



**TESTIMONY OF THE  
BLINDED VETERANS ASSOCIATION,  
FOR THE RECORD, SENATE  
COMMITTEE ON VETERANS AFFAIRS**



**May 22, 2019**

## Introduction

Thank you, Chairman Isakson, Ranking Member Tester, and distinguished members of the Senate Committee On Veterans Affairs, for giving the Blinded Veterans Association this opportunity to comment on the legislation under consideration by this committee. BVA is the only congressionally chartered Veterans Service Organization that is exclusively dedicated to serving the needs of blinded veterans and their families. On behalf of our members and their families, we are pleased to support several of the bills under consideration by this committee. Congressional approval of two of these bills is of the highest priority to our membership. These include S.850, The Highly Rural Veterans Transportation Program Extension Act, and S.746, The Department of Veterans Affairs Website Accessibility Act. We will comment on these in detail in the following paragraphs. We will also outline our reasons for supporting the following bills: S.318, the VA Newborn Emergency Treatment Act; S.514, the Deborah Sampson Act; S.711, the Care and Readiness Enhancement for Reservists Act; S.785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act; S.805, the Veteran Debt Fairness Act; S. 857, a bill to increase the amount of special pension for Medal of Honor Recipients; and S.450; The Veterans Improved Access and Care Act. Our organization has not yet taken positions on the other bills that are under consideration at this hearing.

### I. S.850, The Highly Rural Veteran Transportation Program Extension Act

BVA is very pleased to support this legislation, because transportation is the most significant, and sometimes insurmountable, barrier that stands between our members and their healthcare. When veterans lose their eyesight, they also lose their ability to drive. When that happens, they do not automatically acquire the assistance of another person who will drive them to the places they need to go. Efforts to locate such assistance are especially problematic in rural areas, where public transit options are few or nonexistent, and alternative services are either excessively expensive or unavailable. We believe that it is absolutely imperative that Congress provide the Department of Veterans Affairs with both the incentive and the resources to address this barrier. This legislation will go a long way toward this goal by encouraging the development of additional transportation options for veterans, but the provision that we are particularly pleased to see is the permanent authorization of the Veterans Transportation Program. This is long overdue. The current situation makes participation in this program by VA medical centers too precarious and burdensome, and this fact has harmful consequences for the veterans they serve. Having said that, we would be even happier with this bill if it provided that once the program is permanently authorized, participation by VA medical centers is mandatory, at least in rural areas. For veterans with catastrophic disabilities that prevent them from driving, lack of transportation can force them to choose between health care and food, or to delay getting care, thus risking worsened medical conditions that would have been treatable if cared for earlier. It is not uncommon for veterans, faced with the prospect of paying \$100 each way for a trip to their doctor's office, to decide to forego treatment because getting to it is too costly. This is an unnecessarily harsh situation to put some of our nation's most vulnerable veterans in, and it is avoidable. Avoiding it can begin with passage of S.850.

## II S.746, The Department of veterans Affairs Website Accessibility Act

The VA currently faces myriad challenges on multiple fronts, and many issues compete for the attention of its leaders. Not the least of these concerns the capacity of VA's IT infrastructure to meet the demands resulting from ever-changing expectations regarding communications between federal government agencies and those who utilize their programs and services. Federal agencies are now expected to make ever-increasing amounts of information accessible through a rapidly growing number of media and devices, and VA has struggled to keep up with these demands. One area where VA has struggled the most is the area of compliance with accessibility guidelines for the design and dissemination of electronic information. We believe that this struggle will continue unless and until the issue of accessible communications becomes a priority of VA's senior leadership. We believe that by directing the VA Secretary to evaluate and report to Congress on the accessibility of VA's electronic communications, S.746 will provide an impetus for VA's leadership to make the commitment that is needed to insure these issues will be addressed in a meaningful manner.

### Why Accessibility Matters

Statistics indicate that our nation's veteran population contains a growing number of individuals who have visual impairments. Studies conducted by the Veterans Health Administration in 2018 estimated that there were 131,580 legally blind veterans in the U.S. Just over 42,000 of these veterans had cases open with a visual impairment services team coordinator at that time. Further, these numbers are expected to grow as the U.S. population, including its veterans, ages over the next 20 years. Veterans who experience vision loss will want and need to access VA's websites, apps, kiosks, tele-health tools, claims process, and other benefits, programs, and services administered by the VA, both now and for the foreseeable future. Already, since many veterans are comfortable with today's myriad technologies, they want access to all of the communications options the VA offers to other veterans. Therefore, when concerns about the accessibility of websites, documents, and other equipment and media used to communicate with veterans are minimized or ignored, some of our nation's most vulnerable veterans, those with catastrophic disabilities, are left behind. Furthermore, when these veterans are denied access to information and services, there is a risk that they will suffer serious consequences, such as further aggravation of their disabilities, and in some cases, suicide. The longer we wait, the greater this risk.

### What Is The Problem?

In the following paragraphs, we will discuss some of the most common, and most serious, accessibility barriers that both blind veterans, and VA employees who have visual impairments, face on a regular basis. Before doing so, we do need to acknowledge that BVA has appreciated the efforts of VA's Section 508 compliance Office to correct problems promptly, particularly as they relate to VA websites. Both the staff, and contractors who work with them, are responsive when we alert them to the existence of accessibility barriers. Additionally, thanks to the involvement of that office and its contractors, most of the

applications VA makes available to veterans at this time are accessible to and usable by veterans who use adaptive software on their computers and smart devices. The problems veterans face in accessing VA's new websites have decreased in number as well, though unfortunately, website access continues to be a major challenge.

VA's websites are generally the first point of contact veterans have with the Department. Therefore, the layout and content of those sites necessarily changes frequently. As a result, there are lots of occasions when things can go wrong. It is not uncommon for veterans to find that a web page that was easily accessed one day cannot be read or navigated during the next visit to the site. Some of the reasons this happens include:

- Tables that are not designed so they can be navigated cell by cell to allow users of screen-readers and magnification software to read them;
- Buttons that are too small, or hidden among other items, thus making them hard to locate;
- Elements (such as checkboxes and buttons) that are not properly labeled;
- Pop-Ups that cannot be dismissed and interfere with the user's ability to navigate the web page by redirecting the focus of a screen-reader;
- Forms that are not designed to allow a screen-reader or magnification program to be used while filling them out; and a problem specific to the va.gov website, Password requirements that exceed industry standards. This last item creates major challenges for those veterans (especially seniors and others with cognitive disabilities) who need to create and remember unnecessarily complex passwords.

With regard to documents circulated by the VA, there has been some recent improvement, as VA now generally posts accessible Pdf documents on their public-facing websites. However, individuals, such as Veteran Service officers who assist veterans with claims, and VA employees, who need access to VA's internal documents, are not nearly so fortunate. VA still continues to utilize inaccessible PDF formats for much of its internal communications. This practice makes it very difficult for individuals who have disabilities that require them to use screen-readers to do their jobs and serve our veterans.

In our testimony at the joint hearing held by the full House and Senate Committees on Veterans Affairs earlier this year, we highlighted another long-standing access issue related to a vital VA website used by Veteran Service Officers. The TRIP Training site is itself compliant with accessibility guidelines. However, it is off limits to anyone who uses adaptive software because it must be entered through a portal that does not follow those guidelines. There is, as of this writing, no indication that this situation will be corrected any time soon.

In addition to website accessibility barriers, the kiosks VA has deployed at medical facilities nationwide present major access barriers for visually impaired veterans. These devices are supposed to be used by veterans to check in when they arrive for appointments, so they serve as the veteran's first introduction to the facility. A complicated or unsuccessful check-in process can impact the remainder of the veteran's experience. For a blind veteran, kiosks are, by their very nature, at best intimidating, and frequently unusable, due to their perfectly flat screens, and the absence of any tactile or audible features to give the potential user an idea of how to make them operate. Fortunately, such flat screens are becoming fairly

common, and as they have been incorporated into other devices, such as ATM machines and voting machines at some polling places, industry has developed standards and best practices that make them accessible to people who have reading disabilities. To begin with, such kiosks generally have a 3.5mm headphone jack located in a prominent place on the machine, and insertion of a headphone into this jack activates an audio feature, which speaks information into the user's ear about where to touch on the screen in order to make it function. Such instructions often begin with a brief orientation to the screen and a brief tutorial on what to expect while using the machine. Repeat users can skip such introductory material if desired, and all users can adjust things like speaking rate and volume. Further, instructions for performing various tasks are also read out loud to the person wearing the headset. The machines also provide audible feedback whenever the user attempts to perform those functions, to indicate whether or not the attempt was successful. Therefore, since kiosks can be quite usable, and they do serve a beneficial purpose for VA, we don't necessarily object to their deployment. What we object to is that the kiosks in use at VA medical centers do not comply with the industry standard accessibility guidelines described above.

As recently as April, 2019, BVA received a complaint about the accessibility of the kiosk in the Washington D.C. VA Medical Center. First, plugging in a headset did not activate any audio features. Instead, the veteran who was attempting to use the machine stated that a sighted bystander told her that a notice had appeared on the screen which said, "If you are blind, press this button." One wonders how a "blind" person is supposed to know this information was visible on the screen. Once the person who did see it had pressed the appropriate button, the instructions did begin and they were audible through the veteran's headset. However, the veteran continued to encounter problems, because unlike other similar devices, which require users to touch a particular area of the screen, such as the bottom right corner, the top left corner, or the center, in order to make selections or move through various functions, this kiosk required the user to locate and press particular buttons to perform each task. This required a degree of accuracy in locating and then pressing each button. Because this particular user had no vision, that degree of exactitude was not achievable. This is not an accessible kiosk. We should note that VA has recently rolled out new software for its kiosks which were supposed to improve their accessibility, and this veteran had hoped to have a much different experience as a result. Unfortunately, she was disappointed. BVA is also disappointed that VA's supposed accessibility improvements did not accomplish anything better than this. After four or five years of discussions with VA, about how to address these issues, and repeated assurances from VA that they would be addressed in the next software update, this veteran's report was extremely unsatisfactory. If VA is going to truly modernize its IT infrastructure, and expand its use of electronic communications to provide access to services, VA must pay greater attention to accessibility concerns beginning with the rollout phase of devices and software. Each time retrofits or replacements are required, there is also unnecessary expenditure of funds; funds that could be used to improve services to veterans. Incorporating accessibility in the first place is much more cost effective.

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 make it clear to federal agency personnel how to comply with these guidelines and regulations. Unfortunately, our experience indicates that while the VA has made significant progress toward compliance, the department is a long way from consistent compliance. 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. In fact, any time website administrators add tools, redesign features, or update content such alterations can render aspects of that site inaccessible, unless the industry standards for website accessibility are followed. The same can be said for software that is developed for use by VA. Best practices that insure accessibility are mature and widely accepted throughout the IT industry. VA must be encouraged to incorporate them into all aspects of its IT infrastructure sooner rather than later. BVA believes this can only be done effectively if the initiative comes from the Department's leadership. We urge Congress, therefore, to send a message, through passage of S.746, and its companion bill in the House, that this is a priority deserving of leadership's attention.

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 both the Senate and House Veterans' Affairs Committees, will exercise greater oversight of VA's compliance with accessibility guidelines in the future. While the report called for in this legislation 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 and other electronic communications to people with disabilities. To that end, we urge members of this committee to require additional reports from VA on their progress toward addressing the accessibility barriers that are identified in their initial report to Congress. We recommend that VA be required to provide this committee with updates at least every 180 days until all of the issues have been addressed. Further, we recommend that the Committee on Veterans Affairs seek regular reports from VA on its efforts to incorporate accessibility features into new web content, and to insure that updates to existing content are made in a manner that allows the content to be accessed by all members of its intended audience, regardless of disability. We believe this is a necessary step, if Congress wishes to insure that VA plans for accessibility when new initiatives are launched, rather than adding accessibility features in only after receiving complaints from users. It would also give this legislation a greater impact on the effectiveness of future communications between VA and our nation's disabled veterans. We urge you to consider amending this legislation to include such measures, thereby putting VA on notice that Congress is serious about insuring compliance with accessibility guidelines, not only for the present, but for the long term.

- III S.318, The Newborn Emergency Treatment act  
BVA supports this legislation because it addresses some serious needs faced by veterans at a time when they and their families are most financially and emotionally vulnerable; the birth of a new child. This legislation corrects some unfortunate shortcomings in the coverage VA can provide those newborn children under current law. We join with other veteran service organizations in urging Congress to approve these changes.
- IV S.518, The Deborah Sampson Act  
This legislation is long overdue. VA needs to address the practical needs of a growing number of women veterans who are enrolled in its health care system. We believe that failure to do so now will only exacerbate the needs and further alienate the women who have served this country. On behalf of the female veterans who have become members of our organization, and continue to serve both us and their country with distinction, we urge this committee to approve this legislation.
- V S.711, The Care And Readiness Enhancement For Reservists Act  
This legislation provides essential services to reservists who face the same challenges and have the same needs for care during their transition to civilian life as other veterans do. It is particularly imperative that these veterans have access to as many options for mental health care as possible, in order to help them deal with the stresses associated with this time of transition.
- VI S.785, The John Scott Hannon Veterans Mental Health Care Improvement Act  
We support this legislation because it takes a comprehensive approach to addressing the mental health care needs of our nation's veterans and service members. It also encourages collaboration among all of the stakeholders involved in the fight to end suicide within this population. Piecemeal approaches that address one issue or fund one program at a time, have not worked. If we are to prevent further loss of life, we need to martial all available resources and begin thinking and acting outside the box. We believe this legislation will help make that happen.
- VII S.805 The Veteran Debt fairness Act  
The Department of veterans Affairs should never be allowed to make veterans pay for its mistakes. If a veteran, or a member of his family, knowingly collects benefits or receives services to which they are not entitled, it is reasonable for the VA to take steps to recoup its losses. However, when the veteran, or his or her beneficiary, is not at fault, it is unconscionable for the government of the United States to treat that individual as if they had deliberately defrauded the Department and seek to remedy their error by demanding repayment. We support this legislation, because it makes such principles of fairness a part of the law. It also urges VA to address one of the primary reasons why mistakes are made by Va, and thereby provides a practical means of reducing the problem in the future.
- VIII S.857, to increase the amount of special pension for Medal of Honor Recipients, and for

other purposes These veterans have demonstrated by their heroic actions and continued service to community and country, the need for this legislation. Their family members, who come along side them, as they serve, deserve everything we can do to help them assist their loved one.

IX. S. 450, The Veterans Improved Access and Care Act

We support this legislation because the VA faces a nationwide shortage of medical personnel. The current onboarding process is much more onerous than any process medical professionals encounter in the private sector. As such, it serves to deter, rather than encourage prospective employees. If the VA is going to meet its personnel needs, VA must find ways to make recruitment and onboarding more efficient. This legislation will allow VA to explore the viability of additional options for accomplishing this objective.

Conclusion

Thank you, once again, for the opportunity to speak with you about the above legislation. If you would like any further information, or have questions regarding the above comments, please feel free to contact Melanie Brunson, Director of Government Relations, at [mbrunson@bva.org](mailto:mbrunson@bva.org).