

**THE AMERICANS WITH DISABILITIES ACT AND
ACCESSIBLE TRANSPORTATION: CHALLENGES
AND OPPORTUNITIES**

HEARING

OF THE

**COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS**

UNITED STATES SENATE

ONE HUNDRED TWELFTH CONGRESS

FIRST SESSION

ON

**EXAMINING THE AMERICANS WITH DISABILITIES ACT AND ACCESSIBLE
TRANSPORTATION, FOCUSING ON CHALLENGES AND OPPORTUNITIES**

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NOVEMBER 17, 2011
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Printed for the use of the Committee on Health, Education, Labor, and Pensions



Available via the World Wide Web: <http://www.gpo.gov/fdsys/>

U.S. GOVERNMENT PRINTING OFFICE

87-946 PDF

WASHINGTON : 2014

For sale by the Superintendent of Documents, U.S. Government Printing Office
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THE AMERICANS WITH DISABILITIES ACT AND ACCESSIBLE TRANSPORTATION: CHALLENGES AND OPPORTUNITIES

THURSDAY, NOVEMBER 17, 2011

U.S. SENATE,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The committee met, pursuant to notice, at 10 a.m., in Room SD-430, Dirksen Senate Office Building, Hon. Tom Harkin, chairman of the committee, presiding.

Present: Senator Harkin.

OPENING STATEMENT OF SENATOR HARKIN

The CHAIRMAN. The Senate Committee on Health, Education, Labor, and Pensions will come to order.

The title of this hearing this morning is “The Americans with Disabilities Act and Accessible Transportation: Challenges and Opportunities.” This is the fifth in a series of HELP Committee hearings that have examined promising ways to improve employment outcomes for Americans with disabilities.

We always hear about how much unemployment there is in America—9 percent. Actually, it’s a little bit more than that, and we think that’s just devastating. But for people with disabilities, the unemployment rate is over 60 percent; over 60 percent. How would we feel as a nation if we had 60 percent unemployment? But that’s a fact of life for people with disabilities.

In the last 3 years, the rate of people with disabilities leaving the workforce because of unemployment has been over twice that of nondisabled persons. So I just want to put this in context.

Thanks to the Americans with Disabilities Act, our country has made significant progress in the area of accessible transportation. There’s no question that the ADA has produced a transformation in the accessibility of buses that people ride in our country’s great cities, and that newer mass transit systems like the DC Metro are much more accessible than older systems that were built in an era when our country just didn’t think much about accessibility.

Before the ADA, less than 5 percent of city buses were accessible to wheelchair users. Today, more than 98 percent of city buses are accessible.

It’s a shame that we are not seeing the same rate of progress in subways and taxis and trains and shuttles that we’ve seen in the bus system and in the paratransit area. Unfortunately, as many of our witnesses discuss in their written testimony for today’s hear-

ing, more than 21 years after the passage of the ADA we have not yet achieved equality in access to transportation.

The current situation in New York City with regard to taxicab accessibility is a good illustration of the barriers that people with mobility disabilities continue to face. And, also, not just those physical barriers, but also outdated attitudes. I'm concerned that if we allow people with disabilities to continue to be treated like second-class citizens when it comes to transportation access, we will not achieve the goals of the ADA and will not open up the doors to employment for everyone who can work and wants to work.

So you may ask: What's the problem in New York City? Well, let's start with the status quo. At this moment in New York City, there are about 13,000 yellow taxicabs driving around Manhattan, picking up riders, taking them to their destinations around Manhattan, to the airports, or to other boroughs. Of those 13,000 cabs, only 231 are accessible to wheelchair users.

The city of New York has been sued by the United Spinal Association and others for violating the ADA. The status quo in New York City treats wheelchair users like second-class citizens. To add insult to injury, when the New York City Taxi and Limousine Commission recently held a competition to create—get this, now—to create the “taxi of tomorrow,” they made accessibility optional and ultimately selected a Nissan van that is not wheelchair accessible.

Now, the RFP that went out from New York should not have made it optional. If they want a true taxi of tomorrow, then it should not have been optional that it be accessible.

When the U.S. Department of Justice filed a Statement of Interest in the United Spinal Association lawsuit and asserted that the city of New York was not doing enough to ensure equal transportation access for their citizens with disabilities, Mayor Bloomberg personally engaged in the debate. He argued, “You just can't take a wheelchair out into the street and hail a cab.”

He said that in the accessible taxicabs, this is his quote, “A lot of drivers say that passengers sit too far away and so they can't have a good dialog and they can't get good tips.” That's not my words. That's the mayor's words.

Finally, Mayor Bloomberg argued, “Fewer people may use cabs because the suspension is worse.” Having ridden in many yellow taxicabs in New York City, I don't see how any suspension could be worse than what I've ridden in in those taxicabs up there. I have spoken personally with Mayor Bloomberg about this situation. I am hopeful that he will gain a better understanding that people with disabilities have a federally protected right to hail a taxicab just like everyone else.

The witnesses today all have personal experience with accessible transportation and barriers to accessible transportation. I want to take this opportunity to make it clear that I don't agree with Mayor Bloomberg, and I'm going to do everything in my power as a U.S. Senator, as a chief sponsor of the Americans with Disabilities Act, to challenge the blatant discrimination that is occurring in taxicab accessibility.

I think it is a gross injustice that less than 2 percent of the taxicabs in New York City are wheelchair accessible. I think it is a throw-back to pre-ADA America that the city thought it was OK

to make accessibility optional when they held a competition to design the taxi of tomorrow.

I want to make it clear that New York City is in the process of having this taxi of tomorrow program, which will result in several thousand new taxis. And it seems to me this is an opportunity, both for New York City and for America, to make this step forward.

It's not just New York City. I don't mean just to be picking on New York City. But this is a place where as they move ahead with this massive replacement of taxis in New York City that if we can include universal design, then companies will make more of these accessible vehicles, and then Washington, DC, and Los Angeles and Miami and Des Moines, IA, and other places now will begin to have accessible cabs.

I'm delighted there is now a new American-made wheelchair accessible vehicle. I'm told it's made in Indiana, although I'm not certain about that. It's called the MV-1 that has the potential to become the standard taxicab in New York and other cities.

I've got a picture of it right here, and it's parked outside if anybody wants to see it. It's parked right outside of this building on First and C streets, right in back of the Dirksen Building.

If London can have a taxicab fleet that is 100-percent wheelchair accessible—and I can tell you I was over there this summer and I rode in those cabs. Now, it may not be the best design, but at least they're accessible. And to the statement that Mayor Bloomberg said, that people in wheelchairs can't go out in the street and hail a cab, they do it all the time in London. And they drive pretty fast over there too.

I saw this with my own eyes and experienced it. London has 100 percent accessibility for their cabs. They've achieved that status. I can't understand why New York City and other American cities can't achieve the same goal. I'm also told this MV-1 can run on compressed natural gas. I'm hopeful they'll come out with a version that runs on flex fuel so it can be both accessible and green.

I want to make it clear I am not shilling for a company. I don't know this company. I've seen the cab. I'm not trying to tout one company. I'm just pointing out that a universally designed cab is possible, feasible, and practical.

The bottom line is if large cities like New York were to require that their taxicabs be of universal design, wheelchair accessible—not just wheelchair users would benefit. How about mothers with baby strollers? How about elderly people who use walkers—maybe can't step into or can't bend down to get into a cab? It's a universal design.

If we can take that step, then automobile manufacturers would compete with each other to go after the business, and maybe this company would have some competition out there. We're all for that.

But I'm very well aware that the taxicab issue is one of many transportation access issues that are playing out as we enter the third decade since the enactment of the ADA. I appreciate the thorough exploration of those issues that our witnesses provided in their written testimony.

I want to repeat I'm also aware that New York City is not alone in their failure to prioritize accessibility. I'm just pointing out that we are on the verge of an issue for a city that has an unusually

large taxicab fleet, more than any other city in America—that when they are now transforming and beginning to move into a taxi of tomorrow, it just gives us a significant point in time to make it mandatory, not optional, that every one of those taxicabs be fully accessible. If they do that there, it will lead to breakthroughs in every city in America.

Mobility is so crucial for people to get to work; visit the doctor; go to visit family, children, others; to be full members of society. Lack of transportation hurts the ability of those with disabilities to have gainful employment. It's not something that our society should tolerate any longer. We've waited 21 years, 21 years. It's time to get on with it, time to get on with universal design in transportation.

Today's hearing gives us all a chance to hear from leading experts about where the transportation challenges and opportunities exist 21 years after the passage of the ADA. I appreciate all of you for your leadership and your participation in this hearing. I read all of your testimonies last evening. I thank you for that. I will now leave the record open for any opening comments by Senator Enzi.

Let me introduce our witnesses this morning. David Capozzi is the executive director of the U.S. Access Board, an independent Federal agency devoted to accessibility for people with disabilities. The Access Board develops and maintains design criteria for the built environment, transit vehicles, telecommunications, electronic information technology. It also provides technical assistance and training on these requirements and accessible design.

Mr. Capozzi joined the Access Board in 1992, was named the executive director in 2008. Prior to that, Mr. Capozzi was vice president of Advocacy for Easter Seals and was the National Advocacy director for the Paralyzed Veterans of America.

Our second witness, Marca Bristo, is a pioneer of Chicago's disability rights movement. Ms. Bristo helped launch Access Living in 1979, one of the country's first 10 centers of independent living. In 1987, Access Living became an independent nonprofit with Ms. Bristo at the helm as the president and CEO.

Since that time, Access Living has provided peer services and advocacy to over 40,000 people with disabilities; has won systemic improvements in housing, public schools, public transportation, public access, and long-term care. Having personally visited, I can attest it is one magnificent institution.

Ms. Bristo has been an important national and international advocate for the rights of individuals with disabilities. Marca Bristo was also very instrumental in the passage of the Americans with Disabilities Act—she was here many, many times in 1987, 1988, 1989, and 1990.

In 1994, President Clinton appointed Ms. Bristo as chairperson of the National Council on Disability—the first person—get this—the first person with a disability to hold that position. Today, she serves as vice president of North America for Rehabilitation International and is president of the U.S. International Council on Disabilities, where she is leading a campaign to promote the ratification of the United Nations Convention on the Rights of People with Disabilities—ratified here in the United States.

We welcome you.

Our next is Billy Altom. Mr. Altom is the executive director of the Association of Programs for Rural Independent Living, called APRIL. APRIL provides leadership and resources on rural independent living through a national network of rural centers for independent living programs and individuals concerned with the unique aspect of rural independent living. I can also attest from being in a rural State that APRIL has a rich history in rural transportation advocacy.

Prior to this, Mr. Altom was the director of the Delta Resource Center for Independent Living in Pine Bluff, AR, where he supervised a program providing transportation vouchers for people with disabilities who were employed, who were looking for employment, and who were in training for employment. The program had well over 300 people enrolled in 17 rural counties of southeast Arkansas.

Our final witness is Jill Houghton. Ms. Houghton is the executive director of the U.S. Business Leadership Network, a national, nonprofit, nonpartisan business-to-business network promoting workplaces, marketplaces, and supply chains where people with disabilities are included.

Ms. Houghton has over 20 years of diverse leadership experience at the Federal, State, and local levels to advance the employment and economic self-sufficiency of all people with disabilities. Prior to joining the USBLN, Ms. Houghton served as the executive director of the Ticket to Work and the Work Incentives Advisory Panel from 2005 to 2008.

Ms. Houghton is a graduate of the University of Kansas and served as an intern for Senator Robert Dole. Was that during the ADA time?

Ms. HOUGHTON. It was.

The CHAIRMAN. Was it?

Ms. HOUGHTON. Yes.

The CHAIRMAN. He was a great supporter, as you know, a great help in that.

Ms. Houghton was appointed in 2009 by Governor Crist to serve a 3-year term on Florida's Commission for Transportation of the Disadvantaged and also serves on the board for the Broward Center for Independent Living.

We welcome you all here. Obviously, you're all very well credentialed to respond to these questions about transportation and accessibility for transportation. Your statements will all be made a part of the record in their entirety. And if you could sum it up in 5 or 7 minutes, we'd certainly appreciate it, and then we can get into a dialog. So we'll just start in order of introduction.

David Capozzi, we'll start with you. Welcome and please proceed.

**STATEMENT OF DAVID M. CAPOZZI, EXECUTIVE DIRECTOR,
U.S. ACCESS BOARD, WASHINGTON, DC**

Mr. CAPOZZI. Thank you. Thank you for the opportunity to testify.

I have over 25 years of experience in transportation accessibility. When I began my career with the Paralyzed Veterans of America, I was a member of the Department of Transportation's Regulatory Negotiation Committee that negotiated regulations to implement

the Air Carrier Access Act, and then was chair of DOT's Federal Advisory Committee that wrote the first ADA regulations for the transportation provisions.

When I was at Easter Seals, I was the second director of Project ACTION following Bob Burgdorf, who was the first. And Project ACTION is a program created by Congress to promote cooperation between the disability community and the transit industry to improve access to transportation for people with disabilities.

But I want to talk about the challenges that remain in spite of legislation, in spite of regulations, and the guidelines that the Access Board issues. Laws, regulations, and guidelines are important ingredients in establishing the legal basis to ensure nondiscrimination on the basis of disability. But when those exist and barriers still remain, we need to look for more answers.

Last Wednesday, the Department of Transportation held a celebration to mark the 25th anniversary of the signing of the Air Carrier Access Act. And that law was enacted to ensure that people with disabilities receive consistent and nondiscriminatory treatment when traveling by air. In 1990, DOT first issued regulations to enforce the law, but inconsistencies still remained.

By way of example, one of the provisions in the regulations is to stow a passenger's personal folding wheelchair in the cabin of a coat closet. As most frequent travelers know, coat closets are disappearing in favor of creating more space for passenger seats. Additionally, based on my travel experiences, airline staff are largely unaware of the requirement for onboard storage of personal wheelchairs.

Since regulations were first issued in 1990, I've made it a practice to carry the regulations with me with the relevant provisions highlighted in yellow so that they can be shown to the crew. What other minority group has to carry regulations with them to prove their rights?

Even with the regulations in hand, I find it necessary to argue for the right to stow my wheelchair on board the aircraft. Airline staff who deal with the traveling public are also required to be trained to proficiency on the regulations, and for staff involved in boarding and deplaning, they are required to be trained in assistance procedures to safeguard the safety and dignity of passengers.

Just a few weeks ago at our November 2011 board meeting, we welcomed two new presidential appointees to the Access Board. Both use power wheelchairs. Our member from Texas was dropped by the airport staff not once but twice, on both legs of her trip from Dallas to Washington, DC. Her wheelchair was damaged as well after it was stowed in the aircraft's baggage compartment. Unfortunately, these problems are not infrequent.

In the mid-1980s, the Paralyzed Veterans of America had a program called Access to the Skies. And like Project ACTION after it, Access to the Skies was founded on the principle of cooperation to improve access to air transportation for people with disabilities. The program ended in the early 1990s because of a lack of funding, but we could benefit from a program like that today to provide technical assistance, training, publications development, and research on airline accessibility issues.

The second topic that I'd like to talk about is mass transit. Mass transit accessibility has been one of the great success stories of the ADA. As you mentioned in your opening statement, before passage of the ADA, 36 percent of fixed route buses were accessible. Today, 98 percent are accessible. But even with this success, problems persist in compliance with other ADA requirements, such as maintaining lifts and ramps, announcing transit stops, and gaining independent access to Amtrak rail stations.

The ADA required that all Amtrak stations be made accessible as soon as practical, but no later than 20 years after the law's enactment. Since the ADA's enactment, twenty years has now passed. According to an August 2011 Amtrak report, 481 of Amtrak's stations come with an ADA obligation and by December 31 of this year, 90 percent of the stations will have barrier-free access between the train and the station platform.

But much of this access will depend on hand-operated mobile crank lifts that are not independently operable by people with disabilities. Congress and the Federal Railroad Administration need to maintain a vigorous oversight role regarding station accessibility.

The last topic I'd like to talk about is taxicab accessibility. We've not progressed much in the 21 years after passage of the ADA in terms of providing accessible taxis, as you noted. People with disabilities still need to call in advance for the few taxis that exist. Going outside and expecting to hail an accessible taxi in most cities in this country is simply not possible.

In Washington, DC, there are 20 accessible taxis, and that's relatively new. In New York City, there are about 230–231, as you mentioned. In London, metropolitan legislation has required all new taxis to be wheelchair accessible since 1989.

Under the ADA, private entities primarily engaged in the business of transporting people and providing demand responsive service, the category that includes taxis, are not required to buy accessible sedan type automobiles. Such entities are required to purchase accessible vans, when they buy vans, unless the entity can demonstrate that it provides equivalent service. Publicly controlled taxi companies, on the other hand, have to meet a higher standard.

Equivalent service is determined based on factors such as response time, fares, geographic area of service, hours and days of service, and reservations capability. Accessibility is governed by the Access Board's ADA accessibility guidelines, and from what we know, few accessible taxis have been purchased. More needs to be done to promote good practices and develop incentives for taxicab accessibility nationwide.

My experience has shown me over the past 25 years after passage of the Air Carrier Access Act and 21 years after passage of the ADA that many countries are closely watching our progress. They have modeled their own legislation on ours. Many want to learn from our successes and challenges. And just last week, the Access Board sponsored an information exchange with the government of Ontario, Canada, and representatives from the European Commission. Both are developing accessibility provisions that will be greatly informed by what we have done here in the United States.

We can certainly learn from what other countries are doing and their experiences with accessibility. But it's clear that, still, the United States is a model of inclusion and accessibility and is a leader in this area. However, issues remain in implementing the laws and regulations that are in effect today. We have many successes that we can be proud of, but we can still do better.

Thank you for the opportunity to testify, and I'd be happy to answer any questions later. Thank you.

[The prepared statement of Mr. Capozzi follows:]

PREPARED STATEMENT OF DAVID M. CAPOZZI

Thank you for the opportunity to testify today on the topic of accessible transportation. My name is David Capozzi and I am the Executive Director of the U.S. Access Board. The Access Board is the only Federal agency whose sole mission is accessibility for people with disabilities. Our agency develops accessibility guidelines for the Americans with Disabilities Act, the Architectural Barriers Act, the Telecommunications Act, and accessibility standards for electronic and information technology and medical diagnostic equipment under the Rehabilitation Act. We also enforce the Architectural Barriers Act and provide training, technical assistance, and research on accessibility issues.

Prior to joining the Access Board in 1992, I was vice president of Advocacy for the National Easter Seal Society and managed Project ACTION (Accessible Community Transportation In Our Nation), a congressionally created program to promote cooperation between the disability community and the transportation industry to improve access to transportation for people with disabilities.

Prior to working at Easter Seals, I was the National Advocacy Director for the Paralyzed Veterans of America. I worked with Federal agencies and the U.S. Congress to promote the rights of individuals with disabilities including the Fair Housing Act Amendments, the Air Carrier Access Act, the Civil Rights Restoration Act, and the Uniform System for Handicapped Parking Act. I served as the lead negotiator on the Department of Transportation's (DOT) Federal Advisory Committee that negotiated regulations to implement the Air Carrier Access Act.

While in the private sector, I testified in support of the Americans with Disabilities Act (ADA) before the House Committee on Public Works and Transportation, was a member of the nine-person ADA "legal team" for the disability community that helped Congress craft the legislation and then served as Chairman of DOT's ADA Federal Advisory Committee that developed the 1991 regulations implementing the transportation provisions of the ADA.

I have made over 300 presentations during my career including keynote addresses, was a guest lecturer at Georgetown University Law Center, and provided international presentations in Prague, Czech Republic; Toronto and Montreal, Canada; Kobe City, Japan; Madrid, Spain; Vienna, Austria; Dublin, Ireland; Rio de Janeiro, Brazil; Kranjska Gora, Slovenia; and Brussels, Belgium. I have been a wheelchair user since 1977.

ACCESS BOARD ACTIVITIES

For a small agency (29 staff, a Board of 25, and a budget of \$7.4 million) the Access Board has a very ambitious rulemaking agenda. We are developing new accessibility guidelines for outdoor developed areas, shared use paths, passenger vessels, public rights-of-way, self-service transaction machines, emergency transportable housing, classroom acoustics, and medical diagnostic equipment. We are updating existing requirements for information and communication technology and transportation vehicles. Below is a summary of our current transportation-related rulemaking activities.

Shared Use Paths

When the Board approved draft final accessibility guidelines for trails, coverage of shared use paths was deferred to a future rulemaking. Commenters on our outdoor developed areas rule had raised concerns about the need for differing guidelines for shared use paths (commonly called hiker-biker or multi-use trails). Commenters noted that shared use paths differ from trails and typically are located in more developed outdoor areas, as opposed to more primitive trail settings. Unlike trails, shared use paths are designed to serve both bicyclists and pedestrians and are used for transportation and recreation purposes. As a result, the Board has initi-

ated a separate rulemaking to cover shared use paths. In March 2011, the Board published an advance notice of proposed rulemaking on this topic.

Passenger Vessels

The Board's guidelines will apply to passenger vessels that are permitted to carry more than 150 passengers or more than 49 overnight passengers, all ferries, and certain tenders that carry 60 or more passengers. In June 2008, we published revised draft guidelines for the purpose of holding information meetings to collect data necessary for a regulatory assessment. Meetings were held in August 2008 to collect this data. In 2009, we contracted with the Volpe National Transportation Systems Center to assist the Board in finalizing the regulatory assessment. The Board intends to vote to approve a notice of proposed rulemaking at its January 2012 meeting and then submit the rulemaking to the Office of Management and Budget for review.

Public Rights-of-Way

In 2009, we contracted with the Volpe Center to assist the Board in finalizing a regulatory assessment for this rulemaking. The guidelines provide design criteria for accessible public streets and sidewalks, including pedestrian access routes, street crossings, curb ramps and blended transitions, on-street parking, street furniture, and other elements. The Board published a notice of proposed rulemaking for public comment in July 2011. We have held two public hearings on the proposed rule; the comment period ends on November 23, 2011.

Self-Service Transaction Machines

The Access Board and the Departments of Transportation and Justice are undertaking related rulemakings on self-service transaction machines. In September 2011, DOT published a proposed rule under the Air Carrier Access Act to address accessibility issues relating to airline check-in kiosk machines used in airports. The Board will issue a proposed rule in 2012 for machines covered by the ADA. These rulemakings present an opportunity to work collaboratively to develop a single set of technical requirements that would be referenced and scoped by each participating agency.

Transportation Vehicles Guidelines Update

In November 2008, the Board released for public comment a second draft of revisions updating its accessibility guidelines for buses and vans covered by the ADA. The second draft was issued because the format changed significantly, provisions for over-the-road buses were added, and changes were made in response to comments on a first draft that was published in April 2007. The proposed updates address new types of systems, such as bus rapid transit and low-floor buses, and advances in technology, including automation of announcements. In addition, the proposed guidelines revise specifications for vehicle ramps, circulation routes, wheelchair spaces, and securement systems. In 2009, we contracted with the Volpe Center to assist the Board in finalizing the regulatory assessment for this rulemaking. In July 2010, we published a proposed rule to revise and update the accessibility guidelines for buses, over-the-road buses, and vans. Two public hearings were held. The comment period closed in November 2010. A final rule is planned for early 2012.

Our new guidelines and the update of existing provisions will certainly improve the transportation landscape in America. However, I would like to talk about challenges that remain in spite of legislation, regulations, and guidelines. Laws, regulations, and guidelines are important ingredients in establishing the legal basis to ensure nondiscrimination on the basis of disability—but when those exist and barriers still remain—we need to look for more answers.

AIR TRANSPORTATION ISSUES

Last Wednesday the Department of Transportation held a celebration to mark the 25th anniversary of the signing of the Air Carrier Access Act. The 1986 law was enacted to ensure that people with disabilities would receive consistent and non-discriminatory treatment when traveling by air. In 1990, DOT first issued regulations to enforce the law and those initial regulations have been enhanced over the years through many amendments. While some provisions of these regulations require the design of aircraft to be more accessible, most require airlines to modify their practices and to provide training to their employees to ensure that passengers with disabilities do not face discrimination.

However, inconsistencies still remain. By way of example, one of the provisions in the regulations is to require carriers to stow at least one passenger's personal folding wheelchair in the aircraft cabin. The regulations require carriers to "ensure

that there is a priority space in the cabin of sufficient size to stow at least one typical adult-sized folding, collapsible, or break-down manual passenger wheelchair, the dimensions of which are within a space of 13 inches by 36 inches by 42 inches without having to remove the wheels or otherwise disassemble it. This requirement applies to any aircraft with 100 or more passenger seats and this space must be other than the overhead compartments and under-seat spaces routinely used for passengers' carry-on items." 14 CFR 382.67(a) and (b). The regulations also provide that carriers "must ensure that a passenger with a disability who uses a wheelchair and takes advantage of the opportunity to preboard the aircraft can stow his or her wheelchair with priority over other items brought onto the aircraft by other passengers or crew enplaning at the same airport; items must be moved that crew have placed in the priority stowage area (e.g., crew luggage, an on-board wheelchair) to make room for the passenger's wheelchair, even if those items were stowed in the priority stowage area before the passenger seeking to stow a wheelchair boarded the aircraft." 14 CFR 382.123(a)(1).

As most frequent travelers know, coat closets are disappearing in favor of creating more space for passenger seats. Additionally, based on my travel experiences and those of our staff and Board members who travel frequently, airline personnel still are largely unaware about the requirement for on-board storage of personal wheelchairs. Since the regulations were first issued in 1990, I have made it a practice to carry the regulations with me with the relevant provisions highlighted so that they can be shown to the crew. What other minority group has to carry regulations with them? Even with the regulations in hand I often find it necessary to argue for the right to stow my wheelchair on-board the aircraft. In June 2011, DOT issued a proposed rule (the so-called "seat-strapping" rule) that would require alternative means of securing wheelchairs in the cabin where there are no closets. It is an attempt on DOT's part to ensure wheelchair access in the cabin.

Airline personnel who deal with the traveling public are also required to be trained to proficiency on the Air Carrier Access Act regulations concerning the requirements of the regulations; airline procedures including the proper and safe operation of any equipment used to accommodate passengers with a disability; and for those personnel involved in providing boarding and deplaning assistance, the use of the boarding and deplaning assistance equipment used by the carrier and appropriate boarding and deplaning assistance procedures that safeguard the safety and dignity of passengers. 14 CFR 382.141(a). It is not the responsibility of the passenger to train airline personnel. Yet, in order to ensure compliance, we still carry the regulations with us and have to convince airline personnel of their obligations.

At our November 2011 Board meeting we welcomed two new presidential appointees on the Board. Both use power wheelchairs. Our member from Texas was dropped by the airport staff not once but on both legs of her trip; her wheelchair was damaged as well after being stowed in the aircraft's baggage compartment. Unfortunately, these problems are not infrequent.

DOT has made significant outreach efforts to the industry and the disability community, through direct oversight as well as public forums. DOT also has taken enforcement action against airlines for violations of its regulations, with its February 2011 consent order assessing a \$2 million civil penalty against a major carrier for, among other things, failing to provide proper enplaning and deplaning assistance.

However, further outreach, particularly between the airline industry and disability community, should be undertaken. In the mid-1980s the Paralyzed Veterans of America had a program called "Access to the Skies". Like Project ACTION after it, Access to the Skies was founded on the principle of cooperation between the disability community and the airline industry to improve access to air transportation for people with disabilities. The program ended in the early 1990s because of a lack of funding. But, we could benefit from a program like that today to provide technical assistance, training, publications development, and research on airline accessibility issues. The law and regulations are in place. What is needed is a sustained and concentrated program to implement these requirements.

MASS TRANSIT ISSUES

Mass transit accessibility has been one of the greatest success stories of the ADA. Before passage of the ADA in 1989, 36 percent of fixed route buses were accessible to wheelchair users. Today, 98 percent of fixed route buses are accessible as new, accessible vehicles replace older inaccessible ones. When independent accessibility is achieved it can be quite liberating. I remember around 10 years ago when the Washington Metropolitan Area Transit Authority (Metro) added accessible faregates to its stations. Previously, the faregates were too narrow for a wheelchair to pass through so I had to hand my farecard to a station attendant, have them process it,

and then go through a separate gate that was wide enough to pass through. When the first accessible faregates were installed, going through one by myself was a liberating experience. I can still remember the feeling 10 years later. It is that independent travel and liberating experiences that we should be striving for.

Accessibility is also about dignity. Dignity means being able to access vehicles and facilities like anyone else. No more having to depend on a station attendant for assistance—or going through the kitchen to get to the restaurant. After my injury in the late 1970s I would call ahead to a restaurant or other place of business to determine if it was accessible before I left home. Today, I expect them to be accessible and in large part they are. The ADA, its regulations, and advocacy efforts are largely responsible for that success.

Even with the success of mass transit accessibility, problems persist in compliance with other ADA requirements, such as maintaining lifts and ramps, announcing transit stops, ensuring access to visual information by people with vision impairments and audio information for people with hearing impairments, and gaining independent access to intercity (Amtrak) rail stations.

The ADA required that all stations in the intercity rail transportation system be made readily accessible to and usable by individuals with disabilities, including individuals who use wheelchairs, as soon as practicable, but in no event later than 20 years after the date of enactment of the ADA. Since the ADA was signed into law, 20 years have now passed. According to an August 2011 report, entitled “Intercity Rail Stations Served by Amtrak: A Report on Accessibility and Compliance with the Americans with Disabilities Act of 1990” Amtrak serves more than 500 stations in the United States and Canada. Of these, 481 stations come with an ADA obligation. Amtrak has determined that responsibility at 84 of the Amtrak-served stations lies with other entities. Amtrak will address compliance needs at the remaining 398 stations. By December 31, 2011, according to the report, 90 percent of Amtrak stations will have barrier-free access between the train and the station platform—but much of this access will depend on mobile lifts that are not independently operable by people with disabilities. Station-based mobile lifts require Amtrak staff to operate and take more time for boarding than would independent access. In September 2011, DOT issued a final rule requiring nondiscriminatory access to require intercity, commuter, and high-speed passenger railroads to ensure, at new and altered station platforms, that passengers with disabilities can get on and off any accessible car of the train. Congress and the Federal Railroad Administration need to maintain a vigorous oversight role regarding station accessibility.

TAXICAB ACCESSIBILITY ISSUES

We have not progressed much in 20 years in terms of providing accessible taxis. As much as 10 percent of the customer base for taxi service consists of people with disabilities. And we have the same needs and interests as everybody else. We have jobs, families, classes, meetings, travel plans, and other activities to keep us on the move, and we need transportation, including taxicabs, to help us get where we are going. But, people with disabilities still need to call in advance for the few accessible taxis that might exist. Going outside and expecting to hail an accessible taxi in most cities in this country is simply not possible. In Washington, DC (through a new program that began in 2011) there are only 20 wheelchair accessible taxis; in New York City there are about 230 accessible taxis. In London, England metropolitan legislation has required all new taxis to be wheelchair accessible since 1989 (most are manufactured by The London Taxi Company). The London Taxis feature integral ramps and securement mechanisms; a swivel seat used in conjunction with an intermediate step for easier access for passengers with limited mobility; large colored grab handles for people with low vision; and an induction loop for people with hearing impairments.

Under the ADA, private entities primarily engaged in the business of transporting people and providing demand responsive service (the category that includes taxis) are not required to buy accessible new sedan-type automobiles. Such entities are required to purchase new accessible vans—when they buy new vans, unless the entity can demonstrate that it provides equivalent service. Equivalent service is determined based on response time, fares, geographic area of service, hours and days of service, availability of information, reservations capability, any constraints on capacity or service availability, and restrictions priorities based on trip purpose. 49 CFR 37.103(c).

If a private taxi company purchases or leases a new van with a seating capacity of fewer than eight persons (including the driver), the acquired vehicle must be accessible, unless the company is already providing “equivalent service”. The Access Board’s ADA accessibility guidelines for transportation vehicles specify that for new

vehicles 22 feet in length or less to be considered accessible, the overhead clearance between the top of the door opening and the raised lift platform or highest point of a ramp must be a minimum of 56 inches. These vehicles must have a two-part securement system to secure a wheelchair and a seatbelt and shoulder harness for the customer using a wheelchair. There must be enough room inside the vehicle so the customer using a mobility aid can reach the securement location. Lifts or ramps must be 30 inches wide minimum and hold a capacity of at least 600 lbs. Lift or ramp surfaces, securement locations, and all places where people walk must have continuous and slip-resistant surfaces. Ramp slopes shall not exceed 1:4 when deployed to ground level (although the Board's proposed rule to amend the ADA accessibility guidelines for transportation vehicles would modify this).

But nothing in the statute requires a private entity to acquire a van; if a private taxi company acquires only automobiles, it need never obtain an accessible vehicle. According to DOT's preamble to its 1991 regulations, "given the absence of specific statutory language requiring a mix of accessible vehicles in taxi fleets, we believe that to impose such a requirement based only on a general concept of 'accessible in its entirety' would be inappropriate." (See DOT's ADA final rule issued on September 6, 1991 "Transportation for Individuals with Disabilities" preamble at 49 CFR 37.29 "Private providers of taxi service".) Publicly controlled taxi companies on the other hand have to meet a higher standard and this issue is presently in litigation in New York.

Project ACTION has developed materials about taxicab accessibility. These include: Moving Forward Together: A Workbook for Initiating and Increasing Accessible Taxi Services (2005), The Americans with Disabilities Act and You: Frequently Asked Questions on Taxicab Service (2005 with the Taxicab, Limousine & Paratransit Association), and The Taxicab Pocket Guide (2006). The Taxicab, Limousine & Paratransit Association recently developed a new publication entitled, "Assessing the Full Cost of Implementing An Accessible Taxicab Program" (March 1, 2010). However, much more needs to be done to promote good practices and develop incentives for taxicab accessibility nationwide.

CONCLUSION

My experience has shown me that over the past 25 years after passage of the Air Carrier Access Act and 20 years after passage of the ADA, that many other countries are closely watching our progress. Countries have modeled their own legislation on ours. Standards development efforts around the globe are informed by what we do here in the United States. Many want to learn from our successes and challenges. Implementation of the Convention on the Rights of Persons with Disabilities will further this desire. Just last week the Access Board sponsored an information exchange with the government of Ontario, Canada and representatives from the European Commission. Both are developing accessibility provisions that will be greatly informed by what we have done here. We can certainly learn from other countries and their experiences with accessibility—but it is clear that the United States still serves as a model of inclusion and accessibility. The Access Board's new guidelines and the update of existing provisions will certainly improve the transportation landscape in America. But, issues remain in implementing the laws and regulations that are in effect today. We have many successes that we can be proud of but we can still do better.

Thank you for the opportunity to testify today on the topic of accessible transportation. I would be happy to answer any questions.

The CHAIRMAN. Thank you very much, Mr. Capozzi.

Ms. Bristo, welcome back. How many times have you been here—

Ms. BRISTO. A while.

The CHAIRMAN [continuing]. In the past 20 years? Welcome back.

STATEMENT OF MARCA BRISTO, PRESIDENT AND CEO, ACCESS LIVING, CHICAGO, IL

Ms. BRISTO. Senator Harkin, thank you so very much for holding this hearing. Not enough attention has been paid to the issues of public transportation for people with disabilities, and we really, really appreciate your leadership in bringing attention. I'm here today not only as the president of Access Living, but also as a

mother and as an employer of a good number of people with disabilities.

As you know, in 1977, I broke my neck in a diving accident, and pretty much like that, I went through the transformation into understanding what discrimination feels like firsthand. I lost my home. I lost my job. I lost my health insurance. And, very significantly, I lost the only kind of transportation I had ever used in Chicago—public transportation.

There was no way for me to get around. Therefore, thinking about going back to work was a really big deal. When I was finally given a job offer, one of my first barriers was how I was going to get to work. And fortunately, for me, I had a grandmother who gave me a loan, and I was able to learn how to drive with hand controls. Many, many, many people with disabilities don't have that opportunity, either financially or physically, and, therefore, what worked for me still left so many other people out in the cold.

We've come a long, long way since then. My testimony that we submitted for the record covers a lot of different areas. Today, I'd like to just focus on a few things that are going on in Chicago.

First, 100 percent of our buses are accessible, and all of the key stations in Chicago have been made accessible. However, that still leaves a third of the stations in the subway system of Chicago not accessible. Between those two systems, 92,000 rides per day are used by people with disabilities. And this is a pretty big undercount, because they can only count those people who have free fares.

The CHAIRMAN. How—

Ms. BRISTO. Ninety-two thousand—

The CHAIRMAN. Every day?

Ms. BRISTO [continuing]. Rides per day. That is people with disabilities who are on the free fare, for people who are indigent. We have incentivized getting people off of paratransit by providing free transportation on mainline. That has worked pretty well, but not well enough, because there is inadequate training programs to help people make that transition.

And as we're seeing bus routes, because of budget reductions, get reduced and cut back, we're now watching people leave mainline to go back on paratransit because they have to wait for four or five buses before one of the two spots for wheelchairs are available to them.

Paratransit, at the same time, has been growing in an out-of-control way. I'm sure you know this, but the baby boomers are about to age into their disabilities. A lot more of us are going to be working longer, and a lot more of us are going to be living in our homes rather than in nursing homes. So we have an aging community that's going to want to use public transportation. And we have a choice about whether they're going to be trapped into the expensive paratransit or whether we're going to remove the remaining barriers to make mainline accessibility a reality for them.

In Chicago, taxis are a big part of our solution. And I want to say that while we have 92 accessible cabs and some 35 or 40 coming on board, I think, this year, that is still not enough. The reason we've been successful in getting that many is because we've had

commissioners who have worked hand-in-hand with the disability community to open up more options.

I also want to say that cabs like the MV-1 are the only socially responsible designs. Combining universal design with green technology really is the way of the future. And I asked Mayor Bloomberg whether he would like to be a person with a disability trying to get a cab in New York City where they simply don't exist.

I've traveled in New York quite a bit. For starters, when you hail a cab, it's not the danger that prevents me from getting a cab. It's the cab drivers that just pass me by. That's the problem. Discrimination is still rampant, Senator.

If we make cabs accessible, more and more people who are on the paratransit system will shift over to the taxicab system. In Chicago, we're using public dollars to allow that to happen. People can get what's called a voucher, and the Transit Authority will pay portions of their cab fare in order to get us who can use the regular cabs onto taxis and off of the paratransit.

The final thing I'd like to comment on is the air carrier. Taxis and airplanes are a big part of my life. I travel a lot in my international role. I'm on planes on a regular basis.

I had an incident that occurred about 3 weeks ago on Southwest Airlines in Albany, NY, where I went up to the gate after checking in and telling them what my needs were, that I was going to need two people to help lift me onto the plane and I'd need an aisle chair. The man at the gate said, "Are you traveling alone?" I said, "Yes." And he said with a straight face, "I may not be able to board you on this flight." I thought he was joking, and I made a comment that I thought he was joking.

And he said to me, "You're not to speak to me like that," and I said, "Are you kidding? You are kidding." And then I realized he was not kidding. A big production occurred, where they brought up two or three different supervisors. Finally, someone came out of the plane and said to me, "Can you move your arms?" And I said, "Yes, look." I moved my arms, and they said, "Well, OK. We'll let you board."

So they got me in the plane. In the plane, I called the supervisor over and I said, "Are you telling me that if I couldn't have moved my arms, you weren't going to put me on the plane?" And she said,

"We're not required to. We've just returned from training in Dallas, and the FAA has told us that we're not required to allow people who are not independent to fly."

I went back and checked the regulations and, actually, there is a regulation in there that says it's up to the discretion of the pilot to make the decision as to whether the airline provides you assistance through a volunteer that might volunteer to assist you in flight. That's a regulation I had forgotten. But it's long overdue that we get rid of those kinds of regulations and once and for all create a private right of action under the Air Carrier Access Act.

We do not have the enforcement tools needed in that law. It's extremely important to understand that civil rights laws do not self-enforce. I know you know this. The advances we've seen in Chicago have not come just because the authorities decided there's a law and we're now going to do it.

We've had to sue the CTA not once but twice; first, to get the lifts on the buses before the ADA; second, to cause the drivers to operate the lifts and to cause the CTA to put the lifts and elevators on a routine maintenance schedule and to do consumer-directed training. We have to have those kinds of enforcement mechanisms available in the Air Carrier Access Act as well or the airlines will continue.

I have just returned from a meeting in Brazil. In fact, I was in an accessible cab in Brazil when I received the email from your staff asking me if I would come to testify. I was amazed to see the accessibility improvements, not only there but also recently in Seoul, Korea. The transit system in Seoul was fully accessible—the subway system. The signage was better than any in this country. When I asked why, they said Michael Winter, who works for the Department of Transportation, had been hired by the Korean officials to give technical assistance.

And I'm here to say that as the U.N. Treaty on the Rights of People with Disabilities is a bigger part of everyone's life, transit and global transit is becoming a more important thing.

Finally, as all these officials come from all over the world to the United Nations, it's a travesty that those people who are traveling from all over the world to this great country which gave us the ADA which led to the U.N. treaty in the first place—that they can't get the transportation through the taxi system that they need. We can do better. We must do better. It's time for us to go back legislatively and administratively to shore up the areas that remain weak.

Thank you.

[The prepared statement of Ms. Bristo follows:]

PREPARED STATEMENT OF MARCA BRISTO

My name is Marca Bristo and I am president and CEO of Access Living in Metropolitan Chicago—Chicago's Center for Independent Living. I am also currently president of the U.S. International Council on Disability. As a person with a disability, a mother, and as an employer I know firsthand the importance of transportation to the employment, health, and quality of life of people with disabilities. When I broke my neck in 1977, I was a public transit user—never having learned to drive. Suddenly my ability to move about the city came to a screeching halt. There was no accessible transportation in Chicago in 1977. Fortunately for me, a loan from my grandmother to purchase a car with hand controls enabled me to go back to work and maintain my social life. But the experience of being denied access to transit and other things people take for granted led to the movement which gave us the ADA. This testimony is intended to highlight the advances and remaining challenges in meeting the transportation needs of the Nation's growing disability community.

The basic mandates of the Americans with Disabilities Act (ADA) are that all new vehicles for use in mass transit, which include buses, rail cars and vans, have to be accessible; that key rail stations on both rapid rail systems and commuter rail systems had to be made accessible; that a paratransit system be established by operators of rapid rail and bus systems to ensure that transportation is provided to those who cannot use mass transit; and that all new rail systems and facilities such as stations have to be built accessibly; that private taxi companies comply with service requirements of the ADA and provide accessible cabs when purchasing vans unless the company is already providing equivalent service.

The statute, and USDOT's implementing regulations, provided operational mandates for paratransit systems. Years of experience with ineffective paratransit, which operated prior to the ADA's passage, made disability advocates fear that paratransit would always be of secondary importance to mass transit operators, so minimum service criteria were established. No artificial restraints on paratransit demand were permitted. To be eligible for ADA complimentary paratransit service,

a person with a disability must be unable to use mass transit for the trip requested and must live within the paratransit catchment area (i.e. within $\frac{3}{4}$ mile from a fixed bus route or rapid or light rail station). Transit operators were prohibited from placing priorities or restrictions on trip purposes, and the hours of operation of paratransit must be identical to those of mass transit. Unconscionably, the regulation allows paratransit fares to be double mass transit fares, despite the fact that only those who cannot use mass transit are eligible for paratransit, and they are by and large low income.

Paratransit has become an essential part of the lives of people with disabilities who cannot use mass transit. Since transit providers cannot lawfully suppress demand, and people with disabilities increasingly reside in their home communities and need transportation for work and recreational purposes, the cost of paratransit has skyrocketed. Life expectancies continue to increase, and the coincidence of aging and mobility impairment has increased the demand for paratransit. New York City Transit (NYCT) spent over \$500 million on paratransit this year, which is about as much as it costs to run the Metro North Railroad that operates between Westchester, Connecticut and New York City.

The rationale of disability advocates who promoted minimum service criteria for paratransit was twofold: (1) prevent abuse by transit operators and (2) encourage transit operators to make their mass transit systems as accessible and user friendly to people with disabilities as possible, so they would begin to see themselves as mass transit users rather than paratransit dependents. This approach did not achieve the desired result.

Unfortunately, ADA paratransit systems continue to be plagued by many problems. They often fail to comply with important ADA requirements through failing to provide on-time performance, failing to provide telephone access for call requests that do not require inordinate waiting on hold, driver failure to assist from the door of the origin or destination to the vehicle if needed, failing to base eligibility on an individual's functional ability rather than relying on blanket denials based on type of disability, and limiting penalties for no-shows to situations within the rider's control.

Paratransit fare increases (i.e., in Chicago from \$2.25 to \$3.00 one way) have made transportation too expensive for many, particularly those living on fixed incomes. Further, as budget pressures cause elimination of some bus routes in the mainline system, riders of paratransit are having service totally eliminated leaving them stranded altogether because they are now outside the catchment areas.

On the positive side, ADA paratransit systems were created faster than, for example, accessible rail systems. Obviously, making only key stations accessible, rather than making all stations accessible, which is all that the ADA mandates of existing rail systems, builds in significant obstacles to mass transit use and keeps people paratransit dependent. Mass transit systems set up paratransit programs that operate independently and do not interface with mass transit. Transit operators do not encourage the use of mass transit or transit training for people with disabilities, although some have created incentives to get people off of their paratransit systems and onto their bus and rail systems, including free or discounted rides for paratransit to mass transit switchers. Training programs, where they do exist, are inconsistent and inefficient. In Chicago, the demand for training far outstrips the trainers' capacity to train, especially for young people with disabilities graduating high school and people who are newly disabled.

Lift equipped buses have been in use since the late seventies in the United States. Operating personnel in some cities are currently familiar and proficient at lift operation and maintenance, but in some locations, there are still unnecessary breakdowns (due to poor maintenance programs) and failure to provide the required alternative service. But despite those problems, the word "bus" in the United States has come to mean accessible bus, as passengers with and without disabilities expect buses to be accessible, and people using wheelchairs and scooters to board. Some transit systems (such as Chicago) have responded to advocacy by disabled riders by adding scrolling visual marquees and automated stop voice call-outs on buses to improve communications access for deaf and blind individuals.

Large "over-the-road" style buses, operated privately, in intercity travel and on tours, and publicly and privately as commuter buses, became accessible slowly. Because of lobbying by intercity carriers, over-the-road style buses were exempt from access requirements until 1998. Larger private companies operate accessible over-the-road buses adequately, for the most part. However, smaller carriers and charters continue to operate inaccessible vehicles and have no ability to make arrangements for alternate transportation for wheelchair and scooter users. Federal enforcement for scofflaw companies has come slowly, but has improved markedly in the last year or two.

Gap problems continue to deter people using wheeled mobility aids from accessing rail systems. The gap is the distance between the platform and the rail car and is both horizontal and vertical. New rail systems have minimal gaps, but older rail systems contain gaps of 4" or more and are a significant disincentive to use. In Chicago after litigation against the CTA to require improved maintenance and service, access to rail service has greatly improved through the improved use of "gap fillers".

Issues concerning rail platform heights and lengths have surfaced as ADA has been implemented. A low-level platform at a commuter train which must be boarded by climbing car-borne steps makes it impossible for people using mobility aids to board. Transit systems have proposed alternatives to raising the entire platform, which do not work. The construction of a mini high-level platform on top of a low-level platform which is accessed by ramps provides access to only one rail car. All cars must be accessible, according to ADA, so mini high-level platforms are not a solution, although they exist on some systems (for example, Niagara Frontier Transit Authority light rail system in Buffalo, NY).

Elevator installation at key stations, mandated by ADA, has just not provided meaningful access on older rail systems, as they have been installed slowly because of expense and difficulty, and are few and far between. In Chicago, this problem is exacerbated by lack of urban space for expansion along the sides of the stations during renovation and installation of elevators or large ramps.

Perhaps the worst example of ADA compliance on rail systems is the Amtrak system. On the 20th anniversary of the Americans with Disabilities Act, the statutory deadline for 100 percent of Amtrak's stations to be ADA compliant, Amtrak had only 20 percent of its stations in compliance. Moreover, Amtrak "discovered" at approximately the same time that it did not own most of the stations at which it operates and therefore must persuade entities of local government to assist in making facilities accessible. Complicating this problem is the fact that most of Amtrak's tracks are owned by freight railroads. These railroads do not want high-level boarding platforms built next to their tracks because of what appears to be a historical resistance to improving passenger service. Many of the Amtrak platforms that must be made accessible are just concrete slabs which are currently in disrepair and need to be rebuilt. The U.S. Department of Transportation (DOT) recently issued a disappointingly weak regulation requiring only a performance standard for equal boarding access if there is freight traffic in a location as well, which there usually is. This rule unfortunately allows solutions I've already mentioned, as well as others, that have proven ineffective in the past.

In Chicago, we have been extremely frustrated by the fact that we know that the trains can handle three wheelchairs per car; however, we are only allowed to reserve three wheelchair spots per train. Amtrak says this is due to an outdated online reservation schedule. However, when we have simply showed up with a group of wheelchair users for travel, we have been subjected to poor customer service and a negative attitude because our needs were not outlined in the passenger manifest.

A significant transportation alternative has been largely unused by transit operators to reduce costs of paratransit. If taxis were accessible, paratransit costs would be reduced for several reasons. First, taxis are privately operated and purchased. Many people with disabilities would choose the taxi, which permits spontaneous travel, rather than deal with a demand-response, advanced reservation paratransit system. Transit operators themselves might employ private taxi services to reduce paratransit costs as invariably taxi fares are lower than the average cost of a paratransit ride. In New York City, for example, paratransit rides cost the transit system about \$60 per ride, far more than the cost of a taxi ride. Nevertheless, New York City's Taxi of Tomorrow program shockingly chose an inaccessible vehicle to be New York City's taxi for the next 10 years. Mayor Bloomberg, in commenting on the situation stated accessible taxis cost \$16,000 more than inaccessible taxis; that it is dangerous for wheelchair users to hail a taxi; that wheelchair users will not "establish a dialog" with the driver and therefore would be bad tipplers; and that "normal" riders will complain about the suspension in accessible cabs. The Mayor has repeated his offensive remarks, despite being wrong on the facts. He is a champion of some civil rights but has overlooked the needs and rights of disabled passengers. Unforgivably, New York City Transit has not opposed the Mayor despite the fact that if cabs were accessible their paratransit expenses would be dramatically reduced.

If taxis were accessible, dollars spent on ambulettes to bring Medicaid patients using wheelchairs and scooters to doctor appointments can be spent on healthcare instead of transportation, as taxis would be a cheaper alternative. All "benefits-related travel" by wheelchair users, such as trips to the Department of Veterans Affairs' clinics and medical centers and vocational rehabilitation, and even some spe-

cial education trips, could be made cheaper and more efficiently by accessible taxis than by privately operated ambulettes or public paratransit systems.

A small percentage of taxis are accessible nationally, though some cities such as Washington, Boston, Las Vegas, San Francisco, Chicago, and others have begun programs in earnest. I'm proud to say that, in my home town, Chicago's program of accessible taxis is a particularly outstanding model for many reasons, but chiefly because the rules are actually enforced, something that should be true everywhere, but is not. Chicago has used various incentives to increase the number and quality of accessible cabs. Currently there are approximately 100 accessible cabs with many more to be added this year. The new MV-1 is the first cab designed to be accessible and the Chicago disability community played a part in assuring that it will go beyond ADA requirements. It will also use natural gas and the city has incentivized the purchase of such environmental friendly vehicles with a fund to defray the costs of acquisition. We hope this will add even more accessible cabs to our fleet.

The only gatekeeper for paratransit eligibility, however, correctly remains the physical or intellectual inability to use mass transit. Transit could create incentives for mass transit use, such as reduced or free fares for those who are eligible for paratransit, providing accessible streets and sidewalks including bus stops, complying with the ADA's rules for calling out the stops, and transportation training in schools and vocational rehabilitation programs.

There is one more very significant problem and we look to the Department of Transportation to resolve it. Several Federal courts have misunderstood the intended relationship between the Department of Justice and Department of Transportation ADA regulations, with the resulting catch-22 that, unlike hotels, libraries, and every other type of organization covered by the ADA, public transit agencies are arguably not required to make reasonable modifications of their policies, practices, and procedures when necessary to avoid discriminating against a person with a disability. Something as simple as the right of a person with diabetes to eat food when medically necessary while on the train, even though there is a no-eating policy, is not guaranteed under the ADA until DOT acts. DOT made an excellent proposal in 2006 to add this provision to its regulation, but has neglected to finalize it. We urge rapid action that maintains full consistency with the excellent proposed rule.

The ADA does not address air transportation since the Air Carrier Access Act (ACAA) was passed in 1986, 4 years prior to the enactment of the ADA; however, the ACAA does cover access to the airport structure and grounds. The ACAA prevents both domestic and foreign airlines operating in the United States, from discriminating against passengers with disabilities. The nondiscrimination mandate covers all aspects of air transportation including reservations, boarding, deplaning, handling of mobility devices, and connecting service. Complaints stemming from lack of training of airline personnel and personnel of airline contractors are still prevalent 25 years after the passage of the ACAA. Also, in the past 25 years little has been done to improve the access of airplanes as the ACAA mandate for accessible aircraft is minimal. Without firm mandates, the industry has not voluntarily made airplanes wheelchair accessible.

In summary, 21 years after ADA's passage, transportation alternatives for people with disabilities are still extremely limited. While Amtrak cars are largely accessible, stations are difficult or impossible to access in many locales. The reservation system creates a vortex of discrimination and poor customer service. A clear success is that virtually 100 percent of mass transit buses are accessible in the United States, and all newer rail systems are accessible and used by people with disabilities. Rail systems that pre-existed the ADA have until 2020 for key stations access and are not heavily used by people with disabilities, because so little of each system is required to be accessible. Paratransit, while a life-style changer for people with disabilities, as it permits us to work, shop and socialize, even if we're unable to use the bus or train, is always at risk of budget problems. Transit should take meaningful, effective steps to make more rail stations accessible and encourage the switch from paratransit to bus and rail service. And in 2011, there should be no more failures to comply fully with the letter and spirit of the ADA.

The progress we have made here in the United States is being closely watched and has great potential to open transportation options for people with disabilities worldwide. The U.N. Convention on the Rights of People with Disabilities calls upon countries who ratify to improve transportation options for people with disabilities. Some countries have already made these changes, such as Seoul, South Korea and Rio de Janeiro, Brazil. We hope that the U.S. ratification of the CRPD will position the United States to further assist countries to open up transit to the 1 billion disabled people worldwide.

In closing, we have come a long way in opening transportation to people with disabilities but there is still so much more to do. Some will say we've done enough. In the period of tight budgets, we cannot do more. That is short-sighted and fails to take into account the growing population of people with disabilities who will be aging into their disabilities. They will be working longer and unlike their predecessors they will live in the community rather than in institutions. Improved accessibility in the taxi and mainline systems can take some pressure off of more expensive publicly funded transportation, like school buses and medical transportation.

Finally, if we are ever to reverse the terrible unemployment of people with disabilities, transportation is the key.

Thank you for giving me the opportunity to provide this testimony. I can be reached at *mbristo@aol.com* or (312) 640-2104 for further information.

The CHAIRMAN. Thank you again for a very provocative and strong statement, Marca. You never fail us by pointing things out to us. I appreciate it.

Mr. Altom, welcome. Please proceed.

**STATEMENT OF BILLY W. ALTOM, EXECUTIVE DIRECTOR,
ASSOCIATION OF PROGRAMS FOR RURAL INDEPENDENT
LIVING, NORTH LITTLE ROCK, AR**

Mr. ALTOM. Thank you, Senator Harkin.

Today, it is my pleasure to talk about a topic which affects so many Americans, and that is transportation and, in particular, rural transportation. Rural transportation, as you know, looks totally different than transportation in other parts of the country. And the lack of affordable, available and accessible transportation is one of the most significant and persistent problems faced by people with disabilities, people who are elderly, and those with low incomes.

This is especially true for individuals who live and work in rural America, which is why APRIL has been so concerned with accessible and effective rural transportation for well over a decade, because in the rural areas, we rely on human service providers. We rely on private vehicles, and we rely on taxi companies, which is why I'm thrilled to see the taxi folks here today.

I'd like to start by giving you just a brief retrospective of transportation legislation as it pertains to people with disabilities. I'd like to start with the Urban Mass Transportation Act of 1970, which stated that,

“It is hereby declared to be national policy that elderly and handicapped persons have the same right as other persons to utilize mass transportation facilities and services.”

Then 20 years later, we have the Americans with Disabilities Act, which reinforced those statements by clearly stating that where public transportation is provided, it must be accessible for people with disabilities. And then with those thoughts in mind, the current transportation act, the Safe, Accountable, Flexible, Effective Transportation Equity Act: A Legacy for Users, or SAFETEA-LU, created the New Freedom Program, or section 5317, to support new public transportation services and transportation alternatives beyond those required by the ADA in order to assist individuals with disabilities with their transportation needs.

So I'd like to describe a couple of programs that utilize some of these human service providers and voucher models and also car ownership, just to show the effectiveness of how transportation can be provided in rural areas if we coordinate our programs.

First, the Center for Independent Living in Western Wisconsin created a Regional Mobility Management and New Freedom Transportation Program that used a combination of the regional approach to coordinating and providing transportation to those largely without access to transportation and has resulted in a robust and growing program. In 2011, more than 12,000 rides were provided through the program and recently surpassed 1 million miles of service to a diverse population of individuals with disabilities in rural Wisconsin.

The center uses more than 140 volunteer drivers to serve the majority of those programs. This is funded through a variety of moneys from the FTA New Freedom Program, Mobility Management Program funds—which I want to talk a little bit about Mobility Management in just a moment. But those who access the program are people with disabilities of all ages, and they do so for a variety of reasons, including medical, social, recreation, and employment.

Oftentimes, folks do not think of transportation as anything other than a ride back and forth to work. And in rural areas, we need more than just a ride back and forth to work. We have to be holistic in our approach to providing transportation and ensure that folks have social opportunities and recreation.

Another program, the Living Independence Network, LINC, in Boise, ID, has a transportation program that is the user-side subsidy friendly that allows people with disabilities that prevent them from driving to defray the cost of public transportation by using vouchers. For each \$1 they spend, they get a \$3 voucher. So, for example, a \$9 ride costs the user three bucks. Then the transportation provider can redeem this unused portion and be reimbursed from the Center.

Currently, there are 1,325 people utilizing this program, 809 of those are over 60 years of age, and 698 use the program specifically for employment. Participating transportation providers have had to increase staff to deal with the increased demand as this system has grown, creating new jobs. This program works because of cooperation and coordination between human service agencies; public and private transportation providers; the ridership; and Federal, State, and local funding resources.

Using creativity, the program provides a significant link between people with disabilities and seniors in rural America and their communities and employment opportunities. These two programs are voucher models. Next, I'd like to describe quickly a car ownership program.

The Good News Mountaineer Garage Program in West Virginia is a nonprofit organization that takes donated cars, repairs them, and provides them to families in need of transportation to get to work and/or training. The vehicles are matched according to the individual needs of the recipient and are provided a warranty and training in how to care for the car and keep it running. The families are required to have insurance and budget for maintenance.

Having available transportation is crucial to economic independence. Economic independence means personal independence, and car ownership can be a solution to many transportation challenges. Research has shown that parents with a car are more likely to be employed and to work more hours than a parent without a car.

And when a parent has a stable and consistent means to get back and forth to work, their chances of obtaining and maintaining better jobs with higher pay are much greater.

Finally, 2 years ago, Easter Seals Project ACTION and the Association of Programs for Rural Independent Living and the National Council on Independent Living started a project in 20 States to create mobility management independent living coaches. These coaches are people with disabilities. The coaches enlighten mobility managers in disability perspectives as they pertain to various forms of transportation, because we realize that one-size-does-not-fit-all.

They also train the mobility managers to coordinate and work closely with other disability organizations in their respective communities. In the IL world, we have a slogan for this. It's "nothing about us, without us." The thing that we really need to do is to ensure that the enforcement of our civil rights protections afforded to us under the ADA and other pieces of legislation that impact transportation are enforced.

I thank you very much for your time, and I would be glad to answer any questions that you may have later.

[The prepared statement of Mr. Altom follows:]

PREPARED STATEMENT OF BILLY W. ALTOM

Chairman Harkin, Ranking Member Enzi and members of the Senate Health, Education, Labor, and Pensions Committee, I would like to start by thanking you for the opportunity to address the HELP Committee regarding *The Americans with Disabilities Act and Accessible Transportation: Challenges and Opportunities*.

My name is Billy Altom and I am the executive director of the Association of Programs for Rural Independent Living (APRIL). APRIL is a national membership organization dedicated to advancing the rights and responsibilities of people with disabilities in rural America. We provide leadership and resources through a national network of rural centers for independent living, programs and individuals concerned with the unique aspects of rural independent living. The goal of APRIL is to work with others to find solutions to common problems and to bring rural issues in independent living into focus on the national level.

The lack of available, affordable and accessible transportation is one of the most significant and persistent problems faced by people with disabilities, people who are elderly and those with low incomes. This is especially true for individuals who live and work in rural America and is why APRIL has been concerned with accessible and effective rural transportation for well over a decade.

"It is hereby declared to be the national policy that elderly and handicapped persons have the same right as other persons to utilize mass transportation facilities and services; that special efforts shall be made in the planning and design of mass transportation facilities and services so that the availability to elderly and handicapped persons of mass transportation which they can effectively utilize will be assured; and that all Federal programs offering assistance in the field of mass transportation (including the programs under this Act) should contain provisions implementing this policy." Urban Mass Transportation Act of 1970, P.L. 91-453.

The above 1970 statutory language, establishing national transportation policy, was written 20 years before the 1990 Americans with Disabilities Act (ADA). We need to use the 1970 Transportation Act's words as a challenge and a reminder of promises to keep.

Minimal or non-existent transit services in rural areas still create serious barriers to employment, accessible health care and full participation in society for people with disabilities, 40 years after initial national policy, and 20 years post-ADA. Lack of public transportation is one of the most serious, persistent problems reported by people with disabilities who live in rural America. Compared to the resources allocated to urban areas, those allocated for rural public transportation are significantly inequitable.

APRIL's guiding principles in addressing transportation needs in rural America include:

- “All” public transportation should be accessible to “All” users, “All” the time.
- Transportation must address the needs of all transit dependent groups, including people with disabilities, senior citizens, youth and low-income individuals.
- Systems designed to meet the transit needs of people with disabilities will meet the needs of all transit users.
- Systems must be accountable for the accessibility, quality and quantity of services they provide.
- Accessible transportation includes systems, services, vehicles, routes, stops, programs and all other aspects of transportation and must at least meet or exceed the minimum requirements set forth in the Americans with Disabilities Act.

The current Transportation Act—the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) created the New Freedom Program (Sec. 5317) to support new public transportation services and public transportation alternatives beyond those required by the ADA, in order to assist individuals with disabilities with their transportation needs.

There are models that demonstrate the spirit and intent: Mobility Management and Voucher Programs.

Mobility Management refers to the consideration of all modes of transportation in order to meet the needs of users. In utilizing the practice of mobility management, communities rely upon a variety of transportation sources in an effort to move rural and small town residents from point A to point B as safely and efficiently as possible. This is a people-oriented approach that accounts for a rider’s age, income level and accessibility needs to determine the best transportation option.

Effective mobility management ensures that residents are familiar with available resources and that communities coordinate transit programs effectively. Customer-focused coordination is essential to ensure that services create sufficient access to jobs, groceries and health care services.

Easter Seals Project ACTION (ESPA), the Association of Programs for Rural Independent Living (APRIL) and the National Council on Independent Living (NCIL) started a project 2 years ago, in 20 States, to train mobility management independent living coaches who are people with disabilities.

These coaches educate mobility managers in disability perspectives as they pertain to various forms of transportation. They also work with mobility managers to coordinate their services with disability organizations in their respective communities. In the Independent Living world we have a slogan for this . . . Nothing about us, without us!

But currently, many mobility plans do not take all modes into account, leaving some residents without options. A comprehensive and flexible mobility management program should include various types of mobility, from carpools and vouchers, intercity and local buses, rail, vanpools, personal vehicles, to walking and biking.

Vouchers are tickets or coupons that eligible riders give to participating transportation providers in exchange for rides. In general, voucher programs target those with the greatest need for transportation who cannot use existing transportation services for one or more reasons. For example, they cannot operate a private vehicle because they have a disability that prevents them from doing so, they lack insurance or a driver’s license, or they do not own a vehicle. Perhaps they cannot afford to use existing taxi services or those services are not available or they live outside of the fixed-route bus service area.

So, how does this voucher system work and who’s involved?

A voucher system involves three parties:

1. *The riders* who use public and private transportation services at a fully or partially subsidized rate and pay for those rides with the vouchers.

2. *The transportation providers* who, based on previously negotiated arrangements, agree to accept the vouchers or coupons as payment for the trips and submit the coupons to the sponsoring agency for reimbursement. The transportation provider can be a private taxi, human services transportation provider, neighbor, other volunteer or even a family member.

3. *The community*, through its local agency or agencies that support the subsidized cost of the voucher, determine customer eligibility for the voucher program, provide the vouchers to the customer and reimburse the transportation providers for trips.

BENEFITS OF A VOUCHER PROGRAM

A voucher program helps customers afford the cost of a trip that allows them to access essential services and destinations. The customer may pay nothing or just a small co-payment for the ride. Using vouchers means that the customer encounters

little hassle in paying for a ride. For example, in some cases, the rider may have to submit only a voucher or check to the transportation provider to receive a ride.

The rider becomes more involved in the process if he or she also chooses the provider, such as when the provider is also a family member, friend or neighbor.

Being able to rely on voucher-supported services means additional independence for the customer previously dependent on the good will of family members and friends for their personal transportation.

A voucher system allows customers to choose transportation services that match their needs; from the type of vehicle, to the time and day of travel, including evenings and weekends, to the type of service (e.g., door-to-door). And from the transportation provider's perspective, participation in a voucher program allows public transportation providers to increase their ridership; taxis and human services transportation providers to expand their contract revenue; and family members, neighbors and others to receive reimbursement for trips they may have been funding out of their own pocket.

So here we are, 40 years after initial national policy, and 20 years post-ADA, and minimal or non-existent transit services in rural areas still create serious barriers to employment, accessible health care and full participation in society for people with disabilities.

I would like to highlight three programs operating in rural America that provide transportation options for people with disabilities and those with low incomes.

Center for Independent Living for Western Wisconsin (CILWW) Regional Mobility Management / New Freedom Transportation Program

The Center for Independent Living for Western Wisconsin's efforts to increase transit options for rural Western Wisconsin residents has two critical components: Regional Coordination and provision of transportation to rural communities with few or no transit resources.

The center employs a certified Regional Mobility Manager, who also serves as the center's transportation program coordinator. The center formed and staffs a seven-county transportation coordinating committee that serves to knit together the required locally developed human service coordinated transportation plans into a truly regional approach.

The regional coordinating committee is comprised of public and private stakeholders and meets quarterly in rotating locations within the region.

The combination of the regional approach to coordination and providing transportation to those largely without access to transportation has resulted in a robust and growing program. In 2011, more than 12,000 rides were provided, and the program recently surpassed 1 million miles of service to a diverse population of individuals with disabilities. The center uses more than 140 volunteer drivers to serve the majority of those who use the program. The program is funded through a combination of Federal FTA New Freedom, Section 5317 funds, mobility management project funds, and moneys received for delivering transit services. The rest is "local match": fee-for-service funds, rider reimbursement, agreements (cash and in-kind) from county partners, contracts and value of the driver's time (in-kind).

Those who access the program (people with disabilities of all ages) do so for a variety of reasons including medical, social, recreation and employment. Since 2008, a third of those who request transportation services are seeking education, training, employment or employment-related programs.

In addition, (largely due to the success of meeting the unmet needs of the rural counties) the center has engaged in a number of contracts with county human service and Aging and Disability Resource Centers (ADRCs), to coordinate and provide a portion of the transportation for those eligible under State and Federal programs. Additionally, the centers' transportation program has garnered contracts to provide transportation to consumers of two regional managed care organizations (MCOs).

Due to a recent collaboration with another private non-profit center for independent living, the program now coordinates and provides transportation to residents in an 18-county area of Western and Northwestern Wisconsin. A growing segment of those served are veterans with no transportation to regional Veterans Administration centers. The program currently serves more than 130 veterans weekly.

Finally, the recognition of a growing demand for transportation options for rural Wisconsin residents with disabilities has led to an unprecedented successful collaboration. In partnership with the Eau Claire County Aging and Disability Resource Center, the center was awarded the first ever Federal Veterans Transportation Community Living Initiative grant for the next 5 years. The public-private collaborative was the only program in Wisconsin funded.

LIVING INDEPENDENCE NETWORK CORPORATION (LINC)—BOISE, ID

Living Independence Network Corporation (LINC) is a center for independent living (CIL) with offices in Boise, Caldwell and Twin Falls, ID.

The LINC office in Twin Falls operates a rural transportation program that serves a four-county area in south central Idaho that is approximately the size of the State of Connecticut. The four-county area has a population of just over 100,000 people and 64,000 of them live in Twin Falls County.

The LINC transportation program is a “user-side subsidy” service that allows people with disabilities that prevent them from driving to defray the cost of public and private transportation. Users purchase vouchers from LINC and each dollar spent purchases \$3 worth of transportation. Users use the vouchers to pay for rides (for example, a \$9 ride costs the user \$3), then the transportation provider redeems the unreimbursed portion of the ride from the CIL. Users can use their vouchers to pay for rides from private providers such as taxis, from public transportation such as fixed-route and paratransit or to pay for mileage to “community inclusion drivers” implemented through contracts with private and public transportation providers.

- 1,325 people use the program.
- 809 of those are over 60 years of age.
- 698 use the program specifically for employment.

Participating transportation providers have had to increase staff to deal with increased demand as the system has grown, creating new jobs.

The transportation program is funded by a combination of:

- 5,310 Elderly Individuals & Individuals with Disabilities Program.
- 5,316 Job Access and Reverse Commute Program (JARC).
- 5,317 New Freedom Initiative Program.
- Older Americans Act funds through the local Area Agency on Aging.
- LINC provides required matching funds from unrestricted revenues.
- As described above, users pay a portion of the cost.
- A link to an online news story about the program: <http://www.dailyyonder.com/twin-falls-transportation/2011/02/01/3155>.

The program works because of *cooperation and coordination* between human service agencies, public and private transportation providers, the ridership and Federal, State and local funding resources.

Using *creativity* and existing programs, providers and resources, the program provides a significant link between people with disabilities and seniors in rural America and their communities and employment opportunities.

GOOD NEWS MOUNTAINEER GARAGE—WEST VIRGINIA

Good News Mountaineer Garage is a West Virginia non-profit organization that takes donated cars, repairs them and provides them to families in need of transportation to get to work or training. The vehicles are matched according to the needs of the recipients who are provided a warranty and training in how to care for the car and keep it running. The families are required to have insurance and budget for maintenance.

Having available transportation is crucial to economic independence. Economic independence means personal independence. Car ownership can be a solution to many transportation challenges. Research has shown that a parent with a car is more likely to be employed and to work more hours than a parent without a car. When a parent has a stable and consistent means to get back and forth to work, their chances of obtaining and maintaining better jobs with higher pay are much greater.

The Good News Mountaineer Garage, which opened its door in 2001 after having been organized by a group of concerned citizens, has helped **over 1,700 West Virginia families** meet their transportation needs.

The GNMG is involved in an ongoing program to measure the outcomes of its programs. The results of this past year’s respondent followup study showed that:

- The number of cars provided to families total approximately 1,700 since it started in 2001: Most of the vehicles were provided to referred clients of the WV Works—Temporary Assistance to Needy Families—statewide.
- In 2009, GNMG entered an agreement with the Department of Rehabilitation Services to provide vehicles to referred clients. Since that time, 90 vehicles have been provided.
- In the past 3 years we have provided vehicles to meet the transportation needs of 829 adults and 1,107 children.
- DHHR TANF’s director reported to the USDHHS that GNMG was one of the case managers’ most valuable programs to help people get off public assistance.

- WVDHHR–DRS has asked if GNMG has the capacity to increase the number of vehicles provided to their referred clientele indicating that GNMG is helping the agency move their clients to gainful employment or training.

A followup survey of TANF vehicle recipients conducted in fiscal year 2009 showed the following:

- 87 percent were no longer on TANF.
- 9 percent were on TANF but were in training or the 6 month transition stage of moving to employment.
- 4 percent were still receiving TANF and not in training or transition.
- 36 percent are able to attend more school activities.
- 36 percent accessed better child care.
- 21 percent moved to better housing.
- 31 percent accessed improved medical care.

In closing, we have to move past those *us versus them* scenarios. We need to consolidate the silo approach and give transportation providers the flexibility they need in order to serve the entire community. Not just individual segments. We should systematically encourage and fund innovative private and public sector models that can address unavailable and/or insufficient rural transportation.

Solutions might include: accessible taxi services; using private drivers, including those with disabilities; vehicle pools similar to those used by intercity bus programs and voucher models administered by community-based organizations. Allocate innovative program funds to support tribal transportation programs that are coordinated with other public transit and community transportation services.

We are all in this together. We hear a lot of talk these days about the principles upon which our country was founded. I ran across this passage the other day written by John Winthrop on his voyage to the Massachusetts Bay Colony in 1630. He was preparing his shipmates and his family for their arrival in the new country and how they should live their lives to make their new homeland truly a city on the hill . . . to be admired by all other countries.

“We must delight in each other; make others’ conditions our own; rejoice together, mourn together, labor and suffer together, always having before our eyes our commission and community in the work, as members of the same body.”—John Winthrop written onboard the Arbella en route to Massachusetts Bay Colony in 1630.

I think this still holds true today and we should accept it as a challenge as we move forward in the development of our new transportation legislation.

Thank you so much for your time and attention.

The CHAIRMAN. Mr. Altom, thank you very, very much.

Ms. Houghton, welcome and please proceed.

**STATEMENT OF JILL HOUGHTON, EXECUTIVE DIRECTOR,
US BUSINESS LEADERSHIP NETWORK, WASHINGTON, DC**

Ms. HOUGHTON. Chairman Harkin, Ranking Member Enzi, and members of the committee, thank you for this opportunity to provide testimony today.

My name is Jill Houghton. I’m the executive director of the US Business Leadership Network, also known as the USBLN. We’re a nonprofit, nonpartisan organization promoting workplaces, marketplaces, and supply chains where people with disabilities are fully included. We have over 60 Business Leadership Network affiliates across the Nation, and we represent over 5,000 employers.

I have to tell you we go to our members all the time and ask them for feedback from A to Z. And when we went to them and asked for feedback on accessible transportation, they are still providing feedback. Never in the history of any issue that we have raised with them thus far has there been an issue so important to business. And the bottom line of what they’ve told us is that access to accessible transportation inhibits their ability to effectively recruit, hire, retain, and sometimes even advance their employees with disabilities.

And I will tell you that as the workforce continues to age and the incidence of disability continues to grow, this issue is only going to become more catastrophic to business. Some of the examples that they cited is, some of our members have facilities in Iowa, in rural locations, where there is no access to accessible transportation. So if they're trying to drive their employment efforts there around people with disabilities, they have a problem. If they're trying to drive a national, multisite, multistate employment effort, they have a problem because of the lack of access to accessible transportation.

I will tell you that they shared many stories with us. One member company shared a story about an employee that recently became legally blind. That employee's job was to go out and meet with their clients. And because they're legally blind, they now have issues with transportation.

As a company, they've worked with that individual to try to find solutions, and at the end of the day, the employee has become so completely overwhelmed by the daunting experience of dealing with accessible transportation and the access to it that she's decided to take another position within the company that inhibits her ability to continue to grow. So now she's going to sit back, and she's watching, and they're going to work with her to try to find the right opportunity where she can use her experience and, hopefully, have some really good luck to find a position that will allow her to continue to grow in her position.

Another member company—a senior executive leader cited that she has to travel, and that travel is oftentimes not safe. She's a person that uses a small pediatric chair that folds. She cited examples like we've heard earlier today, where when she's flying on the airlines, she needs them to fold the chair and put it in the closet. But they opt to take it down the jet way, put it underneath, put the suitcases on top. She arrives at her location, and now she has a broken chair and can't get to the work that she needs to attend to.

She talked about accessing trains and not having bridge plates or ramps—trying to force her on the train; once getting on the train, needing to ask people to move from the accessible seating so that she has a place to sit. She talked about taxis. She talked about the issues with people not knowing how to fold her chair, putting her chair in the back and breaking it.

I can tell you from personal experience—I'm married to a gentleman with a spinal cord injury. He uses taxis. He's got to get around. He was in DC the other day. It was pouring down rain. He sat outside for 15 minutes, waiting for a taxi to stop. And he called me and he said, "The best thing happened to me today." I said, "What happened?" He said,

"The lady that waited on me in Starbucks saw me sitting out in the rain for 15 minutes. She was able-bodied. She came out, and she flagged a taxi for me, you know."

I mean, unbelievable.

Now, I will tell you that while nothing replaces access to accessible transportation, there are some opportunities. And many of our members are looking to use things like telecommuting. So if they're trying to drive employment in rural communities, telecommuting is

absolutely an option that's alive and well and many of our members are using it.

Other members are looking at things like online booking, because we know that in a global economy, exempt employees need to be able to travel just like that. So they need to have access to accessible, online booking, bus kiosks, et cetera. One of our member companies is actually working on prototyping accessible technology through mobile phone applications and bus kiosks, et cetera. If you go to www.accessmynyc.com, it'll take you to a nice video on YouTube talking about some technology that IBM is creating on a mobile phone app around creating accessible routes—very interesting stuff.

Some other examples—employer-provided transportation, not a perfect solution, but like one of our member companies in South Carolina partnered with a local disability service organization. They got a grant. They got a vehicle. They charge a subscription rate to their employees, and they transport their employees to work. Now, if somebody's got to work overtime, everybody's got to wait until that person is done. It's not perfect.

But one of our member companies in Wyoming uses a company-owned vehicle and the executive goes out and gives people rides. So, certainly, they are looking for opportunities and solutions to this problem.

I would tell you in closing, here we are, nearly three decades past the passage of the Americans with Disabilities Act, and access to accessible transportation is still a huge issue, not just for people with disabilities, but for business as they try to recruit, hire, retain, and advance employees with disabilities. So please—thank you so much for the opportunity to provide testimony today. As a business, we want to be part of the solution.

[The prepared statement of Ms. Houghton follows:]

PREPARED STATEMENT OF JILL HOUGHTON

Chairman Harkin, Ranking Member Enzi, and members of the Health, Education, Labor, and Pensions Committee, thank you for the opportunity to provide testimony regarding The Americans with Disabilities Act and Accessible Transportation: Challenges and Opportunities. My name is Jill Houghton and I am the executive director of the US Business Leadership Network (USBLN®), a national non-profit, non-partisan business to business network promoting workplaces, marketplaces, and supply chains where people with disabilities are included. The USBLN® serves as the collective voice of over 60 Business Leadership Network affiliates across the United States, representing over 5,000 businesses. Additionally, the USBLN® runs the Nation's leading third-party certification program for disability-owned businesses, including service-disabled veterans.

As the USBLN® executive director, I'm here today because access and accessible transportation as it relates to employment is an important issue for our corporate members including small, medium and large businesses across the Nation.

As the former executive director for the Ticket to Work and Work Incentives Advisory Panel, between 2005 and 2008, I had the pleasure of working with bipartisan members and staff on this committee. I very much appreciate your commitment to equality of opportunity, full participation, independent living, and economic self-sufficiency for youth and adults with all types of disabilities in all aspects of society. My testimony is grounded in my professional experience with the USBLN®, as a policy advisor, commissioner on the Florida Commission for Transportation Disadvantaged and my personal experience as a person who is married to someone with a spinal cord injury.

In preparation for my testimony today we asked our members about their challenges and opportunities related to the Americans with Disabilities Act and Accessible Transportation and here is what they had to say:

CHALLENGES

Many of our employers are located in places that are not easy to get to for people with transit-dependent disabilities. This is a significant disadvantage for business when recruiting, retaining, or advancing employees with disabilities who do not drive. Although access varies considerably by city, transportation barriers often complicate a company's ability to implement employment initiatives in a broad, multi-site manner.

Many of our members have U.S. facilities that are rural and draw from an employee base within a large geographic radius who don't have access to public transportation. In many instances this had led prospective candidates with disabilities that don't drive to withdraw from consideration for employment. Similarly, some businesses have sought out assistance in sourcing talent with disabilities from local disability service organizations only to be turned away due to the lack of availability of public transportation. For example, when a job calls for people to work extended or unusual hours, as can be true in the entertainment industry, employees who rely on public transportation are unable to do so because there is no access after "normal" business hours. It is next to impossible for their employees to find a public bus at 1 a.m.

In areas of the country where public transportation is an issue because of the amount of territory that the system must cover many employees with disabilities are faced with work/life balance challenges. These challenges are due to the amount of time that one can spend trying to navigate bus schedules, connections, etc. Sometimes employees with disabilities try so hard to prove that they can do the job that they are forced to use taxicab services, which in the end can prove to be cost-prohibitive or not an option due to lack of accessibility. In many of these instances when the individual with the disability performs a cost-benefit analysis of transportation costs or time spent traveling to and from their jobs, it usually surfaces that they are better off seeking financial support in ways other than work. This creates a huge missed opportunity to business because skilled and valuable employees are unable to accept or keep their positions. It also results in higher expenditures for public programs like Social Security Disability Insurance and Medicare.

Poorly maintained and unreliable public transportation systems disproportionately impact employees with disabilities particularly those who are unable to drive, cannot afford vehicles that are accessible or who have difficulty locating accessible parking in congested areas. Buses that do not have working lifts, broken elevators in subways, unreliable paratransit and taxis that bypass individuals with service dogs and wheelchair users create significant barriers to employment. Speaking of taxis that bypass individuals in wheelchairs, my husband uses a lightweight, sporty chair that can easily fit in the trunk of a taxi. However, he has become accustomed to taxis that as he describes them, "put the pedal to the medal" when they see him. One of his tactics to overcome this is to have me, a colleague, or even a Starbucks clerk go out and hail the cab while he sits off to the side.

While many employees with disabilities face these challenges on a daily basis, allowing for additional time and alternate plans can become so obtrusive that work becomes an unrealistic option. Lack of access to transportation means that individuals may choose to leave the workforce unnecessarily—when able to perform the essential functions of the job but unable to get to and from work reliably. This robs companies of valuable employees. As the workforce ages, and with it the incidence of disability grows, if transportation systems are not improved the problem will become catastrophic to business.

Even when accessible transportation is available, there may be issues with actually using the transportation option. For example, one of the USBLN®'s members, a senior executive leader, shared that traveling alone on business is not safe or feasible due to accessibility issues as a wheelchair user. Literally on every trip she takes she runs into challenges loading and unloading her wheelchair and she has a light weight pediatric-sized chair.

Some issues she highlighted were:

Airplanes: Refusing to put her chair in the flight attendant closet and throwing her wheelchair underneath from the jet way with luggage placed on top resulting in damage to her chair.

Trains: Not having a bridge plate or lift readily available and rushing to get her "over the gap" to stay on time. She described it as really scary when they grab her chair and try to pull her over the gap, and her personal assistant has had to intercede and either insist on the bridge plate, or get her across himself more carefully. Also: Not having a clearly marked place to park her wheelchair and having to ask passengers to find another seat so she can sit in a disability accessible location.

Car Services/Taxi: Drivers disassembling, bending or breaking her chair while loading/unloading into trunk so it does not operate when she arrives.

Finally, she emphasized that there really needs to be training for personnel in all of the above areas. Her assistant carries tools to repair her chair everywhere they go, and tries to instruct transportation personnel on proper handling, but often there are language barriers or people are in too much of a rush to listen.

An additional USBLN® member, a senior executive leader who is blind mentioned that getting assistance from gate to gate at airports in a timely manner can be challenging and has caused her to miss connecting flights.

OPPORTUNITIES

Telework

While telework does not replace adequate accessible transportation systems, for some industries, it can be a good solution to recruit and retain employees with disabilities. For our members attempting to recruit in rural or low population areas where there is not available or adequate public transportation, telework can provide access to employees without requiring relocation. In addition, distance learning can also provide an opportunity to teach employees new work skills. Telecommuting can also be a stop gap measure during and after natural disasters such as earthquakes, tornadoes or hurricanes and for shifts when public transportation is not available and/or when work hours are not consistent.

Given the increased accessibility of information and communications technology, an employee located at a distance can often perform the same work regardless of location. This said, like many agencies in the Federal Government, companies must first purchase accessible technologies and be knowledgeable about the functions and features that can make information and communications accessible to their employees with disabilities.

Online Booking

In this global world, many of our member companies expect their exempt employees to travel at moment's notice. This requires that the transportation system of the future will be accessible for things like route planning, ticket purchasing and accessory services inclusion 24/7.

In fact, one of our member companies has been working on prototyping accessible airline/bus kiosk and mobile phone-based accessible city routing (e.g. *www.accessmynyc.com*). These solutions are available now but the usage rate is slow probably because both the Government and the transportation industry still need to be educated about the needs of people with disabilities and the market potential.

Workplace Flexibility

Additional solutions include creating flexible work schedules by re-working start and end times. One member even cited that in areas within their geographical region, they have evaluated the potential for setting up a satellite office within a school or support facility instead of the employee coming to them. Others have leveraged ride shares through van and car pools where feasible. Those enrolled in this program are often rewarded with prize drawings and reserved close parking privileges.

Employer-Provided Transportation

A member company in South Carolina worked with their main disability service partner to create a solution by accessing a grant to purchase a small bus and they charge the employees a subscription fee to cover the operational costs of running that bus. It operates with a "hub" system so that in most cases, the employees need a ride to the pick-up spot, but it eliminates family members needing to drive individuals for an hour each way every day. This system also has limitations because if one person on the bus has overtime, everyone has to stay at the building until the last person's shift ends. However, their Texas location partnered with the agency that provided the largest number of employees with disabilities and selected them as the charity for 1 year's campaign. The funds raised were matched by a grant and the money was used to purchase a bus to transport individuals for training as well as for work.

In Wyoming, one of our members has had members of management drive a company vehicle to transport their team members to and from work. However, this is limited by the size of the vehicle and territory they are able to cover.

CONCLUSION

Developing transportation solutions can create complex issues for both the individual and employer. While flexible work hours and telecommuting may provide a

partial solution for some job categories, it is not a complete solution. Not every individual thrives in a telework or telecommuting position. Even for those with positions that can be performed primarily from a remote location, there are formal and informal meetings and events that must be held onsite. The glass ceiling, or chrome ceiling as it has been called in the disability world, will be reached very quickly by employees who face transportation barriers. In the words of one of our members, who is with a company with very flexible worksite policies, related the following story:

“One individual who became legally blind and could no longer drive to her clients took public transportation some places, car services to others (the firm paid), and carpooled with colleagues when possible. Ultimately, the complex arrangements proved so daunting and inefficient that she changed roles and is still looking for the right opportunity where she won’t need to travel regularly to different client sites. This has had a huge career impact for her and others, and it takes both an exceptional track record and luck to be able to carve out the right role at the right time that’s not career-limiting.”

In conclusion, 21 years after the passage of the Americans with Disabilities Act accessible, reliable, courteous and affordable public transportation continues to be one of the major, if not the major, barrier for business when recruiting, hiring, retaining and advancing people with disabilities in the workplace. For this reason, employers need to be part of transportation policy discussions at all levels of government. This country is experiencing major workplace challenges and our country needs the talents, dedication and creativity that people with disabilities bring to the workplace, marketplace and supply chain. We applaud this committee’s leadership in examining this issue and Congress’ oversight of the agencies, regulations, policies and actions that have been developed to insure that the intent of the Americans with Disabilities Act to level the playing field is realized.

The CHAIRMAN. Thank you very much. That was also very powerful. Thank you. I appreciate that very much and all of you for being here today.

This is a general question or maybe an observation question. We have some specific legislation, the Air Transit Act, that we talked about and the regulations pertaining thereto; the Surface Transportation Act and the regulations pertaining thereto. Do we need to modify the ADA? Do we need to add something? Or do we need to look at air transportation, surface transportation, taxicabs, of course, as slices of it and address those individually?

How much needs to be changed legislatively, and how much just needs to be enforced, regulatory? We have the regulations, and as you point out—most of you pointed out, the regulations aren’t being followed. Where should we be focusing some of our attention on this issue? Should we be focusing it on those slices or an overarching modification of the ADA? Any thoughts on that?

Mr. Capozzi.

Mr. CAPOZZI. I think the answer depends. For example, under the Air Carrier Access Act, the law is very short. It’s modeled after section 504, so it basically just says “air carrier shall not discriminate on the basis of disability and regulations shall be written.” And so the teeth is in the regulations. The particulars are in the regulations.

Regulations have been written. They were first written in 1990. They’ve been modified many times since. They now cover international carriers as well through a piece of legislation that extended the coverage to international carriers. So part of it is regulatory, but I think a large part is just enforcement, compliance, training.

I mean, it was very interesting when Marca talked about the training that the employees for that airline had gone through, and they misunderstood the regulations, because the regulations in that case would say that if you had a disability so severe that you

couldn't assist in any way, then they could require an attendant to fly with the passenger, but they can't deny you boarding. So they kind of missed the nature of the issue.

So I think training has a large part of any disability legislation or regulations. Compliance, though, is a big part of it. Most of our legislation is all complaint-driven, as you know. And so that sometimes is a failing. There are probably places, though, that could benefit from both some legislative oversight and some—perhaps re-tooling.

When the ADA was passed in 1990, the issues really were different. The issues at that time were having mainline accessibility to buses and trains. I mean, people were still chaining themselves to buses before 1990. So the issue wasn't really private sector transportation or taxicab accessibility or shuttle buses from hotels. But I think those are now the issues of today.

The CHAIRMAN. Any other thoughts?

Mr. Altom. And then Marca.

Mr. ALTOM. Thank you. I just want to echo those thoughts of enforcement. Since there are no ADA police, so to speak, it is complaint-driven. And a lot of times for an individual with a disability doing that complaining or filing that complaint, they have the fear of the repercussions that may come from that.

If you live out in a rural area, and you start griping, well, the squeaky wheel gets the grease. Sometimes it does get the grease, and it's just out of the way, and you don't think about it anymore. So I would like to see enforcement mechanisms in place and maybe not so much onus on the individual sometimes of being the lone wolf out there.

Ms. BRISTO. Senator Harkin, as you remember, the ADA and most laws that we have are a byproduct of the compromise process. And in 1989, when we were working on the ADA, there were a lot of different forces going on that caused us to have certain elements of the laws that weren't as strong as we'd like them to be. That, coupled with the advances in technology—I think if we were writing the ADA today, we might have come up with certain differences.

For example, the concept of key stations which are built into the law—it doesn't require 100 percent of subway stations to be made accessible, just key stations. Well, we're now 20 years after—shouldn't we start going back to revisit that idea? Can we now raise the bar and either elevate the number of key stations or set a goal of making all of the subway stations accessible unless they cannot structurally ever be made to do so?

Another example would be in the area of taxis. Right now, taxis are not required to be accessible unless they purchase a van of a certain size. And even then, if they can prove that they're providing equivalent service—which none of them can, in my opinion—they have a loophole to get out of it.

It's a question I think we should be asking. Why can't we create a standard where all taxicabs are accessible for everybody? Increasingly, our population are going to need them, and, as you pointed out, there are many people who take advantage of accessibility features besides just wheelchair users.

The CHAIRMAN. I want to followup one thing, Ms. Bristo, and that is you, in your written testimony that I read last night—just a second. Let me find it again here. Oh, yes. You mentioned, “If taxis were accessible, paratransit costs would be reduced for several reasons,” and you go through those. Then in another part, you said, “New York City transit spent over \$500 million on paratransit this year.”

And you said,

“In New York City, for example, paratransit rides cost the transit system about \$60 per ride, far more than the cost of a taxi ride. Nevertheless, New York City’s taxi of tomorrow program shockingly chose an inaccessible vehicle to be New York City’s taxi for the next 10 years.”

Mayor Bloomberg—and I’m reading from your testimony—“Mayor Bloomberg, commenting on the situation, stated that accessible taxis cost \$16,000 more than inaccessible taxis.” Then you go on about—dangerous for them to hail a taxi, some of the things I mentioned. And so I think what you’re pointing out here is that if taxis were accessible, dollars spent on paratransit, ambulettes, and other things would be reduced.

Ms. BRISTO. Yes. I believe that’s the case. I know that’s one of the things that we’ve been working on in Chicago, as I mentioned, trying to get users who can use cabs out of paratransit into cabs. Also, there’s a lot of people who have incomes who would gladly pay a cab fare rather than wait the long waits that you have to for paratransit if they could. But if they have to wait just as long to get a private cab to come pick them up, there’s no incentive.

I do think that the issue of cost is an issue that’s worth having more conversation about. I do believe, for example, if you build something from the ground up, over time, the costs of doing so are much less than if you’re trying to convert something. I don’t know the difference in the cost between this and a converted vehicle. But I also think if demand takes over, competition will drive those costs down. And also, there could be ways that we could incentivize the acquisition of accessible vehicles.

In Chicago, the city contributed funding at the beginning to incentivize the cab companies to purchase accessible cabs. Why couldn’t we take some of the public funding that we’re now putting into other types of transportation and find incentives for the private system to make more of their fleet accessible?

The CHAIRMAN. Ms. Houghton, you said something that caught my attention—that from the business standpoint, you can’t retain, train, promote, et cetera, people with disabilities because of transportation problems. You talked about telecommuting and online—I understand all that. But I guess what I wanted to point out—I’ve just met recently with the Secretary of Defense, being on Defense Appropriations, and we have a lot of GIs, veterans now, with some pretty severe disabilities.

Because of the advances in medicine and our rapidity with which we can go in and get injured soldiers out, get them to Ramstein, and get them here within 24 hours, we’re saving a lot more lives than we would have, let’s say, in Vietnam or some place like that. But some of these are really pretty badly banged up. I mean, they

have some pretty severe disabilities. They're going to have mobility problems.

At the same time, we have just passed a bill in Congress, the Vow to Hire Veterans bill, to give more tax credits to businesses to hire veterans and a bigger tax credit if you hire a veteran with a disability. I'm all for that. But they're still going to have mobility problems.

You mentioned that we're having an aging population, aging baby boomers. We have a whole new cohort of veterans coming through that have disabilities, and they're going to need transportation. And on the one hand, we're saying to businesses hire more, but I think you pointed out the problem. You can hire more, but how are they going to get to work? How are they going to get the mobility?

I think that's another thing that we're going to have to factor in and think about in terms of—not only with the aging baby boomers, but those individuals that are young, and they're going to need to be upwardly mobile to get promoted and that kind of thing. So that's a whole other aspect where we're sort of telling the business community to do one thing, but they're going to have a problem doing it, unless we make sure that they have the transportation systems in place.

Ms. BRISTO. Senator Harkin, I wanted to expand upon what you're saying in that regard. I'm an employer as well as an advocate and employ quite a few people with disabilities. And I would say for the folks with mobility impairments, the single greatest accommodation that we have to offer is flexibility in their arrival times, completely driven by transits.

They're perfectly capable to do the job. They're perfectly capable to get to work. But all these problems we've talked about often mean that they show up later than they'd like to for reasons that have—through no fault of their own.

The CHAIRMAN. Good point.

Ms. BRISTO. So I think it's extremely important to underscore what the challenges are. But I want to make sure that we're also going on the record talking about—the talents and the skills that people have to offer in the workplace are themselves an untapped resource, and we don't want transit to be a limit to it. But in the meantime, we want employers to make accommodations for those employees so that they can be there when these kinds of provisions are causing them to perhaps show up late when they don't want to.

The CHAIRMAN. Ms. Houghton.

Ms. HOUGHTON. Chairman Harkin, I think that Marca raises a really good point. Many of our members have created flexible work schedules so that people can start at different times and end at different times, as well as, like we talked about, creating telecommuting opportunities. In fact, we even had a member company in Florida located next to a very large Navy base that has created alternate work environments that are closer to where individuals, in fact, live to try to make it easier and more accessible for their employees to come to work.

So, absolutely, these returning veterans with disabilities are definitely on our members' radar screen, and we want to work together

to find creative opportunities and not let the lack of access to accessible transportation be the reason why we're unable to recruit and hire these returning veterans, and at the same time work together to create solutions to this access to accessible transportation issue so that we can hire more people.

Mr. CAPOZZI. I'd just like to add about the notion of—I think your comment about veterans was very appropriate, and it reminds me of when I worked at Paralyzed Veterans of America. The veteran population returning from World War II really started to drive accessibility. There wasn't an accessibility movement before returning veterans from World War II. They had high expectations. They were independent people before they went to war, and they wanted to be independent citizens when they returned home as well.

I think today's veterans have those same expectations and probably higher expectations to be fully participating members of society. More veterans today are still on active duty even with a disability. That didn't happen years ago. So expectations have changed as well.

The CHAIRMAN. Mr. Capozzi, just getting back to you again, you're a professional. You travel a lot. I'm sure you've been to New York City a few times in your life. Have you had any taxi experiences there or other places that you—what do you do when you get there?

Mr. CAPOZZI. I've actually had some pretty horrendous experiences with the taxis. One time I was in New York—I don't remember if it was in an EPVA conference or not. It was in the winter-time—trying to hail a cab—couldn't get it, couldn't get a taxi.

Finally, these people in a bar saw me trying to get a taxi in the snow storm. It was a driving snow storm. And they came out of the bar, grabbed a taxi, and in the middle of doing that—they tried to help me get off the curb and into the taxi. It was a totally inaccessible taxi, by the way. And in the process of doing this in a snow storm, I fell in the middle of the street, broke my nose—luggage everywhere. It wasn't a great experience. I don't have very good experiences in New York.

But I can say that in Boston, whenever I travel to Boston and get off the airplane and ask for a cab, the people that are organizing the cabs at the airport will generally get an accessible taxi within a matter of minutes. That's, I think, a good success story. I don't know about hailing a taxi downtown in Boston. I don't think I'd have very good luck there. But at the airport, you wait just a few minutes to get an accessible taxi.

The CHAIRMAN. That's encouraging.

Marca.

Ms. BRISTO. It's a joke in the disability community that if you're in a wheelchair and you're trying to hail a regular cab, we hide. We get our friends to go—we hide behind a tree or a bush. I'm not kidding. Andy can attest to this. I wonder how Mayor Bloomberg would feel about having to hide to get a cab. So that's one thing.

I also wanted to come back to the issue of the cost-effectiveness of this approach to moving to a more universal design. We're bleeding money in healthcare. The cost of transporting people for healthcare purposes is extraordinarily high. For people on dialysis,

for example, they're not only paying that \$60 paratransit. They're paying the Medivan fee, which is much higher than that.

In Chicago, recognizing that, we've started a program where people get a different kind of card if they're low income and they have medical needs, and those cabs can be used for people to go to and from dialysis. And I will also say here—another cab story for you. DC has amongst, in my opinion, the hardest time hailing cabs. I'm happy to see the new accessible cabs here. But the design features that they've used in that cab—in the new cabs here are really dangerous. I don't use them that frequently.

But three times, they didn't tie me down properly, because it's so clumsy for the drivers to do it. And my chair has flipped backward and I've hit the back of my head three times, you know. There's something wrong with the way these cabs are being designed.

There's also no central dispatch, so you have three jurisdictions—not enough cabs in any of them. You should consider a central dispatch and allow the accessible cab drivers not to face the penalties of picking up people in DC if they're a Virginia cab. They should be given a waiver so that all the cabs in this area can be deployed for people with disabilities.

The CHAIRMAN. Help me out, all of you. When we passed the ADA, we gave lengths of time for certain accessibilities and accommodations, building designs, transit designs, things like this, which take some time. We know you can't do all the old stuff. But if you're going to do something new, make it accessible.

Every building being built in America today is fully accessible. We didn't go back and say you've got to redo every building built in the 19th century. We understood you couldn't do that.

So here we are—taxicab fleets and stuff change over. I mean, why can't we just say, "OK, all new taxis" in Washington, DC—if you want to get a taxi permit, they've got to be accessible. You can't get a taxi permit, and if you have one, and you want to get it renewed, and you're getting a new taxi, it has to be accessible, period." Why can't we do something like that?

Ms. BRISTO. You can.

[Laughter.]

It would take an act of Congress.

The CHAIRMAN. I don't know that we could do that in a local jurisdiction. We might be able to do it in DC because of DC being sort of the last plantation, I guess, of the Federal Government. But I don't know if we could do it in other cities. I'm not certain we would have that jurisdiction. I'm not certain. I'd have to think about that. I don't know. I'd have to ask the experts back here.

But you're saying to me that we could do other things. We could provide some tax credits. If you have a taxi, and you've got to get a new one, and the new one costs a little bit more than the one that's—OK, maybe we'll give a tax credit and spur that changeover so that as we move ahead, every new cab is accessible, no matter where you are. I mean, I don't know why we can't do that. We did that for other things in ADA, but we didn't do it in taxicabs.

My staff just said it's likely that the paratransit savings to New York City would be greater than the cost difference for an accessible cab in just 1 year if they had one ride per day transporting

one person with a disability. One person, one ride per day—that the paratransit savings would be greater than that cost difference in just 1 year. So there you go.

I'm sorry. Mr. Altom, you were going to say something. I kind of interfered.

Mr. ALTOM. That's perfectly fine. Thank you. Another quick cab anecdote here in DC, where I've kind of seen—it's a little bit of the drivers who have the hesitancy to pick someone up. The other day I called and got a cab to come. So as I come outside and I see the cab driver, immediately, I see his expression change—oh, God, here comes a guy in a chair.

So I get in the back of the cab, and I'm taking my chair apart and I hand it to him. As he walks around, he's still grumbling, and he picks it up, and I could tell immediately, as soon as he touched the chair, it was like, uh-oh. So he got in. As soon as he sits down, I go,

“Wheelchair technology has come a long way, hasn't it, buddy, since the last time you picked a chair up, because you expected that to weigh 800 pounds, and it weighs about 15 or 20.”

And I said,

“So how many times have you passed up one of my brothers and sisters on the street because you thought that it was going to break your back to put it in the back of your vehicle?”

And he goes, “All the time.” And I went, “Well, stop that,” and I said, “because let me tell you one other thing about people with disabilities.” And I said,

“Most of my brothers and sisters are incredibly smart people. We would never hail you down if we didn't think we could get in and out of this vehicle. So stop having this mind set of, oh, I'm not going to pick them up for whatever reason, but mainly because you think it's going to be too difficult for you to do this.”

Because most of the time, like this morning—in fact, I got a cab this morning, and I put my chair inside the cab. I took it apart and had it in the cab before the guy even got out. And he's like, “Holy cow. What's happening here?”

So a lot of times, it's the drivers who have such a misconception about a person's abilities whenever they get there. And I know most of the folks that I know that have a disability would never try to hail a cab if they didn't think that they could make this happen.

The CHAIRMAN. Sure.

Mr. ALTOM. And one other point on the veterans that I—I want to brag on one of my member center organizations, the Center for Independent Living in western Wisconsin, who just got in partnership with the Eau Claire County Aging and Disability Resource Center and was awarded one of the first Federal Veterans Transportation Community Living Initiative grants for the next 5 years to provide transportation for our veterans who are back.

The CHAIRMAN. Where is that?

Mr. ALTOM. The Center for Independent Living in western Wisconsin? It's in Menomonie. Mr. Tim Sheehan is the director of that

center. So it's an awesome program. They were the only center in the United States that got funding. There were a lot of other organizations that got funding, but the only Center for Independent Living that was funded.

The CHAIRMAN. Marca.

Ms. BRISTO. A lot of my comments today have been focused on my own experience and, therefore, it's been biased a little on the physical disability side. Transportation issues for people who have other disabilities are equally challenging. A colleague of ours was telling us just the other day that they were traveling with a child with autism, and they were in the airport, and their child had an outburst and started crying and was just a little bit out of control. And the father took the child off to calm them down.

In the meantime, the mother and the other child got on the plane. And when the father came to get on the plane, they wouldn't let him board. They said, "Your child was too disruptive." And then they wouldn't let the mother get off the plane. So the mother took off, not even knowing what occurred with her child until she landed and was able to find her spouse.

But these kinds of things, whether it's people who are blind trying to hail a cab with a seeing-eye dog—and even though the law says you've got to let the dog in, still a lot of cab drivers will say, "I don't want them in my cab because they're going to mess up my upholstery." And it's so funny to us how many things apply to us and not to others. How about all those big suitcases that people throw in the back seat that might scuff up your upholstery?

There's still a lot of bias and prejudice. And comments like those that the mayor made in New York don't help.

The CHAIRMAN. No, they don't.

Ms. BRISTO. They don't help.

The CHAIRMAN. They sure don't. I've focused a lot this morning on taxicabs, because that's one area where we just haven't made any progress at all, except for a few, where you have to call them up and wait for them. And yet more and more people are relying upon taxis. And we see how much money we're spending on paratransit, for example, in New York City—\$500 million a year.

It just seems to me it's sort of one of the last frontiers in transportation where there's blatant discrimination and sort of the attitudes that somehow you can't hail a cab. Why can't you—I mean, I was in London this summer. The cabs are comfortable—good head room, a lot of room in them, totally accessible. They've been doing it, you said, since 1989. I didn't even know that. I thought this was recent or something, but they've beat us at it.

And you say that you've been in other countries, Seoul and other places, where they're actually having better mobility than what we have here. That's shameful. That's shameful. But this attitude that it can be optional—that's got to change. It's just got to change.

I'm sorry, David. Go ahead.

Mr. CAPOZZI. I just wanted to add two points. One is I think we could benefit from better data and better information. There is no central place to find out information about what cities have accessible taxis. That doesn't exist.

Second, I wanted to followup on Marca's point about other people with disabilities and the challenges that they face and just take

two examples within our own Metro system here in Washington, DC. If you're traveling on the Metro, and you are wanting to see when the next train is coming, there's a little sign board that indicates when the next train is coming. It's visual only. So if you're blind or visually impaired, you don't have that same information.

When you're on the train, they'll tell you what the next stop is and what the line is to make sure that you're on the right train. It's audible only.

The CHAIRMAN. Right.

Mr. CAPOZZI. So if you're hearing impaired, you're not getting that information. And if you have residual hearing, you could benefit from having a loop in the train, but those don't exist, you know, in most transit vehicles in this country.

The CHAIRMAN. And the cost of doing that is so minimal.

Mr. CAPOZZI. It is. Yes.

The CHAIRMAN. So minimal to do things like that. By the way, I just wanted to say that my staff had acquired some data on taxis—I won't read them all—for some of the major cities. New York City, approximately 13,000 taxis, 231 wheelchair accessible—we've already talked about that—Chicago, 6,951 taxis, 92 accessible; Washington, DC—are you ready for this one—5,700 taxis, 20 are accessible.

There's some other ones here—Los Angeles, 2,300 taxis, 222 accessible; Houston, 2,245, 200 accessible; Miami, 2,100 taxis, 80 are accessible; Boston, 1,825 taxis, 78 accessible—must all be at the airport, David.

[Laughter.]

Wow. Philadelphia, 1,600 taxis, zero accessible. Now, I've got in parentheses 50 expected. I don't know what that means. What's that mean, 50—oh, the advocates are working on getting 50. San Francisco, 1,500 taxis, 140 accessible; Seattle, 900 taxis, 45 accessible; Portland, 382 taxis, 38 accessible. That's shameful. That's just some of the major cities. I don't even have Des Moines on there. But you can imagine what that's like, and other cities.

I guess that's why I've focused so much on taxis, because it's an opportune time with what New York is doing, and it's so big. They're sort of the behemoth when it comes to number of taxis, and they're making this changeover, and they've dubbed it the taxi of tomorrow. The taxi of tomorrow has got to be accessible. That's the taxi of yesterday, not the taxi of tomorrow.

This just gives us an opportune time, and, as I said in my remarks, I'm hopeful that Mayor Bloomberg will get a better understanding of this. And I hope that, maybe not him, but his staff and others around him will pay attention to this hearing and some of the things that you've brought forward to get a better idea of what it means.

And, quite frankly, I think from some of the savings they would accrue on paratransit—I would not be so unreasonable as to say, "Well, they've got to go back and do every old one." You can't do that, but every new one ought to be fully accessible in New York.

I've focused a lot on that today, because I think it's one area where we've waited too long and we haven't made enough progress. You've pointed out we need to do something about regulations on

the air transportation. I think we ought to have a hearing on that and get the regulators up here.

I want to get the right people up here. I'll let my staff find the right people to come up here and start talking about some of these regulations in both that and the Surface Transportation Act. And you could be helpful if you've got more information that you want us to get from these people and what we need to do to change these regulations.

Did I cut somebody off again? Did I cut you off, Marca? No, I was still on the taxis.

Have you ever taken those taxis in London?

Mr. CAPOZZI. I haven't, but I've taken one in Singapore that was a London taxi, and it was independently usable.

The CHAIRMAN. When I looked at them this summer, I think that there are some people who probably could not—I think the slope is a little too steep on that ramp. And you really have to be pretty strong or have a power chair—a power chair could do it. But if you didn't have a power chair, it would be pretty tough, I think.

Ms. BRISTO. I've used the London cabs quite a bit, and they worked OK for my chair as long as I had assistance getting in. There were no tie-down devices. For some people that's a problem. For people who had either larger chairs or taller chairs, there would be a lot of difficulty using them. So they're universally accessible to some people with disabilities but not to everybody.

That's why when the MV-1 people came to Chicago originally thinking that they were going to bring the London cab, the disability community through Access Living weren't too hot on the idea and urged them to go back to the drawing board, and I was very, very happy to see that they did. And, to me, that underscores a final point that I just want to make—which is, how important it is for the voice of people with disabilities to be in the transit industry.

A lot of the things we've done in Chicago we've done because we've gotten people on the board of the Chicago Transit Authority. We have a person on the Pace board. And it's extremely important that, as you're looking at budget cuts as we go forward, the programs that support people with disabilities and give us our voice—please keep them strong. The P&A system, the independent living network, the parent training centers—we understand these are discretionary programs that could get cut. But they are the vigilant overseers that have held accountable all the different systems, that have made the rights that you've worked so hard to get on paper a reality in our lives.

The CHAIRMAN. Thank you for that.

As you said, Mr. Altom, the phrase you all use is “nothing about us, without us.” And that is absolutely true. It's absolutely true.

Does anybody have anything else they want to bring out that I didn't ask or you didn't bring out that you wanted to point out before we close down the hearing?

Ms. HOUGHTON, anything else at all?

Ms. HOUGHTON. I would just thank you again for the opportunity to highlight this issue.

The CHAIRMAN. Thanks for being here and bringing this perspective.

Mr. Altom, thank you for all your—

Mr. ALTOM. Thank you very much for having me here.

The CHAIRMAN [continuing]. For rural transportation.

Marca, thank you again for everything.

Ms. BRISTO. Just to you, personally, for being our champion, not just on this, but on everything.

The CHAIRMAN. You're sure welcome.

Ms. BRISTO. You mean so much to us.

The CHAIRMAN. But we need your help to get this taxicab thing. I appreciate that very much.

Mr. CAPOZZI. Thank you for your leadership.

The CHAIRMAN. Mr. Capozzi, thank you again for your service for so many years.

And thank you all. We'll keep the record open for 10 days for any statements or insertions by other Senators. That's 10 business days because we have the holiday coming up. So it'll be open for 10 business days. And I look forward to working with you as we proceed on making transportation more universally accessible.

Thank you all very much for being here. I appreciate it.

By the way, if any of you want to see this, it's right down on the corner. If you take these elevators right out here to the right and go down to—what floor is it—G, it's right outside the door. You can take a look at it.

[Additional materials follow.]

ADDITIONAL MATERIAL

PREPARED STATEMENT OF THE COMMUNITY TRANSPORTATION ASSOCIATION OF AMERICA (CTAA)

On behalf of the Community Transportation Association of America and its over 4,000 members I want to express my appreciation for your decision to hold this hearing.

Today's testimony allows us to provide information and ideas about the state of accessibility in the Nation's important surface transportation systems. It also gives us an opportunity to discuss the equipment used to deploy various mobility options and the people who provide these services across America every single day.

Mobility services in the United States are as diverse as the physical landscape that makes our country unique. Some communities in our country have vast mobility resources that include a full range of surface mobility options from subways to taxi cabs. Others have a smaller range of options that can range from a weekly van service for seniors to one taxicab. Despite the range and type of services that exist they are all linked by one common element, "need." All Americans need mobility to function in our society and there are ways we address that need both as individuals or groups of individuals. For many Americans that need is fulfilled by owning their own vehicle usually a car or a truck. There are other ways we achieve that mobility without individual car ownership and that comes from using public transit, the services of not-for-profit non-governmental organizations, taxicabs, car sharing efforts, volunteer transportation efforts, ferry boats, bicycles, and of course by walking.

My testimony today concentrates on three important issues within this mobility community. These include our views on the status of accessibility within the Nation's taxi-based transportation system, the continuing crisis for accessible and often person-centered transportation in our growing outpatient health care system, and the continuing ways we can help coordinate our efforts not just between government agencies but between those who provide transportation to make more of that system accessible and affordable for the American people. Let me begin my testimony by discussing America's taxi industry.

America's Taxi Systems and their role in our mobility systems: We want to see a taxi industry that is accessible, affordable, and environmentally sensitive. And we want to see this industry fully coordinated in partnership with all forms of surface mobility especially public and community transportation. There are many comments we could make about our country's taxi industry, but like the diverse landscape that makes up our country, a similar diversity is present across the taxi industry as well. In looking at the industry we think that there are some "fundamentals" that are important to remember and keep in mind the outset.

These fundamental points include:

- American communities need a flexible network of mobility services since no one service can meet the diverse service needs of all Americans. This mobility network is made up of various delivery components ranging from ambulances, through private automobiles to taxis, vans, buses, bicycles and walking. Taxicabs are vital to this network.
- Taxicabs have long been part of the American mobility experience and have their origin in horse drawn vehicles prior to the discovery of the internal combustion engine.
- Unlike many of the other forms of our surface mobility network the taxi industry is still predominantly a "for profit" form of transportation unlike its public or community transit partners who are usually public agencies or non-profit corporations. Taxis do not usually receive financial support from Federal, State, or local governments.
- Taxi companies, especially those in smaller communities, are usually made up of independent small business cab owners or lessors often working under a "brokerage" arrangement. Because of that arrangement "ownership" in the taxi business has created numerous business and employment opportunities for minority and immigrant-based small businesses.

The Future of the Taxi Side of the Mobility Market: Like all American businesses related to the transportation industry the taxi business and market has changed a great deal over the last several decades. In recent times, the harsh economic climate—the high price of financing coupled with the high price of fuel—have created numerous difficulties and dislocations in the industry. The increased ownership of private automobiles and changing patterns of movement from cities to suburban areas have created other negative financial changes affecting the size and operation of taxicab companies. We believe that there will be more change in the indus-

try beyond the current economic difficulties that have bearing on its future. These will include:

- **The Role of Health Care and Individualized Mobility Needs:** Regardless of the final implementation of the Affordable Care Act there is a continuing commitment to enhance “outpatient” medical treatment across all health care institutions and those who pay for them. Many forms of treatment that were previously “hospital”-based are done in freestanding day facilities, or other treatment centers that are specifically designed to avoid hospitalization at all costs. For those actually needing in-patient hospitalization time, as an inpatient has been consistently lowered over the last decade. This dynamic creates the need for personalized transportation services especially when returning from medical facilities. Since many people leave these medical settings in less than perfect health using a bus or driving oneself is often impossible. As our society ages, the number of people finding themselves in need of this level of service can only increase. For some services like those related to kidney dialysis this transportation need is already acute. I will discuss that impact in more detail during my testimony.

- **Technological Impact:** Right now we’re seeing a dramatic switch within the taxi industry to smaller and more fuel-efficient vehicles being configured as taxicabs. There is a growing popularity of specific vehicle brands like the “Prius” in the taxi business with its dramatic engine efficiency and low operating costs. These lower cost vehicles help operators keep the growth of expenses down especially in the areas associated with high fuel prices. These smaller vehicles also produce extremely small environmental footprints, adding to their desirability. In addition to technology centered on engines and fuel systems the rise of technology that creates the “fastest and most efficient” routes of service based on GPS technology will grow in the industry. This technology will impact taxi costs and operations by allowing a higher volume of utilization benefiting the volume service that makes taxis profitable.

- **A Continuing Urbanization:** Trends in the current census data illustrate a return to more traditional urbanized area with many of those living in these areas choosing not to own or maintain their own personally owned vehicles. Even where there is good public transit there will still be a need for the personalized services that only taxis can provide since besides medical transportation there will be a need for the flexibility and timing that make taxis popular.

The Challenge to Achieving Accessibility: First and foremost our Association has always supported full accessibility in the transportation industry both public and private. Our support precedes the passage of the American’s with Disabilities Act. In support of this accessibility commitment we’ve provided a host of technical assistance services to help small transit agency’s to develop and implement full accessibility services. We developed and provided to hundreds of communities the PASS Driver education program, which trains those who provide transportation in the best possible methods of providing that service for people with disabilities. Using the resources of our certified development financial institution, the Community Development Transportation Lending Services Corporation, we’ve loaned both private and public sector transportation providers financing to improve and expand their own commitments to full accessibility.

We believe that the greatest barrier to the taxi industry’s growth and development is the need to become fully accessible to meet the transportation needs of *all* Americans especially those with disabilities. This is critical since we see many opportunities for the taxi industry in the health care area where accessibility demand will become more important in the years ahead. Within this challenge there are two kinds of issues preventing the implementation of fully accessible taxicab systems in our country. The first of these barriers is a technological one, while the second is one of financing.

Technology: There is currently a challenge created by the inability to match vehicles accessibility in the industry and while maintaining a cost structure that will continue to allow the taxi industry to remain affordable. As I mentioned previously in my testimony smaller vehicles similar to the “Prius” offer low operating costs that help maintain affordable costs for taxi operations. Recent strides in accessibility like the recently developed MV-1 or a version of the “London Taxi” offer full accessibility but with much higher vehicle operating costs.

What is needed for the industry is the ability to pull the full accessibility of the MV-1 and the operational costs of the “Prius” like vehicles into one “**universal taxi**” for the American market. We believe that such a vehicle is possible and it is a way to move more of the taxi portion of the American mobility market to both accessibility and maintain its operational affordability. We propose that the committee consider looking at the development of this “universal taxi” using the same

approach that the Environmental Protection Agency (EPA) developed its SMARTWAY technology in the trucking industry. In that effort, the EPA developed the necessary technology to achieve higher efficiency in diesel engines while reducing emissions. This technology was then licensed to the private sector and has become available in the market place. We believe there are other such vehicle developments that have been worked on in the bus industry by the Department of Transportation where government helps with the research that then can be incorporated in bus design. We need the same vision for the creation of a “universal taxi.”

Putting a Universal Taxi into the Mobility Market Place: Because the majority of the taxi industry is in the private sector and made up of many small operators it is necessary to consider how once such a vehicle is developed it can be placed into general operation. We again turn to an example developed with the Environmental Protection Agency in which we were a participant. We believe making SMARTWAY technology available to owner operators in the trucking industry is similar to the way such technology can be made available in the taxi industry. The independent owner operator in the trucking industry faces a significant barrier to adopting new equipment because of the high price for financing that many of these smaller businesses find in the current financial markets. Conventional financing is often difficult to obtain and the financial history of the industry in the last several years has negatively affected the credit ratings of many independent operators. It is not unusual to find some borrowers paying well over 20 percent interest for operating let alone capital costs. Such high interest prevents even good sense and cost-efficient technology from entering the market place. Blending funds from the EPA with private sector financing our subsidiary financing operation, the Community Development Transportation Lending Services Inc., a Certified Development Financial Institution of the U.S. Treasury’s CDFI Program dramatically leveraged lower financing rates in the trucking industry. In some cases we were able to finance newer trucks fully equipped with improved environmental equipment for as low as 4 percent. Considering the previously high rates being paid for financing, this created the kind of incentive that we feel would be needed within the taxi industry. Lower rates could be the key to rapid adoption of a “universal taxi” once it is developed. Such financing help would also allow individual small ownership to remain an integral part of the taxi industry and help provide the platforms we’ll need in a more health-orientated market place.

Until Universal Design Becomes a Reality: Even as we look toward the development of a new “universal taxi” there are still things we can and must do to promote accessibility with the tools currently available to us. For the last several months we’ve been engaged in a financing demonstration of a new taxi company in the mid-west that combines low-cost “Prius” taxis and the MV-1 as part of a fleet that provide partial accessibility, one-third of the taxi fleet. By supporting low-cost capital for this project we hope to measure the full impact of higher operating costs of more expensive equipment balanced against lower operating cost units. It is our hope to maintain a mixed but affordable platform until the development of the “universal taxi” we have proposed.

We intend to report on this outcome of this effort to the committee at some future time once we have more financial and operating experience in this project. It is our hope that success in this project will lead to a broader demonstration focusing on a higher percentage of fully accessible vehicles at different locations across the country. We still believe that lower cost financing can be leveraged to add accessibility.

An Underlying Crisis in Health Care Connectivity: Earlier in my testimony I spoke about the need for additional platforms for the delivery of medical transportation that may become the most important markets for taxi-based service operations. A significant part of our thinking is focused on the continued utilization of outpatient medical treatment for many kinds of illnesses that were once done as inpatient procedures. The committee know well of this expansion in terms of not just publicly supported health care but in the private insurance market as well. Looking at today’s situation we believe that one current form of medical transportation that is a “preview” of the way this growing outpatient service approach creates challenges for mobility can be found in the issue of dialysis transportation. At this time I would like the committee to hear from Scott Bogren, associate director of our association who has extensively reviewed this issue.

Thank you Mr. Chairman, I am Scott Bogren, associate director of the Community Transportation Association of America and I recently reviewed the status of Dialysis Transportation and its impact on not just patients but on the transportation providers who make these services possible. It is both a rural and urban issue and one that lends itself to, as Mr. Marsico referred to in his testimony, the need for not

just additional service platforms but for improved coordination—something we will also address in this testimony.

The Dialysis Report, When: Transportation Demand Outstrips Supply: Everyday, thousands of Americans who need regular kidney dialysis board a community or public transit vehicle to access this life-sustaining care. The trips these patients take are time-consuming—they often last more than 4 hours in duration—and essential, as they absolutely must be made, regardless of the weather or any other circumstances. Dialysis trips also are changing the nature of public transit in many communities. The role of providing transportation for dialysis treatment has long been an area of challenge—as well as accomplishment—for community, public and human services transportation. Early outpatient dialysis treatment created significant needs for demand-responsive transportation services in communities of all sizes. Since, initially, many of the clinics providing dialysis were located in urban areas, transportation in rural communities took on greater importance for patients and their families. In the ensuing years, the growth in the overall number of dialysis patients brought increased needs for responsive mobility services in urban and suburban areas, too.

The regular and consistent need for dialysis treatment requires similar consistency in transportation access. Paratransit services, rural public transit, human service networks and volunteer programs not only provided many of these life-sustaining trips, but also raised funds to support them. Although public funding helped with purchasing equipment or even operating costs, many programs needed to raise local funds to meet various match requirements or to meet the needs of individuals that didn't fit into some categorical program or individual eligibility requirement. In one of the greatest and often undisclosed success stories, these transportation providers and networks made dialysis treatment possible for millions of Americans—and changed many people's lives. Over the last 30 years, dialysis transportation services have made it possible for patients to stay in their homes and in their communities, thus greatly lowering the overall cost of providing the treatment. And although these efforts stretched the resources and ingenuity of the Nation's transportation services—the need for dialysis transportation was met day-in and day-out across the Nation.

The significant growth of dialysis treatment—as is detailed later in this report—makes daunting the prospect of continuing to meet the demand under the current structure. It seems that one of our Nation's greatest medical challenges is equally a test of our transportation system. Across the Nation those who created the current dialysis mobility solutions are faced with dramatic increases in demand as the number of dialysis patients and the number of clinics—which often work on a 24-hour basis to serve more patients—require both additional resources and tools. Because there are many patients needing evening services and since many patients experience difficulties with treatment, there are now needs for more individualized dialysis transportation service strategies that are more expensive to provide. For community and public transit operators, these trips are a mounting challenge. Demand for dialysis transportation, according to every transit manager interviewed for this article, is skyrocketing at the same time payment mechanisms dwindle. Trips distances have grown even as available dialysis center chairs are expanded locally to keep up with the number of patients. What is needed today, clearly, are new solutions, new partnerships and new thinking. “We've reached the tipping point,” says Santo Grande, executive director of Delmarva Community Transit, headquartered in Maryland's rural Eastern Shore. “We just don't have the resources to meet the need—vehicles, drivers and money.”

The Dialysis Transportation Task: Dialysis is a process by which excess waste and water are removed from the blood of patients whose natural kidney filtration system is no longer effectively functioning. Typically, individuals on dialysis have moved from one of the first four stages of chronic kidney disease and into what is known as end-stage renal disease (ESRD). Physicians and researchers agree that once an individual is diagnosed with chronic kidney disease, they will eventually require either dialysis or a kidney transplant—the end stage for the disease. Dialysis treatment frequencies and the duration of individual sessions are largely dependent upon the patient. That said, for more than 40 years the generally accepted standard of care for ESRD patients has been dialysis treatments thrice weekly, each at around 4 hours in duration. More recently, several studies have suggested that increased frequency in shorter duration treatments—six times a week for 2½ hours—increased overall health and quality of life in patients. Needless to say, the mobility ramifications of this potential treatment schedule change are frightening as it would effectively double the current, necessary transportation service, a service that many community and public transit systems already find daunting. “We're struggling to meet growing demand already,” says Jim Wood of Kennebec Valley Community Ac-

tion in Waterville, ME. “Doubling the service would be frightening.” To undergo dialysis treatment, patients typically sit at reclining chairs with tubes leading from themselves into humming dialysis machines. Though life sustaining, the process often wears out patients and leaves them susceptible to a number of side effects such as nausea, infection, bleeding and more. In fact, this bleeding—due to a patient’s inability to clot—was cited time and again in the preparation of this article as a chronic challenge with dialysis patients on community and public transit vehicles. In some cases, dialysis patients may be able to board a fixed-route community or public transit bus to get to their scheduled service. But the return trip, after the debilitating process, must be made on a demand-response service. “In all honesty, the ability to use fixed-route transit for dialysis is limited,” says United We Ride Region 3 Ambassador Rex Knowlton, who managed dialysis transportation service in Philadelphia for more than two decades. The regimentation of dialysis treatments creates additional health care and transportation costs, too. Typically, patients on a Monday–Wednesday–Friday schedule are more likely to be private-paid, particularly those receiving their dialysis in the middle of the day. Conversely, Tuesday–Thursday–Saturday patients and those early morning and later night clients are more likely to be Medicare patients. These are also the dialysis patients more likely to be dependent upon community and public transportation—in the most difficult and costly to serve time slots. “The cost of off-peak and Saturday treatments is much more than an incremental cost increase to transit,” says Knowlton. “It’s a significant increase.”

ESRD By the Numbers: Today, the National Kidney Foundation reports that 26 million Americans suffer from Chronic Kidney Disease—a more than 20 percent increase since 1994—with millions more at increased risk due to the increasing prevalence of such health risk factors as diabetes and high blood pressure. This figure represents approximately 13 percent of the adult population of the United States. Though smaller, the statistics are no less daunting for end-stage renal disease. More than half a million Americans are currently suffering from ESRD, the vast majority of whom require dialysis treatments to stay alive. Growth rates of ESRD are staggering. In 1980, 60,000 patients received treatment for the disease; 571,000 received the same treatment in 2009, a growth of 900 percent in 30 years. The rate of ESRD incidence is 355 per million population; the rate of prevalence of ESRD per million is 1,738. In 1980, 19,000 Americans began treatment for ESRD, as compared to 116,000 in 2009. The rise in ESRD incidence has, not surprisingly, led to a significant rise in health care expenses associated with the disease and its treatment. Total Medicare ESRD expenses for 2009 came to \$42.5 billion—or \$82,285 per person per year for hemodialysis patients. Just over 1 percent of Medicare patients have end-stage renal disease, yet these same patients account for more than 8 percent of total Medicare spending. The dialysis transportation challenge is so great that major changes in public policy must occur to enable this mobility link to continue. First the time has come to extend reimbursement for this vital health support service. Second there must be increased communication between those providing dialysis treatment and transportation.

Who really pays? The crux of the transportation challenge is that the majority of dialysis patients are covered by Medicare, which—unlike Medicaid—does not offer non-emergency transportation as a benefit. Three out of four dialysis patients in our country are Medicare primary, meaning that Medicare sets the reimbursement rate and pays 80 percent of that amount. Reimbursements include one rate for routine dialysis services and another for dialysis medications. This leaves 20 percent of the typical dialysis charges to be paid by a secondary insurer. For roughly half of the Medicare primary dialysis patients, the secondary insurer is Medicaid, thus creating the so-called dual eligibles. How much of that 20 percent that Medicaid covers depends upon the State.

Recent studies indicate that only 1 in 10 dialysis patients are Medicaid primary, in which case Medicaid pays between 80 percent and 100 percent, depending on the State and its Medicaid plan. Finally, 10 percent of dialysis patients are covered through some form of private insurance. Clearly, demographics and health care treatment trends are creating the steady growth of people needing dialysis transportation. At the same time, fewer dialysis patients have the ability to pay for the life-sustaining trips, which is taxing the ability of community and public transportation providers to respond—particularly given the current constrained fiscal environment at Federal, State and local levels. “Twenty-five years ago when we first launched this service, it seemed to us that 90 percent of the dialysis patients we encountered were on Medicaid,” says Grande. “Today that equation has flipped, and 90 percent are on Medicare, which is why we’re hurting. I know it’s happened, but I don’t know why.” Bill McDonald, executive director of Medical Motors in Rochester, NY, has seen the same transition: “We hardly do any Medicaid dialysis anymore, so our

focus is on the patients who aren't Medicaid eligible and who still very much need that ride."

The Transit Perspective: "The first thing you have to remember is that without the trip, these passengers won't live," says Ann August of the Santee Wateree RTA in South Carolina. "So when we receive a call requesting this type of service, we understand the ramifications and don't want to say no." Indeed, in background discussions with community and public transit officials around the country for this article, a common refrain was the difficult position in which many transit operators find themselves—how to continuously add new dialysis patients to the transit schedule with no means of payment. Some worried that their general public service was, in effect, being usurped by the swiftly growing dialysis transportation demand that is, in many ways, life-and-death. "It's terribly challenging," says Jim Wood of KVCAP in Waterville, ME. "We're really concerned about our ability to continue meeting the growing demand without finding a way to pay for the service." At KVCAP, as with a surprising number of transit systems nationwide, the system reserves its local United Way funding specifically for this purpose. But community and public transit managers around the Nation are reporting that these United Way funding sources, like many others, is not growing nearly as quickly as the dialysis transportation demand.

Another key issue some transit managers point to, is that the privately owned and operated dialysis centers—many of which operate from before 5 a.m. to midnight—seem to believe there is a statutory rule that prohibits them from actually paying a portion of the transportation costs to get their patients to their chairs. In researching for this article, we could find no such rule.

A Different Kind of Solution: Of course, an obvious solution to the growing demand for dialysis transportation is to reduce the demand. A key component is the need for kidney donors across the United States. In 2008, more than 16,000 kidney transplants were performed across the country with either organs harvested from cadavers or from living donors.

Today, the average wait time for a kidney donation can regularly exceed 2 years, at the minimum. The Community Transportation Association of America is hereby calling on its members around the country to be sure to designate themselves organ donors and to work with transit employees and advocates to do the same. Transplants can add decades to people's lives and significantly forestall the need for dialysis, but only when the needed organs are available. One way to help solve this problem is to support donor programs like that of the National Kidney Foundation.

Moving Forward: The key solution for community and public transportation, moving forward, is to develop a funding mechanism for dialysis transportation in Medicare.

Currently, Medicare will only reimburse for emergency transportation services—read: ambulances—and not for non-emergency dialysis transportation. For Medicare, dialysis transportation is not an emergency. "Yet we all know that not providing dialysis transportation results in life-threatening emergency situations that include both emergency transports and emergency room stays—both of which are exceedingly expensive to the program," says Coordinated Transportation Solutions Executive Director David White. "If you're wondering what happens when we can't do the trip," says McDonald, "the patients simply dial 9-1-1." Yet once a dialysis patient does dial 9-1-1, the Medicare program, in many cases, still refuses to pay. Just last month in West Virginia, for example, a private rural ambulance company paid a more than \$1 million penalty to Medicare for dialysis trips taken thrice weekly for 2 years by five local ESRD patients. The penalty was levied, not surprisingly, because Medicare inspectors had ruled that, "ambulances were not needed." Community and public transportation managers that were interviewed for this article were asked to roughly estimate the transportation costs incurred for a year of dialysis transports. Most came to a figure in the neighborhood of \$5,000 per patient, per year. When Medicare is paying more than \$82,000 per year per person for dialysis, it does not seem unreasonable to build in a 6 percent increase to ensure that the patient arrives safely and efficiently at the dialysis clinic to receive life-sustaining treatment. "That's really the issue," says August. "We are, by transporting dialysis patients, saving Medicare and the taxpayers a lot of money. We just can't keep up with the demand without a payment system." Additionally, new solutions, partnerships and thinking are necessary for both health care and transportation providers to best manage the significant, continued growth in dialysis patients that researchers expect. A national dialog between transportation providers and the dialysis industry, to include the National Kidney Foundation, must be a part of any short- or long-term solution. As Mr. Marsico said, dialysis transportation is the foundation of much of the non-emergency medical transportation provided in our country.

“The dialysis transportation issue—because of the life-and-death nature of the service and the overwhelming demand—is the logical place to first focus when considering the role of community and public transit in health care provision and transportation.”

It’s really another first step in the long journey that our Association and its members have embarked upon to bring together successful health care and transportation outcomes for the American people.

The Need for Coordination: One way we can help better manage the current situation is to support and encourage transportation services to work together to resolve some of the situation cited by Scott Bogren. For instance a coordinated approach utilizing transit to get patients to dialysis needs to be coordinated with taxi services to meet the return needs of patients who experience difficulties in being physically able to make a return trip on public transit vehicles is absolutely necessary. Coordination means bring public and private transportation providers into partnerships at the local level that focus on patient needs. This has been an important part of our Association’s continuing efforts on coordination. Congress has been helpful in this effort by supporting the Community Transportation Assistance Program within the Department of Health and Human Services and in the National Resource Center on Coordination within the U.S. Department of Transportation. My colleague Charles Dickson, associate director for Technical Assistance has recommendations in these areas that we feel will help us to continue these efforts that promote coordination and improved services to patients.

Mr. Chairman, I am Charles Dickson, associate director of our Association for Technical Assistance, and I have been engaged in working to provide greater coordination for the benefit of not just medical services but a range of other activities where private and public efforts come together. Whether it’s employment service transportation, health care, or the special needs of Americas’ seniors, coordination is a vital way we make those services better and more efficient for everyone. Mobility is an oft-overlooked and misunderstood component in modern American life. For many, the ability to get there—wherever that may be—is simply assumed. Yet for millions of transportation disadvantaged Americans—those who do not or cannot drive, cannot afford cars, or who have only one car available for several family members—getting there is a supreme challenge. Today, more than 100 million Americans are transportation disadvantaged. This growing group includes 46 million people with disabilities, 44 million elders, 60 million people living in rural areas and 38 million people living in poverty.

For these isolated and at-risk citizens, the transit services funded by the U.S. Department of Health and Human Services and the U.S. Department of Transportation provide life-changing access to jobs, education, childcare, social services and especially healthcare. For most, there is no alternative. In 1991, Senator Tom Harkin recognized the need to help communities of all sizes around the Nation provide mobility to those residents most in need—America’s growing transportation-disadvantaged population—by creating the Community Transportation Assistance Project, or CTAP. The goal: building a more accessible society. Initially, the CTAP program provided targeted technical assistance to the human services transportation network that had no other forms of guidance available to it. Efforts focused on developing and maintaining a human service-focused information station providing resources on improving access, implementing the ADA, and providing effective welfare-to-work transportation, as well as identifying experts in all aspects of human service transportation. The accessibility component that was central to the program’s founding has been a focus throughout this effort.

In recent years, the work of the CTAP program has broadened to include assistance with cost-effective mobility coordination and management strategies, employment transportation services, practical technology applications and, innovative health care transportation. Health care is a central focus for all communities and has been a major focus for our CTAP program for the past two decades. The program’s initial mantra that, all the human services in the world are useless if people cannot access them, is as vital today as it was when first coined. The recently passed health care reform legislation will significantly add to the number of Americans receiving health care benefits through the Medicaid program. More Americans will have greater access to preventative health care programs. Yet these programs are destined to fail without an adequate mobility strategy. Our program’s mission of ensuring access to vital services like health care and of providing the necessary strategic technical assistance has never been more important. The CTAP Coordination effort has conducted extensive research in the field of non-emergency medical transportation.

Medicaid’s Medical Transportation Assurance: Origins, Evolution, Current Trends, and Implications for Health Reform. In 2009, we released a report on medical transportation as it related to the important role it plays in helping outpatient services in Medicaid that we believe is similar for all areas of outpatient transportation. The key findings in this report were:

- The assurance of transportation to medically necessary health care is one of several basic program features that set Medicaid apart from traditional concepts of health insurance. In combination, these features embody an approach to health care financing whose aim is to assure not only coverage and payment but also access to medically necessary care.
- Since Medicaid’s enactment, medically necessary, non-emergency transportation has been woven into the program.
- While there is considerable variation, virtually all States recognize non-emergency medical transportation as a fundamental aspect of program administration and healthcare.
- Non-emergency medical transportation represents a small portion of overall Medicaid spending, slightly more than \$3 billion in fiscal year 2006, yet it constitutes the second largest Federal transportation payment system, behind only programs administered by the U.S. Department of Transportation. Indeed, Medicaid NEMT expenditures represent almost 20 percent of the entire Federal transit budget.
- States have increased the use of transportation brokers as a way to provide transportation benefits since the Deficit Reduction Act permitted the use of brokerage systems when providing transportation as medical assistance under the State plan. Between 2001 and 2009, the number of States using exchange brokers rose from 29 to 38 (an increase of 31 percent).
- Brokerage programs may include wheelchair vans, taxis, stretcher cars, transit passes and Medicaid non-emergency medical transportation tickets, and other transportation methods. Although there is still little evidence about the effects of brokerage services, some research indicates their use may reduce costs and improve access to services.

Moving from research to action, the Community Transportation Association through the CTAP Coordination project developed a training course for public and private non-emergency transportation providers to help them cope with the changing demands of the program. This course entitled the “The Competitive Edge” helps community and public transportation providers become efficient, safe, cost-effective and accountable in order to maintain important medical transportation services. This training helps both public and private providers by identifying the following important concepts:

- Value: Determining the true cost of service.
- Pricing: Lowering your costs to be competitive.
- Accountability: Building a recordkeeping and reporting process.
- Training: Focusing on the patient.

The CTAP Coordination effort has also created a Medical Transportation Toolkit to help communities better provide access to medical care that focuses on coordination. The toolkit describes how non-emergency medical transportation works in communities across the country and how communities can work to improve access to medical care for individuals who lack mobility options and for people with disabilities. In the past year, this document has been downloaded more than 7,000 times. In addition, the CTAP program hosted two webinars on non-emergency medical transportation that explored the creation of the Medicaid NEMT program and how it operates today. These two programs are archived on the CTAP Web site. Some of the additional work we’ve done in individual communities has focused on ways to improve access to health care and coordination. These have included:

- Worked with the Mid America Regional Access to Care committee for the metropolitan planning organization in Kansas City, MO, to discuss how transportation impacted access to health care. Helped the committee form a transportation task force.
- Assisted in the development of a Health Care Coalition, in Lafayette County, MO.
- Assisted the State of Rhode Island in coming into compliance with CMS regulations, which helped them maintain non-emergency medical transportation services.
- Worked in concert with the Veterans Integrated Service Network in Nashville, TN, to create a veteran’s health mobility summit.
- Met with the New York State Department of Health about its non-emergency medical transportation program—and specifically discussed new CMS regulations and their impact.

“We have made a beginning but only begun.” We believe that the committee can help us build on this record by supporting the continuation of the CTAP coordination effort through investment from the U.S. Department of Health and Human Services. Our goals for an expanded effort would include:

- Continue the ability of the CTAP program to help communities meet their non-emergency medical transportation by providing technical assistance through a medical transportation Web site, telephone support and in-person technical assistance as needed.
- Expand the ability of the CTAP program to offer impactful technical assistance by creating a research program to demonstrate the cost savings potential of providing timely and affordable transportation for chronic conditions such as end-stage renal disease and cancer. Also provide funds to conduct demonstration programs with Medicare providers to demonstrate potential benefits of including transportation as a benefit in that program.
- Provide technical assistance to traditional providers of public transportation on methods they can use to improve services for human service agencies and coordinate other services in their communities.

Beyond Health Care: Although we have singled out health care for separate discussions relative to coordination we would like to comment on the more general question of how larger coordination efforts can improve access services for all Americans with special needs. We were pleased that in the last highway and transit reauthorization, Congress created the National Resource Center for Human Services within the Federal transit programs administered by the Federal Transit Administration within the Department of Transportation. We are pleased to have worked with the Federal Transit Administration to improve transportation not just in the human services area but also between human service providers and public transportation. Coordination of this kind has been the topic of various Federal activities over the last two decades, but the National Resource Center is the first effort to work on this situation not just from the Washington perspective, but at the State and local level as well. Through the work of the NRC Steering Committee individuals who represent all facets of those who can benefit from transportation coordination come together to work on issues as a team. There are also coordination Ambassadors in every Federal region to help State and local agencies achieve better ways to work together for more effective and efficient transportation that looks at the needs of communities as well as the needs of individuals. In the pursuit of these efforts the NRC has been an important partner of our Associations efforts to create “Coordination Institutes” across the country that bring local providers together with strong technical support to further efforts to collaborate. These efforts are often linked back to the work done by these regional Ambassadors.

I’d like to provide some information about our recent efforts with Veterans in this behalf that show how this kind of coordination is both possible and needed. Let me begin with the words of President Abraham Lincoln when he said:

“Let us strive on to finish the work we are in, to bind up the Nation’s wounds, to care for him who shall have borne the battle and for his widow and his orphan.”

The lines from President Abraham Lincoln’s second inaugural are the most elegant statements about the responsibilities all Americans share in caring for our Nation’s veterans and their families. Although he spoke these words in the midst of a terrible war, they were meant not just for then, but for all time. These words can be found engraved in many monuments and on the walls of the U.S. Department of Veterans Affairs—but they are embodied in the words and actions of many institutions and individuals across America. As America has changed since Lincoln’s time, so have the needs of our veterans and their families. We’ve seen these needs evolve as each generation of veterans has faced new and often complicated challenges resulting from their service to the Nation. Some of these changes are designed to provide rehabilitation services that were impossible to imagine in Lincoln’s time. The GI bill with its approach to educational benefits for veterans was another response to changing needs. The individual contributions to support today’s veterans by employers and their communities are still other ways we live up to the words and thoughts behind President Lincoln’s promise.

In our own times, we face complex challenges in meeting veteran’s needs in the areas that we call transportation and mobility. Some of these challenges result from service-related disabilities, some by a larger population of older veterans who need continuing medical care, and some by the needs for mobility that are required for those going to work or education. Many of these challenges exist not just for veterans, but also for the families and dependents. Addressing these mobility and transportation-related issues is not just an issue for the Department of Veteran’s

Affairs or traditional Veterans Services Organizations—they are shared, societal responsibilities. More specifically, these mobility and transportation-related issues are a key component in the ongoing work of the network of mobility providers we call community and public transit and the human services transportation network. Those who provide many of these mobility services are linked through the National Resource Center of Human Services Transportation (NRC). Created by Congress in the U.S. Department of Transportation, the NRC has a priority to bring together many programs and interests together to address gaps in the mobility needs of all Americans, especially the needs of our veterans. In the process of fulfilling its mission, the center has supported coordination issues in every region of the country to enhance mobility services and resources across the Nation. This report is designed to present the ongoing progress in this vital area and how the NRC and its constituents are doing our part in addressing the needs of our veterans and their families.

The National Resource Center's Work with America's Veterans and their Families: The National Resource Center for Human Service Transportation Coordination (NRC) was established as a result of SAFETEA-LU. The Community Transportation Association of America (CTAA) through a cooperative agreement with the Federal Transit Administration (FTA) operates it. The fundamental purpose of the NRC is to provide States and communities with the support they need to better integrate public transportation services with the services and demands of their human services networks—including America's veterans and their families. The goal is simple: that communities across the country are able to better coordinate human services and transportation provision, making them more livable, especially for the people who are customers and beneficiaries of human services programs. The NRC focuses on providing the education; facilitation and technical assistance that helps local communities improve their residents' mobility through strong partnerships among public transportation providers, human service agencies, private institutions, businesses, volunteers, consumers, political leaders, and other public agencies and non-profit organizations.

Through its staff, through its network of United We Ride Coordination Ambassadors, and through the materials on the NRC Web site, the center provides the strategies; information and assistance that allow communities to develop locally appropriate solutions for their mobility challenges. Working diligently and respectfully with State and Federal agencies and policymakers, the NRC helps to assure that communities receive the support they need to improve local mobility through coordination between public transportation, human services and their partners. What follows are examples and best practices of the NRC's valuable work in assuring cost-effective, efficient mobility for America's veterans and their families.

Ann Arbor VA: Tapping the Region's Mobility Resource: The VA Ann Arbor Healthcare System is one of six pilot sites for the Department of Veterans Affairs' Veterans Transportation Service (VTS). Under its VTS activities, veterans living in portions of Michigan's Wayne, Oakland and Livingston counties who have appointments at the Ann Arbor VA medical campus are to receive no-cost shuttle service from their homes to these appointments, and there also is a shuttle to transport veterans between the Toledo (Ohio) VA outpatient clinic to the Ann Arbor facility. Like most VA medical facilities, the VA Ann Arbor Healthcare System has not historically engaged in providing transportation services, assuming instead that veterans would use existing resources of their families or communities—or the resources of local veterans service organizations (VSOs)—to get to and from necessary medical services. As such, it has been a challenge for this center to get its transportation program up and running, especially given the timelines and prompt performance set forth by the VA national staff, the VTS Resource Center was able to step in and aid the Ann Arbor VA Healthcare System in arranging the partnerships to help this important project get off the ground and running. As could be expected, there were many phone calls and e-mails in which the NRC team, the national VTS team and other experts shared ideas and information with the Ann Arbor VTS project staff, but the seminal event was an in-person meeting one of our Ambassadors arranged between the Ann Arbor VTS manager and key personnel from the Detroit-area SMART transit system.

SMART is the largest of the public transit providers operating in the counties that are to be served through the Ann Arbor VTS project initiative. Through its corps of United We Ride Coordination Ambassadors, the National. Through the introductions and facilitation provided by the Ambassador at this meeting, SMART offered to partner and provide service, management, planning and public relations resources to help with the VTS program. The VTS team was struggling with the challenge of producing significant, almost immediate, results throughout the entire region to be served by this program. Without the Ambassador's intervention, it's entirely possible that the Ann Arbor VTS staff would not even have considered

partnering with their regional public transit system. As a result of the NRC's assistance in this project, not only is the Ann Arbor VA Healthcare System partnering with SMART, but they also are entering into relationships with the other transit agencies in the three-county area to be served under the project. And there's a bonus: because the VTS staff are finding strength and opportunity in partnerships with public transit, they are entering into relationships with the transit agencies in Ann Arbor itself and in Flint, all of which are above and beyond the programmatic expectations of the VTS initiative and which expand mobility options for veterans and their families to access the healthcare they need.

Temple VA: Building a Coordinated Approach: On September 17, 2010, the Central Texas Veterans Health Care System began operating its Veterans Transportation Service (VTS) project, which is intended to provide transportation for veterans with special needs and veterans who don't have transportation to-and-from their outpatient appointments at the Olin E. Teague Veterans Medical Center in Temple, TX. Every one of the VTS pilot sites is unique; in Central Texas' case, they've given priority to meeting the transportation needs of female veterans and of veterans with physical disabilities—including wheelchair-dependent veterans. The project focused exclusively on providing transportation to their VA Medical Center in Temple, and began its service with a number of directly operated vehicles. Although they successfully and quickly launched their service, challenges and opportunities almost immediately presented themselves, and the NRC was poised to help ensure the success of this project's service. The leading challenge was one of geography. The Central Texas Veterans Health Care System operates two VA Medical Centers and six outpatient clinics spanning 39 of Texas' counties. The enormous service area covers 35,243 square miles and has a population base of more than 252,000 veterans. There simply was no way the Central Texas VTS staff could use the limited number of vehicles at its disposal to meet the burgeoning transportation demands of its target population. Through connections made via the national project staff, and contacts that had arisen at some of the other sites, the Central Texas VTS manager reached out to one of the NRC's United We Ride Coordination Ambassadors, who set to work helping the VTS staff get connected with the transportation partners and resources that would help the project succeed. As a result of this technical assistance effort, there have been many accomplishments, including:

- The VTS manager is an active participant in the Heart of Texas Council of Government's MPO Transportation Committee for Temple, from which he is able to see that veterans' issues and mobility needs are considered in the area's federally supported transportation planning, programming and service delivery.
- Hill Country Transit, which is the regional public transit system serving Temple and a nine-county rural area surrounding Temple, has worked with the VTS site to establish a program of tokens veterans can use for riding Hill Country Transit for all their transportation, regardless of destination or trip purpose.
- A service has been designed in partnership with CARTS, the regional public transit system operating in nine counties along the southern part of the Central Texas VA service area, through which CARTS picks up veterans from origins in Burnet and Williamson counties and transport them to a transfer point in Georgetown, TX, from which a scheduled VTS van makes daily round-trips from Georgetown to the VA Medical Center in Temple. Moreover, there would be no fares charged to the individual passengers for using this CARTS-VTS transportation service.
- Having secured these operating relationships between the Central Texas VTS, Hill County Transit and CARTS, additional opportunities for cost-effective partnership are being discussed, including possible technical assistance or coordination on vehicle procurements, and the likelihood of service expansion in the area to bring even more of Central Texas' veterans to medical appointments and other destinations.

Pacific Northwest: The NRC's Successful Role in Convening the Right People and Forging Results: With respect to veterans and military families, the States of Oregon and Washington have much higher concentrations of veterans' populations in both urban and rural areas, as compared to national averages. And as is the case in many places, more and more of the health care services, jobs and social services needed by these veterans has been concentrated in major metropolitan core areas, which makes life and mobility increasingly challenging for rural veterans, especially rural veterans with disabilities and rural veterans with limited economic and transportation resources.

Clearly, for veterans to enjoy mobility in the Pacific Northwest, particularly in more rural areas, partnerships between transportation providers and the networks of health care and services for veterans would have to be forged. However, putting

that clarity into practice was a challenge that had vexed this region for years. Almost immediately upon establishment of the NRC, we began to do our part to help these communities tackle this challenge. The NRC's first step was to help bring partners together at the community level. We focused our attention on one area having both need and capacity to address that need—Washington's Olympic Peninsula. A United We Ride Coordination Ambassador began bringing together the peninsula's two public transit providers, Mason Transit and Jefferson Transit, along with numerous community-based groups serving veterans and other populations, and essentially challenged them with the question: *What can we do to better serve the needs of this important segment of our community with the resources available to us?* Those conversations—both formal and informal—led to a number of ready and successful outcomes in the areas of information, outreach and inclusion of veterans' needs in the delivery of transportation services to veterans living in the peninsula. Another outcome that took more time to materialize, but which ultimately was successful, was to incorporate veterans with disabilities among the people who are able to receive discounted universal *Regional Fare Permits* that are accepted not only on Jefferson Transit and Mason Transit, but also on eight additional public transit systems in Washington State, and on the State's ferry system. The successes of this first step, though, uncovered greater challenges.

While the Olympic Peninsula has many veterans among its population, and has its share of economic and social services for veterans, the only VA health services on the peninsula are those that can be provided at a single outpatient clinic in Port Angeles, WA. Once our Ambassador began talking to veterans' service organizations, and to individual veterans, the enormity of this challenge became clear. Almost every element of health care that a veteran on the Olympic Peninsula would require—whether for a one-time doctor's visit or for recurring treatments or therapies—involved a trip to the Seattle VA Medical Center, which can be as far as 200 miles away from some communities on the peninsula, and which inevitably involves either a ferry ride or a surface journey of significantly greater length. Almost every veteran our Ambassador encountered had his or her own story of health care that had been self-rationed, or services not received, because the transportation challenges were too great, or the logistics of how to arrange the time and travel for a medical trip from their home to Seattle were too complicated, even with the availability of relatively affordable public transportation.

To get a more concrete grasp on the extent of these mobility challenges—and to help begin to get stakeholders talking about possible solutions—the NRC's United We Ride Coordination Ambassador to this region worked with State, local and national partners to convene the **Washington State Veterans Forum: A Symposium on Transportation Access for Veterans, Military Personnel and Their Families**. The primary participants in this event were more than a hundred veterans, active-duty military personnel, and members of military families. They were joined by a cadre of transportation providers and veterans' service organizations, and by representatives from the VA and from State agencies addressing veterans' health care and other needs. Many pressing needs surfaced in this symposium, including:

- The need to minimize the burden of repeated veterans' medical trips to Seattle, whether through efficiencies of coordinating medical and transportation services, or by bringing more medical services for veterans to the communities in which they live.
- The need to reduce the extent to which rural homeless veterans are at a medical transportation disadvantage.
- The need to improve communication to veterans, their families and their support networks about the transportation-related options available to them and how they may be used.
- The need to improve the coordination of transportation services used by veterans, including those services provided by the various public transit agencies and the services provided by DAV and other veterans' service organizations.
- The need to address aspects of veterans' mobility that are not specifically related to health, such as jobs, social services, and senior services for older veterans.
- The need for local governments and service delivery agencies to have a better and more accurate understanding of veterans' needs, issues, and programs.
- The need to take into account that *trip chaining* is to be expected, can be efficient, and should be supported; in other words, if a veteran has to spend part of a day receiving medical care in Seattle, the veteran or his or her family will want to—and should—be able to take advantage of that transportation experience to take care of other necessary functions, which could include shopping, personal appointments, etc.

The forum raised a high profile among the region's veterans' community, and among the State and local agencies charged with addressing aspects of veterans' needs. As a result, many organizations took a fresh look at, and in some cases re-structured, the ways in which they addressed veterans' services and transportation. More significantly, a working group of key public and private transportation providers was organized, which continues to work together to carry out strategies that assure as simple, efficient and seamless a mechanism for providing regional mobility to veterans as structures and circumstances will allow. In addition, the State agencies in Washington whose missions address various aspects of veterans' services and mobility also began working together more closely to do their part to help make State-delivered veterans' services as simple, efficient and seamless as could be realized. And although all the activity reported above was taking place within Washington, their neighbors to the south, in Oregon, were witnessing the news and the discussion, and hearing the reports from their United We Ride Coordination Ambassador, and also began to find ways within Oregon's State agencies to find ways to work together to improve the coordination and delivery of services to Oregon's veterans. The bottom line from this step, then, is that one event led to an ongoing working group in the Olympic Peninsula and Puget Sound region, an ongoing State-level working group in Washington, and an ongoing State-level working group in Oregon. With the NRC having helped tackle what first presented itself as a local challenge of veterans' mobility on the Olympic Peninsula—and which then became additionally addressed as a statewide issue in both Washington and Oregon—it was not long before national attention and the prospects of national solutions emerged. In the spring and summer of 2010, the Department of Veterans Affairs began committing its internal resources to a pilot program of Veterans Transportation System sites, such as those cited above in Texas and Michigan.

At that same time, many of the key Federal players active in the Federal Inter-agency Coordinating Council on Access and Mobility (CCAM) were beginning to revisit the question of *what can we, as an interagency body of Federal departments, do together to improve veterans' transportation?* Since one of the other functions of the NRC is to provide technical expertise in support of the CCAM, it helped channel the headquarters-level Federal concern into a pair of listening sessions in the autumn of 2010, which the NRC's regional United We Ride Coordination Ambassador helped organize. One was in Olympia, WA; the other was in Portland, OR. In both listening sessions, Federal personnel from both the headquarters and regional offices of the Departments of Labor, Transportation and Veterans Affairs were on hand to listen to dozens of veterans, veterans and military family members, transportation providers, veterans' service organizations, local and State government officials, and other stakeholders as they described issues, challenges, solutions, and ideas for how the Federal partners could help to address these challenges. The Federal agency personnel left these sessions not only with a keener grasp of the breadth of mobility challenges facing veterans and their families and networks, but also with an appreciation of the many locally developed, appropriate and effective solutions that already were being put into place, with some support from the NRC and its Ambassadors, but also with the knowledge that there would be a degree of support and encouragement from local, State and Federal governmental agencies. Even in the absence of additional funding, that atmosphere of governmental supportiveness and cooperation already was making a world of difference in Oregon and Washington.

Some key considerations were raised in these listening sessions. One was that veterans have a host of community and mobility needs beyond the basic need to access health care at VA facilities, and that there need to be ways to get these needs recognized across the family of transportation plans and programs. Related to this was the consideration that categorically defined transportation programs, even exciting initiatives such as the Veterans Transportation Service, can pose problems when veterans or their family members are trying to access all sorts of activities and destinations, including employment, education, social services as well as health care.

There already was frustration that veterans might have to call one number to access the DAV or other VA-related transportation, and then have to call some other number to access their public transit service, and then maybe even another number if trying to get transportation at a time or location not served by the public transit. Therefore, a clamor was raised to simplify the access to these transportation services through some type of simplified "one-call" service, in which the providers could sort out who's doing or paying for which part of which trip, and the only up-front burden on the veteran is to call one, and only one, phone number to request the trip. This last finding from these listening sessions that the NRC helped organize led to a result with national implications. On November 9, 2011, the U.S. Department of Transportation, working in partnership with the Departments of Labor, De-

fense and Veterans Affairs, announced the award of more than \$30 million in discretionary grants to support 55 communities across the country in the development of coordinated, inclusive one-call/one-click services to help address and respond to the transportation needs of veterans and military families through a CCAM-backed Federal interagency Veterans Transportation and Community Living Initiative.

Community and Public Transportation's Coordinated Response to the Growing Mobility Needs of Veterans and Their Families: Across the wide spectrum of community and public transportation, service to America's veterans and their families is a long-standing commitment. And these services are as varied as the mobility needs they seek to address. From the thousands of veterans who board public transit buses and trains everyday to commute to-and-from work, to the coordinated transportation service specifically designed to connect veterans with VA Healthcare Centers, community and public transportation plays an ongoing and pivotal role in the lives of veterans and their families. What follows is a series of veteran's transportation best practices from across the country and representing the family of community and public transit providers making this service possible.

Free and Discounted Fares for Veterans: The Bay Area Rapid Transit (BART) system—serving the metropolitan areas of San Francisco and Oakland—is one of the busiest transit networks in the Nation. With five lines operating over 100 miles of rail, BART connects 43 stations and moves nearly 350,000 passengers daily. It will become the largest transit system to offer free trips to all active duty military service personnel. With a large number of military personnel living or stationed in the Bay Area, BART's regional rail network is a crucial means to access destinations across the area. As a result, on Nov. 19, BART's board of directors voted to offer a \$50 ticket to any active duty military service personnel on formal leave from the conflicts in Iraq and Afghanistan. "We want to recognize the tremendous sacrifices the men and women of the military make," said Murphy, who represents the Contra Costa County communities of Concord, North Concord, Lafayette, Martinez, Orinda, Pleasant Hill and Walnut Creek on the BART Board. "Even in these tough budget times, we want to send our military personnel a message that BART, on behalf of the Bay Area community, values their service and sacrifice." Houston, TX is the third-largest U.S. city in terms of population and has a service area of 1,285 square miles. The local transit system (METRO) has a daily ridership that exceeds 600,000 passengers. METRO's complementary ADA paratransit service, METROLift, has annual ridership of about 1.3 million. METROLift has innovative services in that, in addition to deploying a traditional paratransit service with large lift-equipped vehicles, they contract out a large portion of the METROLift service to a taxicab company, which, in turn, deploys a fleet of 160 wheelchair-accessible vehicles dedicated to this service. Houston Metro offers deep fare discounts to veterans who are more than 50 percent disabled (as certified by the VA). For example, according to transportation program staff, instead of paying a \$2.00 fare each way, a veteran might only pay \$0.75. Across Minnesota—a land dubbed with evocative nicknames such as the *North Star* or *Gopher State*, or the *Land of 10,000 Lakes*—community and public transportation systems provide more than 11 million rides each year, spanning 76 of the State's 81 counties (68 of those offering county-wide service). Meanwhile, more than 50,000 disabled veterans live across Minnesota. As of the summer of 2009, *all* of them can ride for free on any fixed-route transit service in the State.

Providing Efficient Transit Service to VA Medical Centers: In 2008, Veterans Administration (VA) leaders in Seminole County, FL, were faced with a challenge. Its existing Community-Based Outpatient Clinic (CBOC) in Sanford was lightly used and sparsely staffed. A new facility in Orange City—about 13 miles to the north—would offer better services and reach more veterans in need of care. However, the relocation of the CBOC to Orange City would introduce travel difficulties for those veterans utilizing the Sanford clinic. Representative John Mica, after consulting with Sanford County VA officials and veterans organizations, decided to try transit first and turned to the local experts in addressing mobility needs: LYNX, the region's public transportation system. Fortunately, LYNX was already actively involved in working with area veterans and their advocates to overcome transportation challenges. The agency's leadership had cultivated relationships with veterans' service officers in Seminole, Osceola and Orange counties, as well as officials at the Orlando VA Medical Center, to provide veterans with unlimited-use transit passes and evaluate how the system's fixed-route and AccessLYNX paratransit operations responded to veterans' transportation needs. These joint efforts between transit professionals and veterans representatives established a foundation to build future enhancements for veterans' mobility. Due to the groundwork established between LYNX and the veterans' community, a solution to the challenge in Seminole County became readily apparent. Representative Mica and LYNX chief executive officer Linda Watson arranged for one of LYNX's VanPool vehicles to be assigned to

the Orange City VA Clinic, which would operate the vehicle between the Central Florida Regional Hospital in Orlando and the Orange City clinic. LYNX also would deliver veterans to the hospital via its Link 34 or 46 fixed-route bus lines, or on its AccessLYNX service. The arrangement allowed LYNX to leverage its existing service network to provide the connection to link with a regional transportation nexus—the Hospital, in this case—while the VA was able to prioritize its transportation resources to ensure veterans could access its services.

For area leaders, the solution represented both an efficient and responsive outcome to a significant, but not insurmountable challenge. Through Representative Mica's leadership in Congress, a new VA Medical Center will soon be completed in Orlando's Medical City health services campus in Lake Nona. The Lake Nona Orlando VA Medical Center will include 134 inpatient beds, a 120-bed community living center, and 60-bed rehabilitation center. Projected to employ more than 2,100 people and serve more than 113,000 veterans each year, the new facility will also be located near the University of Central Florida's Medical School, the Burnham Institute for Medical Research and Nemours Children's Hospital. Already, LYNX is planning for how best to serve the thousands of riders it projects to carry to the campus. The new Center's substantial size, innovative medical services provided and the numerous clients to be treated by the various facilities at the Medical City campus demands it. "The new Lake Nona VA Medical Center will be an important origin and destination of trips across all of LYNX's services," says Masselink. "We will be diligent in making sure that the veterans who need transportation for the care the center will provide will be able to access it."

Near the confluence of the Potomac and Shenandoah rivers, three States come together—Maryland, Virginia and West Virginia—in the heart of the Blue Ridge Mountains. And much like the meeting of these iconic waterways at Harper's Ferry, WV, the meeting of mobility options in the Eastern Panhandle of West Virginia is equally significant. Near Martinsburg, WV, the Blue and Orange Routes of the Eastern Panhandle Transit Authority—known locally as PanTran—meet at the Martinsburg VA Medical Center. Here, PanTran's bus lines originating from the small cities of Martinsburg and Charles Town serve one of the region's most important destinations—one that serves more than 129,000 veterans in Western Maryland, West Virginia, South Central Pennsylvania, and far Northern Virginia. That the facility serves as the terminal point for two regional transit routes is not one of coincidence, but of strategy. In as much as PanTran's routes to the VA Medical Center anchor two of the system's five routes with a steady stream of veterans and employees accessing the facility, the services find a just as vital role in connecting those veterans with other destinations and community-based services in the region.

The Blue Route—which offers 11 trips on weekdays and 7 on Saturdays—provides connections to the Martinsburg Mall, Senior Center and Martinsburg train station, which hosts Amtrak's *Capitol Limited* between Washington, DC, and Chicago as well as MARC commuter trains to the Nation's capital. "PanTran is a tremendous resource for veterans in the area," says Bobby Simpson, Veterans' Service Officer for Jefferson County. "Because of their half-price fares and direct lines to and from the VA center, it's easier for our veterans to become involved in the community." Beyond the coordination of its two transit routes at the Medical Center, PanTran also serves veterans more directly, by contracting with the VA to provide trips for veterans on Tuesday and Friday evenings to ongoing rehabilitation treatment outside the Medical Center in Martinsburg and Charles Town. For more than a decade, PanTran has partnered with VA to operate two vehicles, which have produced more than 6,500 rides over that span. Since rehabilitation treatment is vital for continued well-being, but not urgent medical care, it is provided off-site from the VA Medical Center. Rather than establishing its own transportation operation to transport these clients from the Medical Center to the treatment facilities, local VA officials tried transit first. "PanTran are the folks around here who know how to provide transportation," explains the VA's Simpson. "Since the treatment is offered on a predictable schedule, working with the transit system made the most sense. It's been a great partnership for us."

A unique partnership has led to a daily veterans transportation route between the towns of Lufkin and Livingston in East Texas and the Michael E. DeBakey VA Medical Center, a 118-acre campus, in downtown Houston. Everyday, 30 veterans and their family companions board an over-the-road coach operated by Coach America under contract to Brazos Transit to access the therapeutic and routine care provided by the VA. The veterans transportation service between Lufkin, Livingston and Houston was launched in 1995 and last year two new buses were added to the service to help Brazos Transit's capacity to connect veterans with both the local VA facility in Lufkin, and to the transportation available there to the larger Houston VA medical center. It's a highly successful example of local cooperation, one that was

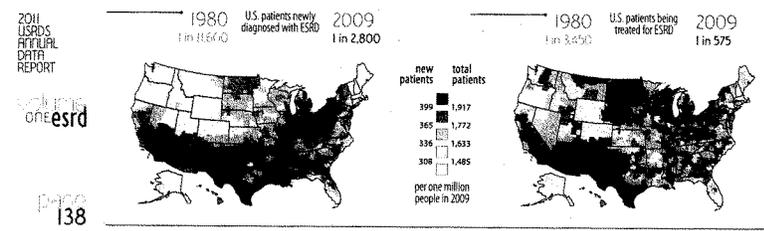
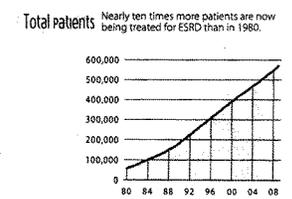
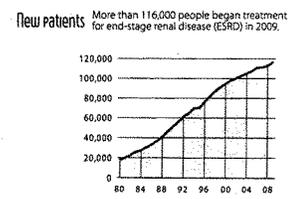
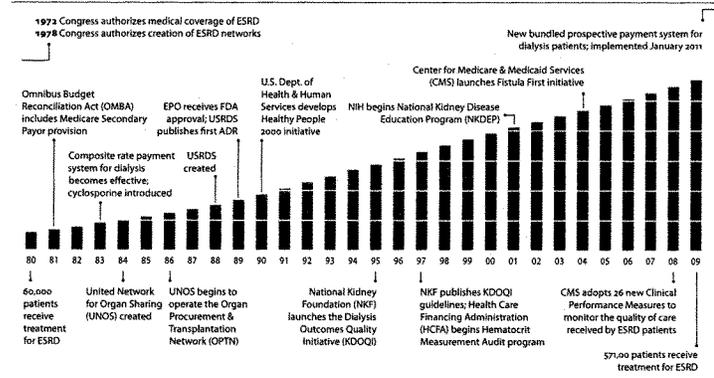
led by the late Congressman Charlie Wilson. “Charlie was always supportive of good public transportation in East Texas,” says Brazos Transit director John McBeth. “He understood the nature of rural transit and the importance of connecting veterans to the services they need.” The way Wilson made such a dramatic difference in the case of this service is to work with Brazos Transit’s board’s vice chair Louis Bronaugh to bring along the Temple Foundation to help pay for increased transit service using better, more comfortable equipment—the Coach America vehicle has a video system, restroom and room for two veterans in wheelchairs. Any veteran traveling to Houston for an appointment at the DeBakey VA Medical Center can reserve, in advance, a seat on the bus by contacting the Charlie Wilson Outpatient Clinic in Lufkin on a first-come, first-served basis. The VA and Brazos Transit operate several vehicles that they use to collect veterans from the surrounding rural areas and bring them to Lufkin for the longer ride to Houston. The veterans bus runs Monday through Friday—except Federal holidays—departing Lufkin at 7:30 a.m., Livingston at 8:30 a.m., and arriving at the Houston VA facility at 10 a.m. It departs Houston for the return at 3 p.m. “One thing’s for sure,” says McBeth. “The veterans sure love the service. They are so thankful for it and are very courteous to the drivers and staff.” “It’s an important service,” says Coach America’s Peggy Doyal. “We need to be serving those who served our country.”

Making This the Rule and Not the Exception: This work in the Veteran area needs to become the foundation of how we can do more in other areas on coordination. As in the case of the Human Services coordination effort of which I spoke earlier, we believe continuing the efforts of the National resource Center on Coordination are in everyone’s interest. Since the Human Service community benefits in this effort we would appreciate this committee advising its colleagues on the Senate Banking Committee of the importance of coordination to these constituencies. In a way we’re asking you to “coordinate” with your colleagues so that we can continue to “coordinate” at the local level. I want to thank the committee for it’s time and I believe Mr. Marsico has some closing comments.

In closing, Mr. Chairman I want to thank you again for holding this hearing and allowing us to testify. Accessible transportation remains an important “work in progress” in our country. Our testimony attempts to address several key issues that reflect only a portion of this important need. We hope that the committee will look at other aspects of this issue in the future and I hope that you will keep in mind that we will always be supportive of your interest and grateful for your continuing support.

Thank you.

end-stage renal disease (ESRD) IN THE UNITED STATES



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Graphs: Figure 1.1
Rates of New & Existing Patients: Figure 1.6 & 3.2
Maps: Figures 1.4 & 1.10

ABILITIES!
ALBERTSON, NY 11507,
November 28, 2011.

Hon. TOM HARKIN, *Chairman,*
Hart Senate Office Building,
Washington, DC 20510.
Hon. MICHAEL B. ENZI, *Ranking Member,*
Russell Senate Office Building,
Washington, DC 20510.

SENATOR HARKIN & SENATOR ENZI: Thank you for allowing me to be a voice on the subject of transportation for people with disabilities. It has been my high honor to work with you both over the past 20 years on serious disability policy matters, and you both have been stalwart protectors of our rights and opportunities. I thank you on behalf of millions of people with disabilities.

Today, I have the privilege of serving as president and CEO of Abilities!, located on Long Island, NY, a non-profit agency dedicated to empowering people with disabilities to be active, independent, and self-sufficient participants in our society, and annually serving more than 2,000 adolescents and adults and 185 severely disabled and medically fragile children. Through education, training, research, leadership, and example, we seek to provide the highest quality services and to influence national attitudes, policies, and legislation in ways that will lead to the greatest benefits for the people we serve.

Transportation poses a major obstacle for people with disabilities who wish to utilize transportation for work as well as a means of assuring that we can live independently within their communities. Some of the pressing issues, particularly for those of us who reside on Long Island, revolve around the following:

- Transportation routes are generally very limited, which often means that people with disabilities may have difficulties getting to the bus stop locations;
- Fares are high yet schedules have been reduced severely, so that evening and weekend bus and paratransit services are very limited;
- Utilizing buses for work becomes extremely difficult; lifts, which are supposed to be available on every bus route, often do not work;
- Government fails to recognize the importance of buses and public transportation generally in the lives of persons with disabilities and those who may have limited funds to consider purchasing a vehicle if they have the ability to drive, especially in this difficult economy. It is short-sighted and discriminatory to cut back on already limited and unequal public transportation services, thereby making it even more difficult for people with disabilities and limited means to participate fully in our society;
- Finally, it is inherently contradictory in public policy terms to want people with disabilities to work but not provide them with a reliable means to get to their places of work.

Traveling around Long Island is very difficult for people who do not own or have access to a car. If people with disabilities want to work and live more independently, we must be able to rely on accessible public transportation in real-time. We want to be full participants in our society—but public policy does not assure us of this.

What should be done:

- State unequivocally in public policy that public mass transportation must be substantially equivalent to public mass transportation services available to non-disabled persons. Train bus and train personnel continually to be respectful to all those who utilize their services, providing continuous and recurrent training on disability etiquette/customer service, especially on the use of lifts and how to respond to those people who need them.
- Ensure that all lifts are working before rolling stock departs on scheduled runs, in the same way planes are checked to assure all parts are working properly and safely before takeoff.
- Assure bus schedules reflect the needs of all its citizens, including people with disabilities.
- Recognize that public mass transportation must be a civil and equal right for all tax-paying citizens; alternately, reduce taxes of people with disabilities who are not able to participate fully in our society due to inaccessible mass transportation.

As you have recently said, Senator Harkin,

“I’m concerned if we continue to allow people with disabilities to be treated like second-class citizens when it comes to transportation access we will not achieve the goals of the ADA and we will not open up the doors to employment to everyone who can work and wants to work.”

Sincerely,

JOHN D. KEMP,
President & CEO.

CATSKILL CENTER FOR INDEPENDENCE,
 ONEONTA, NEW YORK 13820,
 December 2, 2011.

Hon. TOM HARKIN, *Chairman*,
 Hon. MICHAEL ENZI, *Ranking Member*,
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Please accept these comments on the challenges and opportunities for consideration toward improvements in accessible transportation. Feel free to contact me with any questions and we would appreciate receiving a response from you on this important issue. Thank you for your time and commitment to the U.S. Senate HELP Committee.

The current state of transportation which is obtainable, inexpensive and accessible for individuals with disabilities is deficient at best and poses a number of challenges in all areas, particularly for those living and working within rural communities. Despite these impediments, there are many opportunities to improve existing systems and provide full and complete access for individuals with disabilities. Decades after the establishment of laws which recognized the rights of individuals with disabilities, including specifications related to transportation, proper implementation and allocations continue to lack, creating a mass of concerns, barriers and inequities for those whom are otherwise reliant upon this public offering. In addressing these issues, we must also strive toward upholding the affirmations contained in the Americans with Disabilities Act (ADA), the *Olmstead v. L.C.* decision and the Urban Mass Transportation Act of 1970 (P.L. 91-450), which states:

“It is hereby declared to be the national policy that elderly and handicapped persons have the same right as other persons to utilize mass transportation facilities and services; that special efforts shall be made in the planning and design of mass transportation facilities and services so that the availability to the elderly and handicapped persons of mass transportation which they can effectively utilize will be assured; and that all Federal programs offering assistance in the field of mass transportation (including the programs under this Act) should contain provisions implementing this policy.”

Catskill Center for Independence is an Independent Living Center (ILC) and a community-based non-profit provider of advocacy, various services and supports for consumers of all ages with various disabilities in upstate New York. The Catskill Center for Independence, like all ILCs, serve as the influence for the direction of the disabilities rights movement, focusing upon the procurement and resolution of difficulties toward full integration of individuals with any disability. In addition, it is part of our mission to ensure that the individuals we serve have the ability to exercise choice and control in order to achieve individual success and independence.

JOSHUA KING,
Disability Rights Advocate.

DECEMBER 2, 2011.

Hon. TOM HARKIN, *Chairman*,
 Hon. MICHAEL ENZI, *Ranking Member*,
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR SENATOR HARKIN, SENATOR ENZI AND COMMITTEE MEMBERS: As the systems advocate of the Independent Living Center of the Hudson Valley (ILCHV) in New York and the chair of the National Council on Independent Living's (NCIL) Policy Sub-Committee on Transportation, I am writing—first and foremost—to thank you very much for your tireless work and support of legislation designed to enhance access for Americans with disabilities. In particular, on November 17, both the House and the Senate discussed Transportation legislation, but largely due to the leadership of Senator Harkin and Senator Enzi, the Senate discussion focused primarily on issues that affect persons with disabilities.

As Senator Harkin, said at the November hearing, “the Americans with Disabilities Act (ADA) does not address air transportation because of the Air Carrier Ac-

cess Act". Further, the lack of accessible private transportation, demonstrated by what we have been experiencing in New York City, in their recent decision not to purchase accessible taxi cabs, is an area that has escaped the intent of the ADA. However, this is a much greater and pervasive problem beyond New York City, affecting millions of Americans with a variety of disabilities throughout America.

I have been advocating for the rights of persons with disabilities for over 26 years and I have been involved more specifically with transportation issues for the past 10 years, with the last 3 years as chair of NCIL's Transportation Committee. As a committee we have developed a Transportation Position Paper where we have focused on three basic areas of transportation services. The three areas of concentration that will maximize community integration, involvement and participation of people with disabilities are:

1. *Rural transportation services*: NCIL strongly supports increased availability and greater access to affordable and accessible rural transportation, including small airplanes.

2. *Livable communities*: Safe and accessible rights-of-ways including complete streets & pedestrian safety that are all essential elements of community life.

3. *Private Transportation Services*: Legislation is needed to increase the number and availability of accessible vehicles within the private transportation industry, i.e., taxis, limousines, shuttle service, car rentals, buses, trains, etc.

Without reforming the current outdated transportation infrastructure, increased investment in transportation alone will not solve the problems that plague Americans, especially individuals with disabilities on a daily basis who are ready for a new direction and demand transportation options that are affordable and accessible. It is essential for Congress to move toward a 21st Century system that focuses on accountability and results while creating jobs, providing access to opportunity for all Americans, including individuals with disabilities, reducing carbon emissions and our dependence on foreign oil, and improving America's economic competitiveness.

In today's society, economic competitiveness and success in the 21st Century is dependent upon revolutionary ideas and solutions providing Americans, including individuals with disabilities, with accessible transportation options which connect our cities, regions, and rural areas. Our goal is to promote the inclusion of people with disabilities into society by designing accessible transportation systems and encourage pedestrian safety. All new and innovative public and private transportation systems that transfer passengers including individuals with disabilities from one point to another must be accessible for all passengers. Also, pedestrian safety and the rights of way must be designed to maximize their access to all community-based services, programs, activities employment opportunities, etc., that are available to the general public.

Rural areas have higher proportions of lower income and older populations who would directly benefit from increasing the availability of affordable public and private transportation options. Due to the lack of affordable and accessible transportation services, disabled veterans and aging Americans, including persons with disabilities, often remain isolated and segregated in their homes with few options to become an integrated member of their own community. Additionally, these minimal transit services must remove architectural barriers and eliminate the discriminatory policies and procedures in all modes of transportation services as required by the ADA.

Along with enhancing rural and private transportation services to maximize community integration and comply with the 1999 Supreme Court Olmstead decision, accessible public rights-of-way are also critical for community integration. People with disabilities typically rely on the ability to traverse public rights-of-way to access both public and private transportation, to get to their jobs, to stores, to visit friends and family, and to live. Lack of accessibility contributes to the abysmal unemployment rate for people with disabilities and prevents people with disabilities from being integrated as full members of the American community.

For millions of Americans with disabilities, the right to fully participate in their communities and access services is significantly hampered by the current inequities in our country's transportation network. It is a matter of fairness and in spirit with the principles and provisions of the Americans with Disabilities Act (ADA) that all residents and visitors to this great country of ours are afforded equal access to all modes of transportation. Due to the lack of universally designed and wheel chair accessible vehicles, especially within the taxi and limousine industry, legislation is required to create greater accessibility in pre-arranged for-hire vehicle transportation service.

A national study conducted by the U.S. Bureau of Transportation Statistics in 2002 found that 6 million people with disabilities have difficulties obtaining the

transportation they need. Four times as many disabled people as nondisabled people lack suitable transportation options to meet their daily mobility needs. In 2000, a Harris Poll funded by the National Organization on Disability established that nearly one-third of people with disabilities report having inadequate access to transportation. In addition, an aging population means that the demand for universally accessible transportation will increase. According to the American Public Transportation Association (APTA), to serve the rapidly growing portion of Americans older than 65, public transportation will incur increased operating and capital costs—an additional \$3.9 billion annually—by 2030.

For many communities, pre-arranged for-hire vehicles, such as taxis, are a fundamental part of the transportation system. The Community Transportation Association of America reports that nearly 40 percent of the country's transit-dependent population—primarily older Americans, persons with disabilities, and low-income individuals—reside in rural areas. However, in many rural communities, little to no public transportation exist, leaving people with disabilities without accessible transportation since current law does not require private for-hire vehicle companies to offer universally accessible vehicles. In New York City, an estimated 60,000 people use wheelchairs, but only 238 of the 13,000 medallion yellow cabs (less than 2 percent) are able to accommodate passengers with wheelchairs. Even fewer livery vehicles and limousines are accessible for customers in wheelchairs. The lack of accessible taxis currently costs the Medicaid program millions of dollars because people who use wheelchairs presently have no alternative but to use very expensive Medicaid funded ambulettes for transportation to non-emergency medical appointments. This cost could be dramatically reduced if accessible taxi service were available.

As for the Airline Industry, not covered by the ADA, discrimination and lack of access against people with disabilities is very much alive. Especially, as a result of recent events concerning people with disabilities and the Airline Industry—where they were prohibited from flying—it is alarming to think that the Department of Transportation (DOT) may further weaken aircraft access for many wheelchair users, by removing the obligation to stow folding wheelchairs in the cabin closet. For many wheelchair users, a well-signed, designated space in the main cabin is all that is needed to ensure people with disabilities are able to fly independently. Some airlines stow wheelchairs by strapping the manual wheelchair on the back of an airline seat, potentially damaging to the chair as well as increasing the potential for injury to cabin crew. It simply makes little sense. Further, it amplifies the spectacle and stigmatization that so many people with disabilities must endure to board an aircraft with the help of untrained ground staff who transfer wheelchair users from their wheelchair to straight backs, (which are often left exposed to the elements at medium and smaller airports. Rather than weakening accessibility, the DOT should be strengthening the Air Carriers Access Act by ensuring that every aircraft, including commuter jets serving small airports, provide a designated space onboard that holds a folded manual wheelchair and does not require “seat strapping”. The DOT should also ensure signage at aircraft entries and at the stowage location to easily identify the right of passengers to stow their manual chairs onboard. Finally, the Department must prohibit United States and foreign carriers from removing existing closets or other priority spaces used for stowing a passenger's wheelchair on aircrafts. This is just one example of “our continued lack of access and independence”.

On June 19, 2011, *TheDenverChannel.com* posted an article about a young man who was told by the pilot that because of his quadriplegia he would have to get off of the plane. There are hundreds of individuals that fly with the same or similar disability every year. In fact, the same individual being thrown off the flight flew 2 days earlier from Denver International Airport to Dallas to attend a family wedding. Again, this is just one more example of this kind of treatment being endured by persons with disabilities. Others with different disabilities have recently been experiencing similar treatment by other airlines.

Honorable Senators and committee members, on behalf of the Independent Living Center of the Hudson Valley in New York, and as the Chair of the National Council on Independent Living's Policy Sub-Committee on Transportation, I thank you for focusing your efforts toward addressing transportation inequities for persons with disabilities. In advance, I would like to again thank you for all and any support you can render, which will serve to maximize and enhance the availability of accessible and affordable transportation options for all, including individuals with disabilities.

Respectfully,

CLIFTON PEREZ, M.S.W.,
Systems Advocate.

SOUTHERN TIER INDEPENDENCE CENTER (STIC),
 BINGHAMTON, NY 13905,
 December 2, 2011.

Hon. TOM HARKIN, *Chairman*,
 Hon. MICHAEL ENZI, *Ranking Member*,
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR SENATOR HARKIN, SENATOR ENZI, AND MEMBERS OF THE SENATE HEALTH, EDUCATION, LABOR, AND PENSIONS COMMITTEE: I am writing today to commend you for holding five public hearings since March, hearings that have addressed the barriers facing people with disabilities in the area of employment:

- The Americans with Disabilities Act and Accessible Transportation: Challenges and Opportunities;
- Leveraging Higher Education to Improve Employment Outcomes for People Who Are Deaf or Hard of Hearing;
- The Future of Employment for People with the Most Significant Disabilities;
- Lessons from the Field: Learning From What Works for Employment for Persons with Disabilities; and
- Improving Employment Opportunities for People with Intellectual Disabilities.

Southern Tier Independence Center, located in Binghamton, NY, has been in operation since 1983. STIC provides several programs and services for children and adults with all types of disabilities, as well as family members, agencies, businesses and government entities. Serving over 3,000 people a year, STIC programs and services cover a wide geographic area across the Southern Tier. Staff and consumers have watched the hearings during and after their recording. Members of the local deaf community were deeply moved by the hearing held at Gallaudet.

STIC has provided supported employment services since 1995, assisting people with the most severe disabilities to find and keep employment in integrated settings. Consumers and staff members have, for decades, also been very active in working with local government to develop accessible and affordable transportation options. As pointed out by the people on your panels: people with disabilities want to work, want to receive a fair wage for their work, and want to be able to get to their jobs.

I wish to share our thoughts and deep concerns with the committee. STIC consumers and staff have been advocating with our legislative representatives as WIA (the Workforce Investment Act) has been reviewed. We believe that the sub-minimum wage and segregated employment should be eliminated. We strongly support four bills currently being considered in the House of Representatives: the TEAM Acts (H.R. 602, 603, and 604) and the Fair Wages for Workers with Disabilities Act of 2011 (H.R. 3086). Ten of the eighteen co-sponsors of H.R. 3086 are from New York and we are very pleased with this support. We continue to write the other members of the House from New York State, encouraging them to also sign on. Three of the co-sponsors of the TEAM Act bills are from New York. One of our local House members, Maurice Hinchey, supports all these bills. We wish to point out, however, that there are no comparable bills in the Senate and we would strongly encourage you to introduce similar legislation in the Senate.

In addition, we would like to address the issue of transportation. Both consumers of services and employees of STIC rely on public transportation to get to work, school, medical appointments, shopping sites, and community events. We consider transportation to be in the same category as other publicly financed necessities (fire and police protection, education, infrastructure, etc.). Those of us who live and work in this upstate New York community echo the observations and experiences of your transportation panelists.

Over the past 3 years we have lost transit services. After a major route line was cut last year, we took a 1-day survey of 323 riders (a small sample). Six percent of the riders we surveyed had lost their jobs because they were no longer able to get to work on time. Although that route was partially restored, we are now facing further reductions of service that will start in January. The time between route buses is being increased, which will result in buses filling quicker and going "out of service," as full buses will have to drive past waiting customers. The people waiting will have to hope that the next bus (coming in 45 minutes) will have a spot for them. For people who use wheel chairs, a full bus will not be able to pick them up. Service will end around 9 p.m. weekdays and 6 p.m. Saturdays. Second and third shift workers who rely on public transit will be negatively affected. Students with

disabilities who attend local schools are scrambling to come up with alternative ways to get to classes, libraries, and campus activities.

We have worked very hard for many years to train people to use regular transit. We suspect that people will re-apply for para-transit when they are not able to get to work, medical appointments, etc. We continue to meet with local transit officials and county legislators to try to find answers to the lack of adequate transportation in our community. The comments made at your hearing about taxis were very revealing. We have asked local officials for decades to invest in smaller vehicles for para-transit for people who are blind or who have cognitive disabilities. There are ways to be more efficient, save dollars and still provide service.

As you look ahead at legislative, regulatory, and budgetary issues, we thank you for your recognition of the very real employment problems facing people with disabilities. We have much to contribute to our communities if we can just get to the doors of employers and be welcomed inside as their employees.

Sincerely,

SUSAN RUFF,
Advocacy Director,
Southern Tier Independence Center.

[Whereupon, at 11:27 a.m., the hearing was adjourned.]

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