



**TESTIMONY OF THE
BLINDED VETERANS ASSOCIATION
BEFORE THE HEALTH
SUBCOMMITTEE OF THE HOUSE
COMMITTEE ON VETERANS AFFAIRS**



September 13, 2018

INTRODUCTION

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

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

I. HR6418, The VA Website Accessibility Act of 2018

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

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

One example of this was cited in BVA's testimony during the joint House and Senate Veterans' Affairs Committee hearing last March. It involved use of the chat feature on the VA Crisis Line's website. When the website launched, that feature could not be accessed by anyone using screen reading software commonly used by people who are blind to read websites. The VA was notified of this issue and eventually a software patch was developed to allow screen readers to access the chat feature. However, several months later, a different problem arose, which once again, made it difficult to access this feature. In order to invoke it, one had to get to it from

vets.gov, rather than through the Crisis Line's website. We once again contacted VA, and once again, I am happy to report, the problem did get resolved. However, the sad situation is that twice, during a period of less than a year, if any visually impaired veteran was in crisis and could have benefited from that tool, it was off limits to them. This seems to defeat the purpose for which the feature was launched in the first place.

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

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

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

To be effective as a means of addressing crucial accessibility issues within the VA, the scope of this report should also be broadened beyond VA's websites, as there are additional concerns of Section 508 compliance that the VA needs to deal with sooner rather than later, as part of its IT modernization effort. Some areas of ongoing concern include:

- Continued reliance on inaccessible kiosks at VA Medical Centers, the use of which is required to check in for scheduled appointments.
- Inaccessible Telehealth tools, namely the Health Buddy home monitoring station.

- VBA web pages containing eBenefits information that are inaccessible to blind people who use screen readers.
- The continuing accessibility barriers faced by VA employees with visual disabilities who are forced to use legacy systems that are largely incompatible with adaptive software in order to do their jobs.
- Inadequate staffing by the VA to ensure its capacity to address internal and external accessibility issues.
- Lack of an enforcement mechanism or other means of addressing compliance issues, so that if equipment, hardware, software, or a website is found to be noncompliant with accessibility standards, someone follows through and addresses the issues that are identified, and thereby fixes the accessibility problem.

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

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

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

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

bipartisan working relationships these days could make this difficult in some districts. How many office spaces would, or should, be obligated for use by Congressional staffers in such cases? While we support any effort to reach veterans who are in need of assistance with their claims, we have not taken a position on the particular proposal set forth in HR5413, because of the logistical questions listed here. Even so, we appreciate the intent of the bill's authors and we would welcome further clarification on how these issues might be addressed in order to minimize the burden on local VAs and maximize the benefits veterans could gain from having access to additional resources.

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