## Testimony for Jule Ann Lieberman

My name is Jule Ann Lieberman, and I am a lifelong resident of Pennsylvania. My formative years were in Saint Clair, a small town in Schuylkill County, and I have lived in Devon, Chester County, for close to 40 years to date. I come before you today as a representative of the aging demographic and a blind person who uses computer technology. I have lived with progressive vision loss since diagnosed in 1970 and now have profound vision loss/blindness. I have over 24 years of experience training others with vision loss on the use of technology that enables them to participate fully in schoolwork, employment, and activities of daily living.

Currently, I am a specialist in technology for low vision and blindness with TechOWL – part of the Institute on Disabilities at Temple University. TechOWL is Pennsylvania's designated Assistive Technology Act (AT Act) program. The Institute on Disabilities encompasses Pennsylvania's University Center for Excellence in Developmental Disabilities Education, Research and Service (UCEDD)<sup>2</sup> and TechOWL. I bring to this position personal experience using screen reading software which gives me audio non-visual access to all my computer tasks. I have earned a Master of Science in Low Vision Therapy certification as an Assistive Technology Instructional Specialist granted by the Academy for Certification of Vision Rehabilitation and Education Professionals (acvrep.org).

In my role, I provide information, assistance, and technology demonstrations for people with various disabilities. When Pennsylvanians are looking for assistive technology for blindness or low vision, I help them determine the best tools to help them. According to the CDC, "as of 2012, 4.2 million Americans aged 40 years and older suffer from uncorrectable vision impairment, out of which 1.02 million who are blind; this number is predicted to more than double by 2050 to 8.96 million due to the increasing epidemics of diabetes and other chronic diseases and our rapidly aging U.S. population." (Fast Facts of Common Eye Disorders | CDC).

I am here today to describe my concerns and the concerns of the myriad of people I work with regarding the accessibility of federal websites. Access to information and services provided by the Federal government must be equal to all, regardless of disability.

In my personal experience, for example, when visiting the CDC.gov website to gather information such as the prevalence of COVID 19 in my state, county, or community, the information was presented in a graph with no text description. Therefore, this information was not available for my screen reader to access and obtain the information I needed. I relied on

<sup>&</sup>lt;sup>1</sup> The AT Act of 2004 specifies the statewide activities required of programs receiving funds under Section 4 of the AT Act. These include four "state level" activities designed to help people with disabilities, their families, service providers, and others access and acquire assistive technology devices: device demonstration, device lending, state financing, and device reuse.

<sup>&</sup>lt;sup>2</sup> The UCEDD is funded by the US Department of Health and Human Services, Administration on Community Living) working toward a vision of self-determination, independence, productivity, and community inclusion for people with disabilities throughout their lifespan.

others with vision to provide me with the graph's information. I am fortunate to have an incredibly supportive family; however, as a person with a disability, I must wait until they are available to assist. Repeated requests for help become burdensome for those who support me, potentially leaving me with either no access or not timely information.

I am not alone. Many people with blindness or low vision have similar experiences. Consider the vulnerable person requesting help from a significant other who could be abusive, creating a safety issue. This vulnerable person must trust another rather than obtain the information or services privately. While there are app services on my iPhone, such as AIRA and Be My Eyes, they do not provide total assurance of privacy despite their best intentions. I must rely on others to provide information or access to services fosters dependence and can affect self-esteem.

As the COVID pandemic continued and vaccines became available once again, I turned to the Internet to find locations through CDC.gov where I could make an appointment. Here, I encountered another barrier. I experienced that sites and appointment requests were only accessed using a mouse click. As I cannot use a mouse to make selections, this was a frustrating and anxiety-producing time. I posted my frustration on the Institute on Disabilities email list, and a respected manager responded with a phone number to call with the Area Office on Aging and Disability. I had no means otherwise to find this information, and once again, I am genuinely grateful for the support of others.

Failures of accessibility are likely not intentional but result from quick response times and a lack of knowledge of the accessibility guidelines. Recently, companies have been offering what is termed a "complete and quick accessibility fix," sometimes as overlays for websites using Artificial Intelligence to predict visitors' needs. As much as AI has evolved, it cannot replace careful web design. Artificial Intelligence makes its best guess on the user's intentions without identifying what support the user's disability requires.

In crisis times, all need access to trusted information and services. I encourage legislative action to ensure compliance and monitoring of accessibility on all federal websites. To better understand how the blind experience websites, please visit: Introduction to Screen Readers - YouTube. This video provides essential information on what is a screen reader and gives examples of poor web access and meaningful web access. You can learn more about TechOWL by visiting www.techowlpa.org.

Respectfully Submitted, Jule Ann Lieberman