large business vice a small business.
27. March 14, 2013: 2237 funding document submitted to OAS Contracting for base year IAA between GSA and VA. Contracting Specialist returns PWS with comments for revision.
28. March 15, 2013: Contracting Specialist returns D&F with comments for revision.

29. March 21, 2013: Contracting Specialist sends Memorandum for the Record to SCS, "the VHA Program Office is not making a serious effort to take ownership of this requirement and to take action to refine this requirement so that it can be determined actionable and can be reviewed and recommended for award.
30. April 1, 2013: Contracting Specialist informs SCS/VCE that contracting action is being cancelled due to shifting resources at OAS contracting.
31. April 12, 2013: Contract reinitiated with TAC.
32. April 19, 2013: New Contracting Specialist assigned.
33. June 12, 2013: GSA working on new IAA.
34. June 21, 2013: New documents loaded to VOA.
35. June 25, 2013: Previous Contracting Specialist notifies SCS/VCE that contract will stay in Frederick OAS with new Contracting Specialist assigned.
36. June 26, 2013: OAS VOA notification received that all documents have been received for processing and new Contracting Officer and new Contracting Specialist have been assigned.
37. July 30, 2013: Informed by the Contracting Specialist that due to new VA policy this contracting action is cancelled and will be transferred to VHA for procurement.
38. July 31, 2013: SCS POC sends copies of procurement package to VHA Service Area Office (SAO) East contracting Officer as VA OAS had not transferred package.
39. August 8, 2013: VHA SAO East Contracting Officer requests copy of current DoD/GSA IAA for review.
40. August 16. 2013: Procurement package has to be loaded into VHA contracting portal eCMS. Requires establishment of account. Technical problems prevent establishment of account.
41. August 19, 2013: Electronic Contract Management System (eCMS) account established and procurement package loaded.
42. August 20, 2013: Informed by GSA that they are no longer accepting Fiscal Year 2013 fund transfers.
43. October 1, 2013: Non-essential Government employees furloughed.
44. October 16, 2013: New procurement package uploaded into eCMS portal.
45. November 14, 2013: New funding received for procurement.
46. November 15, 2013: Contracting Officer load's procurement package into actions folder.
47. December 12, 2014: New Contracting Officer assigned to the procurement.
48. January 2, 2014: Contracting Officer notifies SCS/VCE that he can proceed with processing IAAs at this time.
49. February 3, 2014: Contracting Officer notifies SCS/VCE that new procurement package required and that only VHA employees may have input into the package. This is crippling to VCE as DoD staff have been working original IAA since its inception.
50. February 6, 2014: Contracting Officer sends PWS back to SCS/VCE for revision.
51. March 3, 2014: General Counsel makes statement that DoD personnel are excluded from working on this contract.
52. March 4, 2014: Contracting Officer decides competitive contracting is appropriate vehicle vice IAA.
53. March 26, 2014: Drafting of new Performance Work Statement starts.
54. March 27–June 16, 2014: Processing of contract continues.

QUESTIONS FOR THE RECORD

Questions for the Record from Subcommittee Chairman Mike Coffman

Question 1: During the hearing, I asked the VA witnesses about the February 2014 response to my October 2013 letter; particularly regarding the statement that a data abstraction contract had not been awarded due to contracting delays. Dr. McCarthy asked if she could take that question for the record. Please provide me an answer on what specific contract delays led to a data abstraction contract not being awarded.

VA Response: The specific delays include changes in the two contracting agencies (VA to the Veterans Health Administration (VHA)); multiple changes in contracting specialists; VA and VHA not clearly understanding how Interagency Agreements work; and multiple requests to redo the procurement package.

Question 2: Similarly, I was told that I would be provided with a timeline for the process of the contract awards and what the delays were. Please provide that response as well.

VA Response: A timeline summary is attached.

Question 3: Once the contract is awarded, how long will it be before VA begins populating the Vision Registry?

VA Response: Due to the contract going out for bid, an exact date cannot be established at this time. VA is targeting an award by mid-July 2014. The VA expects to begin populating the registry in fiscal year 2015.

Question 4: According to a July 26, 2012, memorandum from the Assistant Secretary for Information and Technology (ASIT), no new IT software could be deployed unless it was Section 508 complaint. Was any such software created after the date of that memorandum that was or is not currently 508 compliant?

VA Response: The 2012 memo effectively rescinded hundreds of waivers, some in effect for years. Waivers were granted to the July 26, 2012, memorandum for various software products that VA considered critical to serving the needs of Veterans, including software products that contain information about how Veterans can access health and benefits information. However, these products were only allowed to be deployed after their respective development teams provided remediation plans that would move their applications towards full compliance with the requirements of Section 508, and the 508 Team approved their remediation plans as sufficient. Of the mission-critical products that were granted waivers to the memo, 25 remain noncompliant. Sixteen of these products are internal facing, meaning that they are used exclusively by members of the VA workforce. The other nine are external facing, meaning that they are used by members of the public. VA leadership and staff are actively engaged in implementing the approved remediation plans for each of these products.

Question 5: The same memorandum also states that the Section 508 Program Office would audit VA's 508 compliance and provide reports on a monthly basis. Please provide the Subcommittee with digital copies of these reports from July 2012 to present.

VA Response: Requested information is enclosed.

Question 6: In a separate memorandum from the ASIT from the same date, he stated that a recent audit of VA's internet framework, HTML code, and site framework showed that most of VA's internet sites were not 508 compliant. Please provide the Subcommittee with a digital copy of that audit and any subsequent audits.

VA Response: Requested information is enclosed.

Question 7: Of the top 12 busiest VA-related sites listed in the July 2012 memo, are there any listed that remain noncompliant with Section 508? If so, which ones and why are they still noncompliant?

VA Response: The top 12 busiest VA Web sites are listed below. VA's Web sites are constantly being changed and modified, which creates challenges in maintaining compliance with Section 508 standards. However, over the last 2 years, VA's enterprise-wide use of Section 508 compliant Web design templates has greatly improved the level of compliance with Section 508.

Web sites from July 2012 memo	Current 508 compliance rate (as of June 2014)
www.va.gov	59%
www.vba.va.gov	57%
www.gibill.va.gov	89%
www.va.gov/opa	52%
www.va.gov/directory	80%
www.va.gov/forms	92%
www.vacareers.va.gov	87%
www.va.gov/health	78%
www.insurance.va.gov	92%
www.va.gov/jobs	50%
www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal	15%
www.myhealth.va.gov	95%

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