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**Voices from the Community**

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On Our Cover: During World War II, hundreds of thousands of American military personnel traveled around the country on troop trains – connecting soldiers, sailors and airmen from the smallest towns to the largest cities with their training posts and duty assignments. All of the nation’s largest railroads – such as the Pennsylvania Railroad, shown on the cover – operated these special trains under the auspices of the U.S. government.
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About This Conference

Native Americans face many mobility challenges in accessing jobs, health care, shopping, education and other essential services. The trips to these destinations can be long, and many tribal areas struggle with continuing adverse economic conditions, such as high unemployment. Historically, resources to address these challenges have been limited, but new programs and funding are now available that can help build sustainable tribal transit services. The Federal Transit Administration’s Tribal Transit Grant Program, coordination of existing services, flexing of funds and other strategies can provide new opportunities to address these challenges.

OBJECTIVES

During this two-day national conference, you’ll learn about:
• An historic perspective of tribal transit
• The basics of tribal transit services
• Planning and building a tribal transit program
• The role of tribal transit in economic development
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• Transportation coordination in the tribal environment
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WHO IS INVITED?

Everyone is welcome. The conference is especially ideal for:
• Tribal transit operators
• Tribal Council members
• Tribal planners
• Tribal health care and human service agency officials.
• State DOTs
• Regional and statewide planning personnel
• Vendors

For more information on this important conference, visit www.ctaa.org/expo
From the Editor

Leaving Behind the Old Soldiers Home

As a boy, I distinctly recall visits my father and I would periodically make to what we called the “Old Soldiers Home” in Washington, D.C., to visit a family friend I knew simply as “Joe.” I was told that Joe lived there because he was an old soldier, and that he wanted to live with his buddies.

It was a dark place, the Old Soldiers Home, with foreboding, dimly lit corridors, old guys milling about with no seeming purpose and perhaps most memorably, a unique, antiseptic smell.

Joe was always really happy to see us, especially when we took him away from the home and out for a meal. He had served the U.S. Army as a photographer and would let me sift through boxes he kept of photos he’d taken — including many historic shots of people like Black Jack Pershing (“A real man,” Joe assured me), Douglas MacArthur and George Marshall. Joe was indeed a walking history lesson.

As I got a little older, it became apparent to me that Joe wasn’t always so pleased to be living with his pals in the Old Soldiers Home. He began to complain about the place, and it got me to wondering why we couldn’t do better for people who had basically given their entire lives to serve their country.

I was working here at the Community Transportation Association when Joe finally passed away. One spring day a dozen years ago I headed over to Arlington National Cemetery for his burial. He rests today not far from his hero, General Pershing. As the bugler sounded Taps, it dawned on me that Joe had spent half his life in that home. We can do better.

Joe is my inspiration for this edition of Community Transportation — and that illustrates a concern for today’s veterans. After World Wars I and II, most every American knew family members, friends and neighbor who served in a branch of the U.S. Military. Today, too many of our veterans are virtually invisible. They deploy and return home with little public fanfare. And their unique needs — like transportation — often go unnoticed.

This edition of Community Transportation casts light on the veteran’s transportation challenge and highlights the outstanding work of a number of transit operators that everyday are connecting veterans with a better life. There is far more activity on veterans transportation than one might imagine and the lessons learned from these systems are invaluable.

We also focus on veteran’s transportation from the perspective of members of Congress and from local transit leaders and advocates, as well as from veterans themselves. The conversation that emerges from both of these roundtables is indicative of the type of discussion that must take place all across the country for mobility options for veterans to expand.

The Department of Veterans Affairs — commonly called the VA — was launched in the 1920s with the words of President Abraham Lincoln as its inspiration: “…to care for him who shall have borne the battle, and for his widow and his orphan.” Today, that care must include the ability to connect to all of the health care and social services available to veterans, and to ensure that for those who have given so much, basic mobility never impedes overall quality of life.

Scott Bogren

Publisher
Dale J. Marsico, CCTM

Editor
Scott Bogren

Staff Writer
Rich Sampson

Contributors
Eileen Boswell
Amy Conrick
Anthony Frederick*
Clarence Hill*
The RAND Corporation
John Sorrell*
Caryn Souza
Congressman Charlie Wilson*
(* indicates veterans of U.S. military service)

Circulation
Please direct circulation questions to circulation@ctaa.org

Finance
Don Browner

Editorial Offices
1341 G Street, N.W., 10th Floor
Washington, DC 20005
E-Mail: cteditor@ctaa.org
Web: http://www.ctaa.org/ct

Advertising Sales
Bill Shoemaker, A.H.I.
118 Church Street, P.O. Box 519
Selbyville, DE 19975
Phone: 302.436.4375
Fax: 302.436.1911
E-Mail: Convene@aol.com

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Just as with the transit industry, the veterans health care field employs a language all its own. To assist readers with better understanding this lingo, we offer an abbreviated veteran’s health care glossary.

**Adjudication**: The process of making a decision to grant a benefit for a particular applicant by obtaining and reviewing the facts bearing on the case in view of the laws governing the benefits.

**Area of combat**: The area served by military personnel during Operations Enduring Freedom and Iraqi Freedom (OEF/OIF). Veterans are eligible for five years of free care for service connected conditions if they served on active duty in a theater of combat operations during a period of war after the Gulf War or in combat against a hostile force after Nov. 11, 1998.

**CMOP**: Consolidated Mail Out Pharmacy

**Co-Payment**: The cost-sharing charge assessed to certain veterans based on their service connection and/or income or income plus net worth above statutory thresholds.

**Eligibility**: Determination of a person’s qualification for VA health care and related benefits.

**Enrollee**: A Veteran that applies for enrollment in the VA health care system and who is not deceased, ineligible, cancel/declined or rejected enrollment status or fugitive felon status.

**Enrollment Priority Group**: Veterans are assigned to an Enrollment Priority Group based on their specific eligibility attributes and enrollment information. The Priority Groups range from 1-8 with 1 being the highest priority for enrollment. Returning service members are placed in Category 6 and are eligible for free care for any service connected injury or illness for a five-year period.

**Means Test (MT)/Financial Assessment**: An income assessment to determine whether a Nonservice-Connected Veteran is eligible for cost-free VA medical care due to income level.

**OEF/OIF**: Operations Enduring Freedom and Iraqi Freedom

**Pharmacy Co-Payment**: Co-Payment for each 30 day or less supply of medication by the VA.

**Preferred Facility**: The VHA healthcare location identified by the veteran as his/her preferred facility to receive primary care.

**Service Connection**: A disability or condition rated by VBA which is used to determine the type of medical care or benefits available to the veteran.

**TRICARE**: The name of the Department of Defense’s managed health care program for active duty military, active duty service families, retirees and their families, and other beneficiaries. Under TRICARE, you’ll generally have three options for health care.

**TRICARE Prime**: This is a voluntary health maintenance organization (HMO)-type option. If you decide to get your health care through TRICARE Prime, active duty members and their dependents have no enrollment fee. Retirees pay an annual enrollment fee and normally enroll for one year at a time.

**VAMC**: Department of Veterans Affairs Medical Center.

**VBA**: Veterans Benefits Administration which administers monetary and other benefits outside of the medical arena.

**VHA**: Veterans Health Administration which governs the medical treatment facilities within the Department of Veterans Affairs.

**Veterans Industry**: Veterans Industry is a vocational rehabilitation program of the Department of Veterans Affairs that sub contracts with many and diverse industries. They provide temporary and permanent staffing for information technology, manufacturing, warehousing, construction, office support, retail and the services delivery industry. They also provide outsource support in assembly, packaging, sorting, grading, reclaiming, and recycling.
Charlie Wilson wants to be sure that veterans in his old Congressional district have the access they deserve to the health care they need.

The exploits of former United States Congressman Charlie Wilson are well known to fans of the book and film, Charlie Wilson’s War. Somewhat less well known is his tireless work on ensuring that veterans from Lufkin, Texas and its surrounding region have ready access to Houston’s large Veteran’s Administration Medical Center (see Summer/Fall 2008 CT, Charlie Wilson’s Other War, pp. 38-39). The operation—managed by the Brazos Transit District which contracts with Coach America—is steadily gaining ridership and has become a national model.

Recently, Community Transportation Editor-in-Chief Scott Bogren had the opportunity to interview Congressman Wilson, a graduate of the U.S. Naval Academy and veteran himself, about veterans transportation issues. Congressman Wilson, who has been a long-time advocate for rural transportation issues, asked only that he get the chance to praise the Lufkin veterans transportation system—in which he has played an invaluable role—and that this profile include a nice photo of the over-the-road coach the system utilizes. We are only too happy to oblige.

CT: Please tell us about the Lufkin veterans transportation system and your involvement with it?

Congressman Wilson: The trip from Lufkin down to Houston is about a two-and-a-half hour drive and we had been doing it with shuttle buses. A lot of times we just didn’t have enough room for all the veterans needing to get to Houston. So we began to look for an alternative method and we had this foundation here in Angelina County, the TLL Temple Foundation, which furnished the shuttle buses we were using. The people that sit on the foundation’s board were all very sympathetic to veterans transportation needs and it just worked marvelously. We carry about 35-40 veterans every day to Houston and back and it’s making a big difference in these veterans lives. It’s important to note that the service also transports the veterans’ wives and care-givers—which is really important. And we have volunteers who come down each morning and to serve the veterans coffee and donuts. There’s nothing veterans like better than donuts. In terms of my involvement, I am a veteran and I want to be sure that my fellow veterans here are taken care of properly, as they well deserve.

CT: What would be your advice to community and public transportation managers and advocates who are trying to build the same type of system for veterans that you’ve been so instrumental in creating in East Texas.

Congressman Wilson: I think that services like ours work best when there’s a long trip to a large VA Medical Center, like we have. That way, the transportation need is real obvious. You also have to take into account the veterans themselves. Scrunching up these guys—many of them pretty big guys—on these little shuttle vehicles is just extremely uncomfortable for them. The idea is to be able to provide both mobility and comfort, which our veterans are certainly entitled to. And the bus needs to go everyday, no matter what.

CT: What’s the latest update in terms of the Lufkin veterans transportation service?

Congressman Wilson: We’re working right now in the areas surrounding Lufkin. Lufkin pulls
in veterans from 30-40 miles away to its clinic (a Community Based Outpatient Clinic). We now have the investment in place — Senator Cornyn was able to get it for us — to connect veterans with a shuttle service from places like Nacogdoches and Crockett. The shuttle service picks people up in the morning and takes them to Lufkin where they get on the big bus. It’s just really tough on these veterans. The WWII veterans are getting so old, many of their wives have passed away, they really don’t have any other way to get there.

CT: The traditional model for veterans services of all many types — including transportation — is veterans helping veterans. But is this a problem as large numbers of WWII veterans age?

Congressman Wilson: We don’t have that problem because we’re so rural and rural people are always looking for ways to help veterans. Honestly, they just volunteer and help out in so many ways. Some of our volunteers go down to see the vets off in the morning at 7:00 a.m. I can see this being a problem more in the big cities than in areas like Lufkin.

CT: What about veterans from the recent conflicts in Iraq and Afghanistan? Do they ride the service too?

Congressman Wilson: Yes they do. The younger guys have some special needs that can’t always be met in Lufkin, so this transportation option helps them access both places.

CT: With your experience in Congress, how would you advise community and public transportation managers and advocates to work with Congress to further go veterans transportation systems?

“The idea is to be able to provide both mobility and comfort, which our veterans are certainly entitled to. And the bus needs to go everyday, no matter what.”

Congressman Wilson: I think Congress just sort of automatically pays attention when it comes to veterans. I know that here in Lufkin, whenever a member of Congress or the Senate comes through the area to have meetings, we try to make sure we have veterans there so they can discuss their transportation problems, particularly the Iraq and Afghanistan veterans and their stress-related concerns. Members of Congress are eager to help, and it’s usually pretty easy to do through those things known as earmarks. I’m a great believer in good earmarks, like those assuring transportation for veterans.

CT: What’s at stake for veterans?

Congressman Wilson: What’s at stake for our veterans in this area is simply not dreading the drive to Houston. Our service provides them a comfortable trip and they can bring along their wives and caregivers. My wife and I have both ridden to Houston along with the veterans on more than one occasion. It’s their health that’s at stake when they either cannot or will not make that trip on their own to Houston.

Operated by the Brazos Transit District and contracted to Coach America, the Lufkin Veterans Transportation system has seen steady growth.
Voices From the Community

The American Legion

The American Legion is a congressionally chartered veterans organization founded to benefit veterans who served during periods of war. It was founded in 1919 by veterans returning from Europe after World War I, and has nearly 3 million members in over 14,000 Posts worldwide. The following is testimony by Clarence Hill, National Commander, The American Legion before the U.S. Senate Veteran’s Affairs Committee, September 2009

As the summer of 2009 turns to fall, America is poised at a critical point in history. Issues, such as national health care reform, stimulus packages, and increased national debt, are in the news daily. There has been significant talk of change in the last year. But what cannot change is The American Legion’s or the nation’s obligation to ensure that the brave men and women, who have worn the uniform of this nation, are not forgotten.

The Global War on Terrorism – Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF) – have already generated nearly one million discharged veterans, all of whom are guaranteed access to health care through the Department of Veterans Affairs (VA) for the first five years after their return home.

With these new veterans come new challenges. In particular, the demographic of the American veteran is changing. Now we have a much more diverse veterans’ population than in past generations. This diversity includes a growing and significant number of women veterans who sacrifice no less than their male counterparts. Timely access to quality health care, the improved GI Bill, and other veterans’ benefit programs must adjust and adapt to the needs of this “newest generation” of wartime veterans. It is a sacred and time honored obligation of the American Legion to make sure these veterans have the services they need and timely access to the care they have earned and deserve.

By working together, the American Legion and the members of both the House and Senate Veterans Affairs Committees have made considerable progress in recent years to meet that obligation. We have fought for better funding for the VA health care system and, thanks in large part to you and your colleagues, received it. We have lobbied for greater attention to mental health services, including Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) care, which have become known as the “signature wounds” of the wars we are fighting today. We have offered the American Legion services across the nation, to care for those who come home severely wounded, through the American Legion Heroes to Hometowns program, and through a well-trained and VA-certified corps of expert Department Service Officers.

Vet Centers

The American Legion continues to acknowledge the success of Vet Centers and the quality services they provide to the nation’s veterans and their families. The Vet Centers’ distinctive locations, personnel, and overall growing missions continue to stand beyond other programs offered by VA.

Vet Centers also provide services in a non-clinical environment, which may appeal to those who would be reluctant to seek mental health care in a medical facility. A high percentage of the staff, more than
80 percent, are combat veterans and can relate to the readjustment issues experienced by those seeking services.

The most important aspect of Vet Centers is the provision of timely accessibility. Since Vet Centers are community-based and veterans are assessed within minutes of their arrival, eligible veterans are not subjected to long wait times for disability claims decisions to determine eligibility for enrollment, or long wait times for available appointments.

Although Vet Centers have an extensive outreach plan, more outreach is required targeting other groups of veterans who are unaware they are eligible to use Vet Centers. According to VA, many veterans learn of Vet Centers by word-of-mouth; reaching veterans residing in rural areas continues to be a challenge. To improve their outreach, VA recently launched 50 mobile Vet Centers throughout the United States to reach veterans who are unaware of VA services and unable to travel to their nearest Vet Center for various reasons, to include financial and lack of transportation.

As more service members return from theater, the demand for services will increase. The American Legion urges VA to assess the surrounding areas to ensure the amount of mobile and stationary Vet Centers is adequate to accommodate these new veterans.

The American Legion believes all Vet Centers, mobile and stationary, should be fully staffed with qualified providers to insure combat veterans seeking care for readjustment are afforded the same standard of quality care, no matter which Vet Center they use.

**Traumatic Brain Injury**

Traumatic Brain Injury (TBI), also known as one of the invisible wounds of war, should remain at the forefront when screening veterans who served in Iraq and Afghanistan.

A recent VA study indicated that many of the obstacles for TBI veterans and their family members were similar. Some 48 percent of the patients indicated that there were few resources in the community for brain injury-related problems. Approximately 38 percent indicated that transportation was a major obstacle. Another 17 percent indicated that they did not have money to pay for medical, rehabilitation, and injury-related services.

Some of the challenges noted by family members who care for these veterans in rural settings include the necessity for complicated special arrangements and the absence of VA rehabilitative care in their communities. Case managers working at Lead Centers and several secondary centers noted limited ability to follow patients after discharge to rural areas and lack of adequate transportation.

These limitations place undue hardship on veterans' families. Those contributing to the report, as well as veterans who have contacted the American Legion, have shared many examples where families have been overwhelmed by caring for TBI injured veterans. They have sacrificed financially, have lost jobs that provided the sole income for the family, and have endured extended separations from children.

**Access to Care for Rural Veterans**

Research conducted by VA indicated veterans residing in rural areas are in poorer health than their urban counterparts. It was further reported that nationwide, one in five veterans who enrolled to receive VA health care live in rural areas. Providing quality health care in a rural setting has proven to be very challenging, given factors such as limited availability of skilled care providers and inadequate access to care. Even more challenging will be
In 2008, the RAND Corporation released invaluable research on both Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) that provide a more complete understanding of these two “signature” conditions of the current conflicts in Iraq and Afghanistan and that introduce access issues as vital care components. A portion of that research is excerpted here with the permission of the RAND Corporation. Complete research is available at http://veterans.rand.org.

Since October 2001, approximately 1.64 million U.S. troops have deployed to support operations in Afghanistan and Iraq. Many have been exposed for prolonged periods to combat-related stress or traumatic events. Safeguarding the mental health of these service members and veterans is an important part of ensuring the future readiness of our military force and compensating and honoring those who have served our nation. In the wake of recent reports and media attention, public concern about the care of the war wounded is high. In response, several task forces, independent review groups, and a Presidential Commission have examined the care of the war wounded and recommended improvements. Policy changes and funding shifts are already under way.

However, the impetus for policy change has outpaced the knowledge needed to inform solutions. Fundamental gaps remain in our understanding of the mental health and cognitive needs of U.S. service members returning from Afghanistan and Iraq, the costs of mental health and cognitive conditions, and the care systems available to deliver treatment.

About One-Third of Returning Service Members Report Symptoms of a Mental Health or Cognitive Condition

The survey of recently returned service members drew from the population of all of those who have been deployed for Operations Enduring Freedom and Iraqi Freedom, regardless of service branch, component, or unit type. The survey used random digit dialing to reach a representative sample within the targeted locations. All participants were guaranteed confidentiality; the survey data are not linked to any individual’s government records. A total of 1,965 individuals responded.

Results showed that:

- 18.5 percent of all returning service members meet criteria for either PTSD or depression; 14 percent of returning service members currently meet criteria for PTSD, and 14 percent meet criteria for depression.
- 19.5 percent reported experiencing a probable TBI during deployment.
- About 7 percent meet criteria for a mental health problem and also report a possible TBI.

If these numbers are representative, then of the 1.64 million deployed to date, the study estimates that approximately 300,000 veterans who have returned from Iraq and Afghanistan are currently suffering from PTSD or major depression, and about 320,000 may have experienced TBI during deployment.

Many Services are Available, But the Care Systems Have Gaps

In recent years, the capacity of DoD and the VA to provide health services has increased substantially, particularly in the areas of mental health and TBI. However, gaps in access and quality remain. There is a large gap between the need for mental health services and the use of those services.

This pattern stems from structural factors, such as the availability of providers, as well as from personal, organizational, and cultural factors. For example, military service members report barriers to seeking care that are associated with fears...
about the negative consequences of using mental health services. Our survey results suggest that most of these concerns center on confidentiality and career issues, and so are particularly relevant for those on active duty. Many felt that seeking mental health care might cause career prospects to suffer or coworkers’ trust to decline.

However, the VA also faces challenges in providing access to returning service members, who may face long wait times for appointments, particularly in facilities resourced primarily to meet the demands of older veterans. Better projections of the amount and type of demand among the newer veterans are needed to ensure that the VA has appropriate resources to meet potential demand.

These access gaps translate into a substantial unmet need for care. Our survey found that only 53 percent of returning troops who met criteria for PTSD or major depression sought help from a provider for these conditions in the past year. The gap is even larger for those reporting a probable TBI: 57 percent had not been evaluated by a physician for a brain injury.

**Improving Access to High-Quality Care Can Save Money and Improve Outcomes**

Unless treated, PTSD, depression, and TBI can have far-reaching and damaging consequences. Individuals afflicted with these conditions face higher risks for other psychological problems and for attempting suicide. They have higher rates of unhealthy behaviors—such as smoking, overeating, and unsafe sex—and higher rates of physical health problems and mortality. Individuals with these conditions also tend to miss more work or report being less productive. These conditions can impair relationships, disrupt marriages, aggravate the difficulties of parenting, and cause problems in children that may extend the consequences of combat trauma across generations. There is also a possible link between these conditions and homelessness. The damaging consequences from lack of treatment or undertreatment suggest that those afflicted, as well as society at large, stand to gain substantially if more have access to effective care.

These consequences can have a high economic toll; however, most attempts to measure the costs of these conditions focus only on medical costs to the government. Yet, direct costs of treatment are only a fraction of the total costs related to mental health and cognitive conditions. Far higher are the long-
The damaging consequences from lack of treatment or undertreatment suggest that those afflicted, as well as society at large, stand to gain substantially if more have access to effective care.

Term individual and societal costs stemming from lost productivity, reduced quality of life, homelessness, domestic violence, the strain on families, and suicide. Delivering effective care and restoring veterans to full mental health have the potential to reduce these longer-term costs significantly.

While the costs of these conditions are high, we know that effective treatments are available for them, particularly for PTSD and depression. However, these evidence-based treatments are not yet available in all treatment settings. Our model also calculated the costs associated with PTSD and major depression if evidence-based treatments were more widely available — not enough is known to estimate the effect of improving quality of care for TBI, because we lack long-term research on effective treatment and recovery rates.

- If 50 percent of those needing care for PTSD and depression received treatment and all care was evidence-based, this larger investment in treatment would result in cost savings overall.
- If 100 percent of those needing care for PTSD and depression received treatment and all care was evidence-based, there would be even larger cost savings. The cost of depression, PTSD, or co-morbid PTSD and depression could be reduced by as much as $1.7 billion, or $1,063 per returning veteran. These savings come from increases in productivity, as well as from reductions in the expected number of suicides.

Given these estimates, evidence-based treatment for PTSD and major depression would pay for itself within two years. No reliable data are available on the costs related to substance abuse, homelessness, family strain, and other indirect consequences of mental health conditions. If these costs were included, savings resulting from effective treatment would be higher.

These results suggest that investing in evidence-based treatment makes sense both to society and to DoD as an employer. Remission and recovery rates would increase, as would retention, work productivity, and readiness of service members and veterans.

Recommendations and Conclusions

Looking across all the dimensions of our analysis, we offer four main recommendations for improving the understanding and treatment of PTSD, major depression, and TBI among military veterans:

- Increase and improve the capacity of the mental health care system to deliver evidence-based care. There is substantial unmet need among returning service members for care of PTSD and major depression. DoD, the VA, and providers in the civilian sector need greater capacity to provide treatment, which will require new programs to recruit and train more providers throughout the U.S. health care system.

- Change policies to encourage more service members and veterans to seek needed care. Many who need care are reluctant to seek it. Service members and veterans need ways to obtain confidential services without fear of adverse consequences.

- Deliver evidence-based care in all settings. Providers in all settings should be trained and required to deliver evidence-based care. This change will require implementing systems to ensure sustained quality and coordination of care and to aid quality improvement across all settings in which service members and veterans are served.

- Invest in research to close knowledge gaps and plan effectively. Medical science would benefit from a deeper understanding of how these conditions evolve over time among veterans as well as of the effect of treatment and rehabilitation on outcomes. The United States needs a national strategy to support an aggressive research agenda across all medical service sectors for this population.

Meeting the health care needs of returning troops who suffer from PTSD, depression, and TBI will be challenging. The prevalence of these conditions is high and may grow as the conflicts in Afghanistan and Iraq continue. The systems of care for meeting these needs have been improved, but critical gaps remain. Without effective treatment, these conditions carry significant long-term costs and negative consequences.

Ultimately, this issue reaches beyond DoD and the VA into the general U.S. health care system and society at large. Many veterans seek care through private employer-sponsored health plans and in the public sector. The broader health care system must adapt to the needs of this population if the United States is to meet its obligations to military veterans now and in the future.

For the complete study, please go to http://veterans.rand.org. The RAND Corporation is a non-profit institution that helps improve policy and decision making through research and analysis.
Community Transportation’s Priorities for Veterans’ Transportation

Veterans’ transportation has only recently begun to emerge as a crucial issue on the national level, but local and regional transportation providers have been offering new and innovative ways to serve veterans for much longer. Here are some of the key elements to do our part to support and expand mobility options for veterans.

1. Joining Forces

Today, veterans’ transportation networks – like those ably orchestrated by the Disabled American Veterans, Paralyzed Veterans of America, the VA, American Legion and Veterans of Foreign Wars, among others – do great work in offering mobility options. However, the current need is much greater, particularly when the full mobility needs of veterans – not just medical care – are taken into consideration. The perspectives of Congressman Charlie Wilson, the American Legion and the Rand Corporation included elsewhere in this edition illustrate the need for a full transportation network approach to addressing these needs, especially as new challenges emerge in caring for veterans returning from our current conflicts in Iraq and Afghanistan.

2. Finding the Invisible

For much of the past century, nearly every American had an immediate family member – or a close acquaintance – who was serving or had served in the Armed Forces. Our cover of this magazine reflects that notion, as hundreds of thousands of American soldiers, sailors and airmen boarded troop trains, ships and planes to report to their posts. Today, both due to the nature of our current military conflicts and the changing realities of modern service-related injuries, veterans are becoming more isolated, too often hidden and increasingly vulnerable. As a result, our entire communities must become more attune and focused on the needs of veterans, while adapting and designing services to reflect these new realities.

3. Responding to Medical Trends

Although attending to the needs of our veterans includes many unique attributes, their care is not divorced from larger trends in many facets of our society, most notably in regards to health care, housing and employment. The ongoing shift to more health care provided on an outpatient basis impacts the VA medical system to the same degree as the general health care industry, if not more so. Meanwhile, the growing disconnect between locations of housing and employment introduces yet another challenge to an already difficult transition process for new veterans. These recent and substantial developments in how Americans live, work and access services require strong connections, and leaders at all levels must prioritize support and investment to ensure that everyone, including veterans, can realize true participation in their communities and regions.

4. Try Transit First

Fortunately, solutions to these large societal trends already exist in many communities through community and public transportation networks. Our Profiles in Veterans’ Transportation found on pages 24 through 31 illustrate how many transit providers in many regions and communities are already doing their part to access ready-made mobility solutions for veterans. While the needs of veterans in each community are distinct, the process to overcome challenges is universal: dialogue between key organizations and officials is essential; opportunities for pragmatic improvements are always available; and momentum from modest successes can be leveraged to institute more substantial changes.

5. Bringing Leaders Together

Leaders in – and advocates for – improved transportation for veterans must be afforded the opportunity to learn from each other, foster best practices and raise the profile of this important issue on a national scale. Our roundtable discussion among these types of leaders on page 32 reflects the value of a shared dialogue on the topic. A national institute or summit for veterans’ transportation would be of immense value in bridging the knowledge and communications gaps to producing results, and sharing the tools needed to build community-based discussion and decision-making to further improve mobility options for veterans.
Our Evolving Duty: Responding to the Changing Mobility Needs of Our Veterans

by Scott Bogren

In 2002, a decorated veteran of the Korean War died in Shelburne Falls, Mass. He was 68 years old, and he was ill — his kidneys were failing, necessitating treatments three times a week.

He died, according to his local veterans services director, due to a lack of adequate transportation. And his death set in motion efforts by the Community Transportation Association of America to ensure that such a tragedy never occur again. This edition of Community Transportation magazine is, for example, one direct result.

This veteran’s story, tragic though it may be, is not unusual in that it highlights the isolation from which many veterans suffer. He used to drive himself to his dialysis appointments on Tuesdays, Thursdays and Saturdays. This much we know, because it was the police department that first notified the local Department of Veteran’s Affairs (VA) that some alternate form of transportation was necessary. According to the police, he was simply too weak to safely drive home from his four-hour dialysis sessions. A home health care worker agreed, noting that the veteran was at-risk for automobile accidents and falls. His driver’s license was taken away.

The VA contracted with a driver to take him into Greenfield, Mass., and for a little while all seemed well. But officials were unaware that she, too, was ill and uncomfortable driving in the snow and ice that is inevitable in a Western Massachusetts winter. When the volunteer driver died of her illness, the veteran was stranded once again, this time with dire results. He missed two-to-three weeks of treatments before the VA could contract with a local taxi company to reinstate his transportation services. He died, not long after, from complications that most assuredly arose from his missing dialysis.

He died for a lack of transportation — or more specifically, the artificial barriers placed between him and the health care he needed.

America’s military veterans deserve much better. What’s needed is a well thought-out, multi-faceted mobility strategy that can meet today’s veterans transportation needs and that can also handle tomorrow’s increased demand. Because if the system can’t handle the dialysis transportation needs of a veteran in Massachusetts, how is it going to cope with the mobility issues that post-traumatic stress and traumatic brain injuries create?

Understanding Veterans Mobility Needs

It’s all about mobility and basic connections to the American way of life — an ideal for which our veterans have surely sacrificed. Today, America’s military veterans have specific and growing transportation needs that threaten to undermine their quality of life if left unconnected. Health care visits — both of an emergent and therapeutic nature — are the most obvious and critical of these trips, though connections
to community services, to work, to shop, to training and to social events are no less vital.

The mobility demands of veterans are not only increasing as a whole, they are growing from all sectors of the veteran population. Demographics, health care trends and foreign policy have combined to create an undeniable mobility tempest.

By the hundreds of thousands, World War II and Korean War veterans have reached the age where driving is no longer an option. The VA itself estimates that every day nearly 1,000 WWII veterans pass away — and as the Greatest Generation passes, so does the volunteer base upon which so many veterans programs — including transportation — depend. The price of fuel, particularly as it spiked a year-and-a-half ago, also greatly diminished the base of volunteers available to drive veterans to health care and elsewhere. The emerging challenge is clear: Demand for trips increases while the supply of volunteers recedes. A community and public transportation component must be part of the veterans transportation network.

To better understand the nature of the veterans transportation crisis, one must understand the overall veterans population and the Department of Veterans Affairs itself (for more on the VA, please see the box on page 20). Of the more than 23 million veterans alive today, more than 3 million are receiving some form of VA disability compensation. Ten percent of these disabled veterans are identified as 100 percent disabled by the VA. And these disabilities are simultaneously becoming more common and vexing as conflicts in Iraq and Afghanistan reach their seventh and eighth years, respectively.

More than 300,000 veterans receive treatment for Post Traumatic Stress Disorders, commonly called PTSD. Earlier this year, the Pentagon announced that of the 1.8 million people who have served in either Iraq or Afghanistan, 360,000 have returned with a brain injury. Traumatic Brain Injury (TBI) seems to have emerged as the signature injury of the current conflicts. Overall, more than 35,000 soldiers in Iraq and Afghanistan have been wounded severely enough to be sent home.

The current conflicts in Afghanistan and Iraq, have strained the domestic mobility system for veterans. Several key factors best illustrate why. First, soldiers from these theatres are surviving battlefield injuries that were fatal to their predecessors. In the Vietnam War, for example, the ratio of injuries to fatalities among soldiers was 2.6 : 1. Today, astoundingly, that ratio is 16 : 1 — which means many more soldiers are returning home with traumatic injuries that require ongoing, therapeutic care. Second, more simply, is where today's veterans call home. A disproportionate number of current active-duty military personnel and members of the National Guard are from rural areas of the country, where both the health care they will require, as well as the mobility options they will need, are more scarce.
The lack of mobility solutions for veterans of all ages can have dire results. Many Americans are unaware that one in every four homeless people is a veteran. CNN recently concluded a study that put the number of homeless veterans in the U.S. at more than 200,000. Because research indicates that veterans who suffer from Post Traumatic Stress Disorder (PTSD) are far more likely to become homeless, concerns are growing for Iraq and Afghanistan veterans who have high levels of PTSD incidence. Yet sadly, there is a trend among veterans more worrisome than homelessness.

Suicide, according to the VA, is at its highest level for veterans since the rate began being tracked in 1980. A 2007 CBS News study of all 50 states found that veterans are twice more likely to commit suicide than civilians. What’s even more troubling is that veterans in the age group 20-24, according to the study, have the highest incidence of suicide of all veterans — a rate two to four times that of the civilian population.

Making the Connections Today

Though lacking in terms of a systemic, cohesive and comprehensive approach, a number of community and public transit agencies, Veterans Service Organizations (VSOs) and the nationally recognized Disabled American Veterans (DAV) have all sought to meet the growing demand for veterans transportation.

DAV has an admirable track record of success in connecting veterans with health care around the nation. Through its network of several hundred hospital service coordinators, the national nonprofit organization manages a fleet of vans operated by volunteers dedicated entirely to health care transportation. Since the program’s inception in 1987 it has placed more than 1,800 vehicles — vans and cars — into service at VA health care facilities and more than 10 million trips have been provided. With its veterans helping veterans emphasis, the purely volunteer-based DAV system is readily acknowledged as the de-facto veterans transportation system by most veterans and VA officials.

To capitalize the system, local DAV chapters often purchase new vehicles through fundraisers, and are often seeking volunteers to drive them. Ownership of the vehicles is transferred to the VA for purposes of both maintenance and insurance. A key component in the DAV’s vehicle insurance program through the VA stipulates, however, that the vehicles it operates cannot be equipped with a wheelchair lift. This effectively leaves each of the 153 VA Medical Centers and 768 Community-Based Outpatient Clinics (known as CBOCs) to arrange their own transportation for veterans in wheelchairs. How each of these sites facilitates lift-equipped transportation is, in practice, up to each. Some contract with local private and/or public transportation providers, while others simply claim they don’t provide such transportation.

The state of Idaho, for example, created a Veterans Transportation Fund that provides vouchers to veterans in wheelchairs to ensure they have medical transportation.

The DAV’s volunteer-based services have proven highly successful, but with obvious limitations. Traditional community and public transit operations — as is highlighted throughout this magazine — have also stepped forward to serve veterans and VA facilities as part of their daily operations. In some cases these services are directly contracted with the VA; while in others, VA facilities along routes have become significant trip generators for local transit systems. In virtually every case, leaders at local transit systems want to do more to serve veterans and their mobility needs, but have not always found the VA to be a willing participant.
CDTLS can provide funding in support of transportation facility construction or renovation. Across the country local transit services are building facilities and promoting economic development through transportation. Sustainable economic development can be dependent on an intermodal transportation system that includes rail or bus. Financing is meant to facilitate or enhance community transportation activities and to promote intermodal activities and mobility.

CDTLS is dedicated to improving mobility opportunities and enhancing economic development through community transportation.

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EQUAL OPPORTUNITY LENDER
Working With the VA

The United States Department of Veterans Affairs (the name was changed from the former Veteran's Administration in 1989) was founded in 1930 to bring consistency and organization to the myriad federal program serving military veterans. Since its inception, the agency has taken its charge from President Abraham Lincoln's second inaugural address: “...to care for him who shall have borne the battle, and for his widow, and his orphan.”

Though it is largely considered a health care system, the VA also provides, services appeals, burial and memorial benefits, compensation for injury and pension benefits, education benefits, home loan guaranty services, insurance benefits, vocational rehabilitation, employment services and veterans small business loans. In terms of transportation, the key discussion occurs in some of the VA’s guidance in the form of questions and answers:

**Question:** Does the VA offer compensation for travel expenses to and from a VA facility?

**Answer:** If you meet specific criteria you are eligible for travel benefits. In most cases, travel benefits are subject to a deductible. Exceptions to the deductible requirement are: 1) travel for a compensation and pension examination; and 2) travel by an ambulance or a specially equipped van. Because travel benefits are subject to annual mileage rate and deductible changes, we publish a separate document detailing these amounts each year. You can obtain a copy at any VA health care facility.

**Question:** Do I qualify for travel benefits?

**Answer:** You may qualify for beneficiary travel payments if:

- You have a service-connected rating of 30 percent or more
- You are traveling for treatment of a service-connected condition
- You receive a VA pension
- You are traveling for a scheduled compensation or pension examination
- Your income does not exceed the maximum annual VA pension rate
- You are in an authorized Vocational Rehabilitation Program
- Your medical condition requires an ambulance or a specially equipped van, you are unable to defray the cost, and the travel is pre-authorized (authorization is not required for emergencies if a delay would endanger your life or health)

The VISN Network

Just as with the Federal Transit Administration (FTA), the VA is divided into regions know as Veterans Integrated Service Network (VISN). And as with FTA, the regional VISN (see map below) is an excellent first stop when inquiring about veteran's transportation provision within a specific community or region. The VA separates the country into 22 separate VISNs, for a complete list of all, go to: •For a complete list of the VISN Network, please go to www1.va.gov/directory/guide/division_flsh.asp?dnum=1.

Community-Based Outpatient Clinics

Because outpatient services and therapies are such a vital part of both the veterans and national health care delivery model, the VA began building Community-Based Outpatient Clinics (CBOCs) in 1995 to help veterans with primary care access, utilization, quality, and cost. Currently, there are more than 700 CBOCs nationwide.
In many cases, community and public transit involvement in moving veterans has developed around the system’s natural inclination to serve significant trip generators — like VA medical facilities where workers, veterans and their family members congregate. In serving these facilities, community and public transit serve veterans, but this only begins to meet the growing demand many communities are experiencing.

The health care trends that we’ve often written about in the pages of Community Transportation — most significantly, the increasing reliance on outpatient methodologies which necessitate travel to-and-from specialized therapy sessions — clearly impact community and public transit’s role in the veterans arena. What’s more, the VA has decided to congregate certain specialties — for instance TBI or coronary care — at specific facilities. Volunteer-based mobility solutions simply cannot keep up with this ongoing, regular demand as an increasing number of wounded veterans return home needing transportation to connect them to more dispersed health care.

The Association Takes Action

For the better part of the past five years, the Community Transportation Association of America and its partners and members have sought to develop a series of legislative solutions to improve veterans transportation. And though none has yet proven entirely successful, each has further amplified the issue and built new advocates and partnerships.

In 2006, as the Association, its leaders and its membership began to recognize the vital role community and public transit must play in assuring veterans’ access to both health care and a better way of life, we reached out to Congressman James Walsh. Rep. Walsh — who then represented New York’s Syracuse area and was, before retiring in 2008, a key member of the House Appropriations Committee — agreed to include report language in a VA Military Construction bill. In the language, the Congressman requested that the U.S. Department of Veterans Affairs meet with the Community Transportation Association of America to discuss a more coordinated and systematic approach to transportation and mobility for America’s veterans.

Rep. Walsh wrote: “The Committee is concerned that veterans’ transportation services are largely uncoordinated with the existing community and public transportation network and are heavily reliant upon a pool of volunteer services and drivers that has dwindled in many areas as fuel and insurance costs have soared. The current system is inefficient and in some cases veterans find themselves isolated from the vital health care they need. Further, studies have shown that veterans who need health care transportation, particularly those with long-term health care needs, are also likely to need transportation solutions to work, to shop, to socialize, and to otherwise enjoy a high quality of life. The VA spends about $170 million annually on various transportation services for veterans, but has no uniform or consistent approach to their mobility needs. Some facilities work with local volunteers, others with available transit services, some provide no transportation at all. The lack of coordination of transportation services at the headquarters level has led to inconsistent and inefficient mobility for many veterans. Furthermore, the Department does not appear to have a way to communicate with hospitals, clinics, and Veterans Service Organizations on best practices in non-emergency transportation and the most cost-efficient ways to get veterans, in both cities and rural areas, to hospitals and clinics. The Committee directs the Depart to develop a program of coordination, information sharing, and technical assistance for veterans’ transportation. In developing such a program, the Committee recommends that the department consult with organizations, such as the Community Transportation Association of America (CTAA), which have expertise in transit program design and development and provide technical assistance to transit systems and community and human services transportation providers.”

The meeting occurred soon after, and though largely unsuccessful, it further emboldened the Association to pursue a prominent role for public and community transit operators in transporting veterans and to undertake an effort to develop a cadre of resources and information; create an ongoing dialogue between and among transit systems and veterans service organizations and the VA; and stage a national veterans transportation conference. The Association called its fledgling concept VetLinks and began working with key congressional committees and members to discuss its merits and to seek legislative opportunities to improve veterans’ mobility (for more on the Association’s VetLinks effort, go to www.ctaa.org).

In the spring of 2007, several members of the U.S. Senate from rural western states began exploring avenues to improve access to health care for the burgeoning number of rural veterans. Then-U.S. Senator (current Secretary of Interior)
40 percent of our veterans live in rural communities. These veterans are at a distinct disadvantage due to a lack of reliable, systematic access to health care and other essential services. A 2004 study in the Journal of Public Health found that veterans living in rural America are in poorer health than those living in urban areas.

Ken Salazar of Colorado introduced the Rural Veterans Health Care Improvement Act of 2007 with 27 co-sponsors and which included a section specifying transportation grants for veterans service organizations. Subsequently, several members of the Senate submitted amendments to the bill doubling the available funds for transportation grants and most importantly extending eligibility — for the first time — to transit agencies receiving Section 5311 or 5307 investment. Unfortunately, the bill and its companion legislation in the House (HR 2005) were never enacted.

In 2008, the Association gave testimony before the House Appropriations Transportation Housing and Urban Development (TTHUD) Subcommittee on Transportation Challenges for Rural America and which included a lengthy analysis of the need for improved mobility for rural veterans. In that testimony, CTAA Executive Director Dale J. Marsico, CCTM noted:

“As you may know, 40 percent of our veterans live in rural communities. These veterans are at a distinct disadvantage due to a lack of reliable, systematic access to health care and other essential services. A 2004 study in the Journal of Public Health found that veterans living in rural America are in poorer health than those living in urban areas — which is not surprising when you consider the current shortcomings in veterans mobility infrastructure. Returning military personnel and their families must have expanded, consistent access to their medical facilities. This is particularly the case in small cities and rural communities. Too often our existing veteran service networks or state resources are stretched thin and veterans and their families are left without adequate travel options.”

During the question and answer section of the hearing, virtually all of the questions pertaining to the Association’s testimony focused on veterans transportation issues and concerns — with members John Olver, Steven LaTourette, John Carter and Ciro Rodriguez being the most insistent.

As a direct result, Rep. Rodriguez (D-Texas) introduced House bill 3280 last July which is designed to establish a grant program to assist veterans in highly rural areas by providing transportation to medical centers. Thus far, the bill — which does not include any specific allowance for public transit operators — has been referred to committee.

Research: Improving Mobility for Veterans

In 2008, the Community Transportation Association of America and its representatives to the Transportation Research Board’s (TRB) Transit Co-
operative Research Program (TCRP) recommended a research project be undertaken on the subject of transportation for America’s veterans and their family members. The proposal was accepted and fast-tracked.

The TCRP Project (J-6 Task 74) is entitled Improving Mobility for Veterans and is currently underway with a tentative delivery date of spring, 2010. The key research aspects of the project are to:

- Identify gaps in transportation services available to today’s and tomorrow’s veterans and present various strategies for improving their mobility, including possibilities for coordination with public and human services transportation providers;

- Produce the most finely tailored resource guide for persons now interested in improving the mobility of our veterans and the quality of their lives; and

- Develop guidance for Veterans Affairs personnel, VA transportation contractors and volunteer program operators, community transportation services, and veterans themselves.

The Association and a number of its members are active participants on a panel overseeing the direction, development and dissemination of this vital research. Veterans themselves are helping to guide this project in conjunction with partners from the Department of Veterans Affairs, Paralyzed Veterans of America as well as local veterans service organizations and even a Disabled American Veterans Hospital Coordinator.

A Call to Action

Isolation from family, from health care and simply from the basic mobility so many Americans take for granted can no longer be tolerated for our military veterans. The results of that isolation are a life less lived, which includes such symptoms as ill health, unemployment, homeless and worse.

Veterans service organizations, volunteers, the DAV and numerous community and public transportation operators have answered the call to serve our veterans and have done so in the face scant investment and little guidance. And though success at the legislative level has thus far been out of reach, it is striking that each of the past three sessions of Congress have seen legislation that sought to address the issue. Veterans demographics, health care trends and geographic dispersal ensure that it will remain a front-burner issue.

We owe our veterans a more systematic, organized approach to their mobility needs. One must ask: What does it say about our society when we fail to provide basic mobility for those men and women who have given so much?
LYNX worked with Congressman John Mica and veterans’ leaders to secure a new van for trips to the new Orange City medical care clinic.

by Rich Sampson

In 2008, Veterans Administration (VA) leaders in Seminole County, Fla., 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.

Although the Orange City clinic registered 33 percent more patients than the Sanford facility after its opening in May 2008, the clinic’s director, Dr. Martin Schnier, noted that many of the registered patients were not fully accessing the facility’s available services – due to a lack of transportation options. Seeking a remedy to the situation, Dr. Schnier met with U.S. Representative John Mica on Veterans Day, 2008.

An Opportunity Based on Partnerships

Rep. 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.

“We’re all focused on ensuring that everyone has access to our communities,” explains Sue Masselink, Human Services Transportation Coordinator for LYNX. “Through our work together, we’ve been able to hone-in on the needs of veterans and conduct a good deal of outreach to veterans themselves.”

For Orange County Veterans’ Service Officer Mike Dixon, the work represents a natural partnership.

“It’s pretty intuitive that to get our veterans where they need to go for medical care and other services, LYNX can be a great asset,” says Dixon.

Dixon’s counterpart in Osceola County, Tommie Maldonado, agrees, saying, “Sue Masselink and her colleagues at LYNX have been real partners with us. We’ve found a mutual interest in that our veterans...
need transportation and they need riders on their routes.”

**A Van for Veterans**

Due to the groundwork established between LYNX and the veterans’ community, a solution to the challenge in Seminole County became readily apparent. Rep. Mica and LYNX Chief Executive Officer Linda Wilson 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.

“This new service will provide our veterans greater access to modern health care treatments at the new state-of-the-art VA outpatient clinic in Orange City,” says Rep. Mica. “Our area has recently benefited from several new veteran clinics and a future hospital, but without transportation many of our veterans would regularly miss their appointments and risk developing long-term complications from treatable illnesses. With this new transportation service, the VA is able to treat more of our brave men and women who have sacrificed for our nation.”

“The opportunity to give back and fill a specific need is tremendous for us,” says LYNX’s Wilson. “We appreciate Congressman Mica bringing LYNX and the VA together.”

“This van represents the community pulling it resources together to meet the needs of veterans,” said Timothy Liezert, Director of the Orlando VA Medical Center.

**Planning for A New VA Center**

Although the work orchestrated to-date between LYNX and veterans’ service officials has produced important mobility resources and targeted service for veterans in central Florida, more opportunities lie ahead.

Through Rep. Mica’s leadership in Congress, a new VA Medical Center is under construction in Orlando’s Medical City health services campus in Lake Nona. Scheduled for completion in 2012, 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 clientele to be treated by the various facilities at the Medical City campus demands it. Significantly, planning efforts will include participation from the veterans’ community. LYNX’s coordinated planning boards in each of the three counties where it provides service includes each county’s veterans’ service officer as well as participation from local veterans organizations. Meeting every three months, these boards shape the direction for transportation service in the region, including coordinating how best to serve vital regional destinations like the Medical City campus.

“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 to the care the center will provide will be able to access it.”

**Lessons Learned**

By establishing an ongoing dialogue, leaders of transportation and veterans’ services organizations were not only able to respond to the evolving needs of Central Florida area veterans to reach health care locations, but also build momentum for a cohesive plan for future challenges and opportunities. While the region has benefited from the specific work of key figures such as Representative Mica, LYNX’s transportation professionals and their counterparts at the VA and veterans’ service offices, their approach is one that is universal – cultivate organization connections through mutual interest, identify and implement a set of workable improvements, and translate those actions into a more lasting partnership to affect significant change.
Community Transportation

Profiles in Veterans Transportation

The North Star State Guides the Way for Veterans Mobility

by Rich Sampson

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.

An Opportunity to Serve Veterans – Efficiently

From Minnesota’s largest metropolitan region – Minneapolis/ St. Paul – to its small urban and rural communities, the state’s veterans – disabled or otherwise – depend on access to vital destinations such as health care services, employment, social programs and the numerous other aspects that contribute to daily life. However, opportunities to access these key locations present challenges when connections provided by volunteers are shrinking and individual budgets are fixed. In Minnesota, such an environment led to atypical conversations and, eventually, results.

As officials from the Minnesota Department of Veterans Affairs received reports from across the state that mobility linkages for disabled veterans were preventing many from accessing state and federal veterans programs, they sought a solution that was both easy to implement and cost-effective. Accordingly, they turned to their colleagues at the Minnesota Department of Transportation to craft an approach to respond to these growing needs.

Since the state’s budget – like so many others across the nation – had become strained in the wake of the economic downturn, few resources were available through either department to initiate new services. However, in working with Minnesota’s transit industry through the Minnesota Public Transportation Association, state transportation officials seized an opportunity.

The existing fixed-route transit lines operated by systems across the state could accommodate disabled veterans without much – if any – fiscal impact on their already constrained operating
It was a reasonable idea,” says Tony Kellen, President of the Minnesota Public Transportation Association. “Moving veterans on our existing services wasn’t a question that required too much convincing – it was the right thing to do.”

“The transit providers in Minnesota are an important part of our multi-modal transportation system,” says Tom Sorel, Commissioner of the Minnesota Department of Transportation. “We appreciate that the fixed-route transit providers are acknowledging the contributions of our disabled veterans by offering them free service.”

A Card for a Ride

To participate in most programs offered through the VA and state veterans departments, clients must utilize a Veterans Identification Card (VIC). Beyond a proof of identification, VICS also designate the programs for which an individual veteran is eligible. To take advantage of the state’s free transit benefit, a veteran must be designated as disabled due to service-related reasons, a marker which appears on their VIC. This is the same indicator which transit operators across the state are trained to spot to welcome disabled veterans aboard. The program also allows personal care attendants to travel free to assist disabled veterans navigate through the system.

The disabled veterans transportation program was easily adaptable to existing VA requirements and processes, which was essential, according to the state’s top Veterans Affairs official.

This initiative was a very workable solution for us, and it provides a tremendous service for disabled veterans in Minnesota,” says Clark Dyrud, commissioner of the Minnesota Department of Veterans Affairs. They are our nation’s heroes.”

And the veterans transportation program not only applies to fixed-route bus services across Minnesota, but also the Hiawatha light rail and Northstar commuter rail services in Minneapolis. Access to the Hiawatha line – which opened in 2004 between downtown Minneapolis and the Mall of America in Bloomington – is essential, as the state’s largest VA Medical Center is located along the route and is served by a direct station.

Meanwhile, Metro Transit – which operates both the Hiawatha and Northstar rail services – also provides direct fixed-route bus service to the VA Medical Center on its route 22 and 515 lines. Additionally, plans are underway to expand the Northstar commuter rail operation to Saint Cloud, home to the state’s second largest VA Medical Center. Commuter bus service between Saint Cloud and the line’s current terminus in Big Lake is already underway following the initiation of commuter rail service on Nov. 16, 2009. Metro Bus – Saint Cloud’s public transit system – serves the VA Medical Center via three different routes.

“How appropriate that this benefit for disabled veterans begins so close to the Fourth of July when we show our respect and support for those who defend the freedoms we enjoy,” says Peter Bell, chair of the Metropolitan Council, which oversees Metro Transit, when the program began in the summer of 2009.

Across Minnesota

While providing access to the large VA Medical Centers in Minneapolis and Saint Cloud is essential for the state’s largest metropolitan region, offering connections to the handful of Community Based Outpatient Clinics (CBOCs) across the state is equally important and offers a key avenue to improve mobility options for veterans.

Disabled veterans in Duluth, for example, can now reach the Duluth Vet Center downtown on Superior Street on any of Duluth Transit Authority’s 20 routes, while Rochester City Lines’ Route 12 bus serves that city’s CBOC.

The Next Step

Today, Minnesota’s disabled veterans transportation program is limited to communities offering fixed-route transportation. However, as most transit providers in smaller urban areas – such as Paul Bunyan Transit in Bemidji and Crow Wing County Transit serving Brainerd – operate demand response services, the program is yet unable to support free trips on these systems. Extending the transit benefit to veterans in these areas stands as the next benchmark for Minnesota’s transit providers.

“Initiating the programs for veterans on our systems with fixed routes was a good first step,” explains MPTA’s Kellen. “Our next goal is to see it applied to the rest of the systems across the state to ensure more veterans can get where they need to go.”

Lessons Learned

The perfect blend of leadership and collaboration by Minnesota state officials – both in its Transportation and Veterans Affairs departments, along with the state’s public transportation systems – has produced a substantial outcome for veterans across Minnesota. By leveraging a significant, existing asset – fixed route public transit services, opportunities for veterans to not only access health care, but the entirely of their communities, instantly improved through a very modest level of investment. That effort marks a level of commitment that is not beyond the reach of any community.
Service to Veterans Provides a Focal Point for West Virginia’s PanTran

PanTran’s Blue Route links downtown Martinsburg to the regional VA Medical Center, while the Orange Route (opposite page) also links the Medical Center to Charles Town.

by Rich Sampson

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, W.Va., the meeting of mobility options in the Eastern Panhandle of West Virginia is equally significant.

Near Martinsburg, W.Va., 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.

“The VA Medical Center is a critical point of activity in our region,” says Besty Waters, Director of PanTran. “We’ve been serving it with our Blue and Orange Routes since ______ and it’s one of our largest sources of ridership.”

Connecting Veterans to the Community

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 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 seven on Saturdays – provides connections to the Martinsburg Mall, Senior Center and Martinsburg train station, which hosts Amtrak’s Capitol Limited between Washington, D.C., and Chicago as well as MARC commuter trains to the nation’s capital.

Meanwhile, heading south from the Medical Center to Charles Town, the Orange Line offers service to the Potomac Town Center shopping area, Beckley County services...
in downtown Charles Town and the Charles Town Race Track – a leading regional employment and entertainment district. By providing direct service from the VA facility to these important destinations in both Martinsburg and Charles Town, PanTran encourages area veterans to fully participate in all the region has offer. Moreover, the system facilitates affordable travel on its routes by offering persons over 60 and people with disabilities 50 percent fare reductions for both its fixed-route network and demand response service.

“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, its easier for our veterans to become involved in the community.”

“We believe it crucial not only to our success as a transit system, but also an important part of our mission to serve the community,” says PanTran’s Waters.

The system’s approach to serving veterans as a core of its ridership is attracting attention from transit providers elsewhere.

“PanTran’s efforts to tailor their services to veterans is a good example for other systems, both here in West Virginia and in other communities,” says David Bruffy, President of the West Virginia Public Transportation Association and General Manager of the Mountain Line Transit Authority in Morgantown, W.Va. “By providing good public transit, they are ensuring veterans can have a full role in their community.”

Transportation to Treatment

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 to 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.”

“It’s a very rewarding part of our work,” adds Waters. “We’ve been providing rides to many of these veterans for around a decade, and our drivers and staff like being part of their lives every week.”

Lessons Learned

In targeting the regional VA Medical Center as a connection point for two of its routes, PanTran allowed for easy and efficient transportation for veterans, while at the same time positioned its service to a significant destination for its overall ridership base. That focus was bolstered by a partnership developed between PanTran and the VA to ensure that additional treatment needed by many veterans would be available. These achievements made by PanTran and its partners are not unlike others made by operators of community transportation in small urban and rural areas across the nation – assess the needs of the region and foster useful partnerships to deploy practical solutions to address those needs and overcome greater challenges.

“We believe it crucial not only to our success as a transit system, but also an important part of our mission to serve the community.”
Military Personnel Ride Free on BART

by Rich Sampson

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. And in early 2010, it will become the largest transit system to offer free trips to all active duty military service personnel.

Valuing Sacrifice

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.

The idea to extend the benefit to military personnel stemmed from BART Board Member Gail Murphy.

“Regardless of how people view these war efforts, 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.”

Making a Local Commitment

Through the Board’s leadership, BART established a one-year investment of up to $50,000 to support the provision of the tickets. If demand for the program exceeds the authorized level during 2010, the Board will consider its expansion. BART already offers fare-free travel for BART employees, their families and Bay Area police officers.

In order to participate in the program, military personnel need to...
visit the Lake Merritt BART station in downtown Oakland and present documentation confirming their status as active duty and a valid leave order from the Iraqi Freedom or Enduring Freedom [Afghanistan] operations.

“This is a small token of our deep appreciation to the men and women who leave their loved ones behind and put their lives on the line to defend our freedom,” said BART Board President Thomas Blalock.

Lessons Learned

Although they oversee a transit operation that moves hundreds of thousands of riders each day, BART’s Board of Directors were still able to recognize the needs of some of their riders who could use the help of a free trip now and then. In a community of any size, in any part of the country, a commitment by local leaders demonstrates the fundamental interrelationship that exists between transit systems and those in most need of their services. BART’s leaders made such a commitment for veterans in its region, and is one that will not go unappreciated.
Veterans Transportation: A Panel Discussion of Key Needs, Concerns and Solutions

To better assess the key transportation issues facing veterans, Community Transportation magazine convened a special panel of transportation and veterans service providers and advocates and posed an identical set of questions. Please note that the make-up of this group represents the ideal mix of advocates, experts and service providers be involved at the community-level in veterans transportation. The answers to these questions are surprisingly similar even though the participants range from transportation providers to veterans service providers to veterans themselves. Uniformly, our panel recommends time and again that more transportation and mobility is needed to fully integrate military veterans back into our society. The failure to do so results in a severely lowered quality of life for veterans and their families.

CT: What is your direct experience with understanding the transportation needs of veterans?

Dan Palumbo, Chief Operating Officer, South County Senior Services, Orange County, Calif.: Our agency serves the elderly and a significant number of veterans, primarily over 80 years of age depend on community based supportive services such as case management, meals on wheels, adult day health care, in-home and caregiver support and transportation. We have just completed a comprehensive strategic plan and transportation (non-emergency medical and social) is the second highest priority in the five-year plan. Veterans, in many cases, are simply giving up on trying to navigate their “benefits” system out of sheer frustration and the lack of transportation to service facilities is a significant barrier.

Tom Richey, Mid-America Chapter of Paralyzed Veterans of America, Oklahoma City, Okla.: I have given Veterans in need of transportation my own private van – wheelchair adapted and lift-equipped. I don’t make a regular use of my van this way, but there are special situations that do require extraordinary actions, including transporting to the local VAMC or private doctor.

I have also provided out of area transport to wheelchair-bound veterans because there is no other transportation. Many veterans can use the network of van transport provided by the DAV but if you use a wheelchair as your primary locomotion you are not eligible for this service. There are no means of transport between cities in our area.

Valerie Miller, CTAA’s Medical Transportation Specialist, Richmond, Mo.: I have worked with veterans organizations at regional levels, with VISN, with veterans and their families during a veterans transportation summit, and with persons seeking transportation options from the Wounded Warriors Project. I have also been involved with community transportation providers that have been working to better involve veterans and their needs into their coordinated transit systems. There is general frustration from all sides with the need for increased veterans transportation.

Steve Singleton, Oklahoma State University-Stillwater Community Transit, Stillwater, Okla.: I am the transit manager in a university town that provides public transportation for the university and community, including disabled citizens. I am also the faculty advisor for the University’s Student Veterans Organization and a member of the Military Officers Association of America and the American Legion. As a disabled veteran who regularly visits the veterans hospital in our state capital, I have seen how difficult it is for veterans to get to these hospitals and other medical
members is the County Veteran Affairs Officer. He is our liaison to the veterans community. We also work with the local Veteran Advisory Council to survey needs and enlist support with the Board of County Commission. This partnership helped secure the funds for our veterans’ volunteer driver program providing express service to the regional veterans hospital.

Daniel Petersen, Director, Mid-America Chapter Paralyzed Veterans of America, Oklahoma City, Okla.: Since I am a lifetime member of PVA and having sustained a spinal injury back in 1971, my need for transportation has been an ongoing experience and need. Having lived in several locales it would be my assumption that the mode or type of transportation depends on geographics and one’s injury to determine the best solution of getting from one place to another. Example: when I lived in Wyoming, a car was enough to get me to the necessities I needed. This would include; doctor visits, grocery shopping and social engagements remain active in our society. In more densely populated areas such as the east and west coast, my access to buses was more important than individual transportation. Again, this is true in some cases, but not always. The feeling of independence is the biggest motivating factor for those with spinal cord injuries. Personal transportation, such as my 1970 Plymouth Roadrunner with a 383 police interceptor, Holley 4 barrel high-rise manifold and carburetor with ram air and chrome all the way around, including glass packs and 8-track stereo, not to mention the metal flake green paint job, is important, not that I paid that much attention. After all, wheels were just wheels, right? Getcha where ya wanna go.

Lee Fouts, Transportation Supervisor/Driver/Trainer, CalDiego PVA, San Diego, Calif.: My experience is with spinal cord-injured vets. They range in degree of disability from paraplegics in good shape to quadriplegics with head movement only. We transport from their residence to the VAMC or other medical/dental facility. The vast majority of them are non-service connected and rely on Social Security disability income, which is not much and places financial hardship on them which quite often precludes a private vehicle. The veterans need transportation in vehicles converted and equipped to properly lift and secure them in their wheelchairs. Drivers of these vehicles must be trained and certified in basic life support and recognizing and dealing with medical problems specific to spinal-cord injured persons. It is sometimes necessary to deal with catheters and power chairs that malfunction. Sometimes the driver of the vehicle is the only person the veteran talks to all day. Making the trip a good experience for the veteran is therapeutic.

CT: Assess the importance of reliable transportation on the quality of life of veterans and their families. Is additional transportation needed and if so, how do you think it could best be provided?

John Stansbury, National Service Officer, Paralyzed Veterans of America, Northern New England: The importance of reliable transportation on the quality of life of our veterans is absolutely vital. Cathy Brown: Reliable transportation is a key element to maintaining independence, especially for disabled veterans. Increasing resources for paratransit, especially in isolated rural areas is very important — not only for the very elderly veterans but also for younger and disabled veterans returning from current conflicts.

Lyn Hellegaard: Recent studies document the increase in suicide rates among our veterans. Studies also show the majority of our
Veterans Transit Roundtable

Veterans come from rural states, most don’t live in the urban areas, but in the small farming communities where transportation options are minimal at best. Additional transportation is needed. Through my learning process, most Veteran Service Organizations (VSO) typically focus on getting veterans to medical appointments. Veterans need to be educated about other local options that would allow them access to essential activities not just medical appointments. An example would be getting them out to a movie, lunch or other social activity with their fellow veterans. Local transit providers have the capital, expertise and a desire to help our veterans. Doors need to be opened to allow for the integration of all community mobility options to maximize the resources currently available.

Tom Richey: Veterans in our organization are usually very limited in their travel. In the major metro area of Oklahoma City, the mass transit system can be used by people who use wheelchairs, but the main lines don’t always go where you need to go, and the paratransit system is overly complicated and cannot be used on short notice. Disabled veterans have great difficulty doing anything with their families in a social setting because of the transportation restrictions. This difficulty leads to most of the isolation problems I personally have become aware of and attempted to aid the veteran and/or their families. Once the veteran starts becomes isolated, it is difficult to get them to come to any social function. That is why a positive social network is so important with our organization. Even if a small amount of time and energy is expended to do outreach to the less-abled people, it is well worth the effort because then that veteran in his turn helps the next. It is the “pay it forward” way of doing things. We can see a spiral both positive and negative once you identify the transportation barrier. Positive in that the veteran becomes a mentor to the next veteran or negative when he/she becomes even more isolated and alienated from members of their family/friends. Transportation is one of the biggest keys to making the negative into a positive, and yet many people don’t see it. Without transportation it just becomes a very high wall of separation for the veteran. Clearly, that wall directly impacts the quality of life.

Dan Palumbo: Unmet transportation needs for our aging and returning veterans is truly a crisis in America today! We must advocate for and secure funding to meet this need. The best models available throughout the country are local and community based. Traditional public transit certainly has a role to fill but nonprofit organizations and the private sector also must be partners to the solution. Models are available in urban and rural regions — they just need to be replicated and funded.

Valerie Miller: Veterans have, in many cases, put their lives and their bodies in harm’s way to serve their country. They do it willingly. In return, it seems that not only providing them with quality health care but access to that health care is the least their country can do for them. Veterans have many medical needs. We have the veterans of WWII and Korea and Vietnam who are seeing the medical issues of aging as well as those that are service-related. We now see an entirely new group of veterans who have not only visible injuries, but many invisible injuries. Traumatic Brain Injury and Post Traumatic Stress Disorder are unseen injuries but very real and many veterans and their families deal with them daily. As with any one, quality of life is seriously impacted by the lack of adequate health care. And if we have health care, but do not have access to that health care, we are no better off. Treatments are delayed until preventative care becomes urgent care, a person’s mental health suffers for lack of treatment, families suffer when a veteran has to delay treatment due to lack of transportation. Lack of adequate health care can result in the loss of employment, loss of family, and certainly loss of life. But there is a solution: Community transportation systems all across the country are willing to work with, not take over, the veterans transportation system. The DAV does a wonderful job of serving veterans but they can’t do the entire job. There are many veterans coming home now and they will need help. The volunteers for the DAV have been the WWII and the Vietnam veterans and they are going to need some assistance with transportation at some point. It is time we put away turf battles and get together to find a solution. There are no “winners” in this — only losers, and the losers are the veterans who need transportation assistance and don’t get it. The first step is to communicate. In Washington State, we held a summit of transportation providers and the VA with veterans and families to begin the dialogue. This is only one method. Simple community meetings or including the veterans groups in transportation coordination meetings is a good start.

Steve Singleton: Transportation is critical to veterans and their families, especially those with special needs and in remote areas of some of our rural states. Specifically, lift-equipped mini-buses would be a great asset to taking groups of veterans to medical appointments. Of course, this would also require drivers to get CDLs, but that is much easier to do than figuring out how to load a wheelchair passenger in a standard minivan. Some of the stimulus money being given to the transportation providers and manufacturers could be specifically designated for this resource, with minimal impact on overall public transportation.

Daniel Petersen: When you are considering the importance of mobility, I feel it is a personal choice. Most people know what they need
to make their quality of life the best it can be. Me? I now drive a van with a wheelchair lift and dream of those long ago days of old when I was considered “hell on wheels”, hoping to maintain my sense of freedom. In all aspects of one’s life, transportation in its simplest form helps reduce the burden of the injury and creates an avenue for adventure and escape.

Lee Fouts: The need for reliable transportation is vitally important. Try giving up your car and staying in a wheelchair for a few days. The frustration you would experience causes depression, a feeling of helplessness, and leads to an isolation from life’s activities. Transportation is freedom and independence. There is a need for more veterans transportation for recreational and personal, non-medical needs. How best to provide it is not my area of expertise. I know that it takes money.

CT: In your experience, which destinations do veterans most need additional transportation to access? Of these destinations, which would be the top priority?

John Stansbury: The most important destination for veterans is, not surprisingly, medical care. In northern New England that means all the things involved in bringing the patient down from the mountain to a specialty clinic, and then dealing with the cancellations due to winter weather, and the overnight stays involved, etc.

Steve Singleton: First and foremost, the top priority is transportation to veterans hospitals and clinics. Medical treatment is a number one concern to ensure quality of life and to get veterans healthy enough to go to work to provide for their families. As the number of disabled veterans increase as a result of casualties in Iraq and Afghanistan, transportation to work will become more of an issue.

Valerie Miller: I think that trip priority is a regional issue depending on what a particular hospital has to offer. For instance, at a Wounded Warrior center, transportation might also be offered to job placement and training off of the base. This would be different from the usual medical transportation.

Lyn Hellegaard: My experience leads me to believe the priority destinations are medical and support services in other communities, whether it be the state VA hospital, a specialty hospital located in another state or assistance in helping veterans secure employment in another community. At this time I would guess that getting them to medical appointments, however, it is hard to designate a priority as I believe it is just as important to keep them connected to their support mechanisms – whether it be family, friends or fellow veterans or as simple as giving them a ride to the grocery store or for a haircut.

Dan Palumbo: Medical care, of course, is the top priority. In descending priority order, I would suggest the priority list would go: rehabilitation, psychiatric support, dialysis, hospital visits for family and friends, work, grocery shopping, bank, worship and entertainment.

Cathy Brown: Medical trips and personal errands are most needed. Personal errands should include shopping, haircuts, and even entertainment trips not ordinarily available with current funding. We can enlist volunteers to respond to these requests.

CT: What, in your opinion, is the direct result of veterans not having the transportation they need?

Tom Richey: This area is the most difficult to write about. If a veteran does not have transportation available it is likely he/she will become isolated, frustrated, and angry — probably in that order. Then the health of the veteran is at-risk. Peer counseling can help but if professional services are needed? Health issues delayed? Too often, friends and family may not recognize the signs. All these
things may be avoided if networking, human touch, talk and caring can occur. Without transportation, veterans face an uphill struggle just to maintain the everyday life that so many people take for granted. These are the things that I can tell you about, because they are the things in my life.

Dan Palumbo: The result is premature institutionalization or death/suicide, physical and mental pain and suffering, depression, poor health, domestic violence, child abuse, social isolation, subtle denial of healthcare benefits and the disgrace of our culture for not respecting and caring for those who have fought for our freedom!

Lyn Hellegaard: Probably the most troubling is the isolation, which is a major contributing factor to suicide among our elderly. Not having the transportation to keep a regular therapy schedule can not only set back their rehabilitation years, but may result in them not achieving the most from the rehab and resulting in higher medical costs down the road.

John Stansbury: The result is that veterans do not participate in studies and services that may help them or others. For example, they do not get the speech therapy to help them communicate, they then become isolated and develop mental issues and sometimes take their own lives. They do not get proper assistive devices and lose independence. They do not attend appointments and lose the battle to help them recover, stabilize, prolong or make the end of their lives more comfortable. Because of the tremendous effort involved with non-ambulatory patients, veterans sometimes do not go to compensation examinations that cause the VA to adjudicate claims based on the medical records of providers that do not state conditions in terms the VA can understand, such as functional loss. These veterans then get less than realistic awards.

Valerie Miller: I would say that the direct result for veterans would be the same as the general population. That would be a decline in overall health, and increase in the cost of health care due to the fact that preventive health was put off until it was an urgent need. The difference is that with veterans we are dealing with some severe stress issues. Also, putting off medical treatments often results in costly inpatient treatment. It seems we owe our veterans a better deal. They gave us the best they had.

Cathy Brown: First, it is a moral failure — to not respond to the service the veteran provided to our country. It is just the right thing to do, to facilitate their re-entry and management of their daily lives. Second, it could delay them getting necessary help to lead a life of independence and limit their overall contributions to our society as a whole.

Steve Singleton: It is obvious: Decreased health care resulting in declining health, lack of opportunity to be self-sufficient, and lowered quality of life.

Daniel Petersen: Veterans who do not have adequate transportation become slothful, lazy, self-centered, and filled with apathy. They have a tendency to become depressed, lose any motivation to interact with family, friends, or society. A man once said, “Transportation is my vehicle in life that allows me to travel to places and do things I would only dream about.” Give a paralyzed veteran the right transportation and his journey in life takes on a new beginning.

Lee Fouts: Unnecessary hardship and expense...paying too much for necessities like food, household items because they can’t shop around.
The CommuniTy TransporTaTion AssoCiaTion of AmeriCa’s CerTified safeTy and seCuriTy aCCrediTaTion program

What is this program?

The Certified Safety and Security Accreditation Program is a protocol for on-site assessments of transit systems preparedness in the critical components and core elements of the Federal Transit Administration’s Bus Safety and Security Program.

How does it work?

This program provides accreditation to organizations in the critical areas of safety and security.

• Each agency that seeks accreditation must first have on staff a Certified Safety and Security Manager (CSSM). This individual will begin the accreditation process by conducting a structured series of interviews and examinations, in the eight key areas at the core of the CSSM training program.

• The CSSM will then share the results within the organization. If the organization decides to proceed to accreditation, it will submit a summary report to our offices for review by the CTAA accreditation panel. CTAA will then arrange for an on-site assessment. The CTAA reviewer will inspect the facilities of the applicant organization and prepare a report.

• The CTAA accreditation panel will review this report. Assuming all eight areas meet the program’s benchmarks; CTAA will then issue the organization a Safety and Security Certificate of Accreditation, valid for three years. Should the organization not meet the benchmarks in one or more areas, the CTAA accreditation panel will issue a report identifying any deficiencies and recommending steps to correct them. Once an organization has completed these steps, they may request another on-site inspection to achieve accreditation.

Who are the Certified Safety and Security Managers and how are they qualified?

The CSSM personnel are critical to the success and integrity of this safety and security program. What is essential is that the reviewers are fully qualified and certified through a rigorous process modeled after the existing professional credentials that CTAA has designed for the community transit industry. The potential reviewer must meet the criteria outlined by the CSSM application, attend the two day CSSM training workshop and pass all sections of the qualifying examination.

For more information on the Certified Safety and Security Accreditation Program, contact:

Len Cahill
Training Coordinator
Community Transportation Association of America
cahill@ctaa.org
202.415.9653
Congressional Roundtable

CT: What are the transportation needs of America’s veterans today, and how have those needs changed as veterans from the current conflicts in Iraq and Afghanistan return home?

Congressman Latham: The National Guard and Reserve have been transformed to play a central role in operations overseas, accounting for nearly half of the personnel serving in Iraq at the peak of operations there. Veterans returning from Iraq and Afghanistan are more likely to live in rural areas where their units are located. This presents an access problem as VA medical facilities are located in areas with the highest concentration of current veterans, which tend to be in metropolitan areas.

Senator Sanders: For the tens of thousands of veterans returning from Iraq and Afghanistan and the millions of existing veterans that use the VA every day, we must do more to improve their physical access to the VA. The local VA facility may not be close to where the veteran lives. To help remedy this, over the last number of years the VA and Congress have greatly expanded the number of Community Based Outpatient Clinics, also known as CBOCs, which are smaller-scale health clinics intended to bring VA care closer to veterans. Vet Centers, which provide readjustment counseling to veterans and their families, serve a similar purpose.

CT: In the past, transportation has largely been provided to veterans though a volunteer-based system—particularly for health care trips to VA medical facilities. How is this system working in your district or state and what have you been hearing from your constituents about transportation for veterans?

Congressman Latham: Veterans in my district are extremely grateful for the transportation services provided through a collaborative effort by veterans’ service organizations, county governments and the VA, which sometimes are the only option to get to a VA health facility.

Senator Sanders: Additionally, some disabled veterans are not able to drive themselves in a standard automobile because of their disability. To address this issue, the VA has an Automobile and Special Adaptive Equipment Grants program available to purchase a new or used automobile to accommodate a veteran with certain disabilities that resulted from an injury or disease incurred during active military service. Here’s a link to this important program: www.vba.va.gov/VBA/benefits/factsheets/serviceconnected/Autoeg_0708.doc. This year I introduced S.820, the Veterans’ Mobility Enhancement Act of 2009 to more than double the benefit for this program from the current level of $11,000 to $22,500 covering about 80 percent of the cost of a new car. This provision will increase benefits to veterans by approximately $200 million over 10 years. This legislation has passed the Senate and it is my hope that it will be signed into law by the end of this Congress.

CT: With the VA following national health care trends and providing more service through outpatient clinics, transportation to-and-from health care becomes more urgent. How is Congress responding to ensure our veterans access the care that they need.

Congressman Latham: I applaud efforts on the part of the VA to greatly expand the number of outpatient clinics in rural areas; in fact, the VA will be opening a new clinic in
Northeast Iowa next summer. This brings VA primary care health care and pharmacy services closer to veterans, but does not solve the issue of access to specialty and surgical services, which will still require significant travel to reach.

Senator Sanders: Last year, for the second year in row, Congress acted to increase the amount of money veterans are reimbursed for travel expenses when they are receiving care at the Department of Veterans Affairs. And last year the VA implemented an increase in the mileage reimbursement rate that year, from 28.5 cents to 41.5 cents a mile. Before these changes the rate of 11 cents had not been adjusted in 30 years.

Finally, and perhaps most importantly, let me speak of one of the most significant veterans’ benefits in decades. Last year Congress passed the most significant expansion in GI education benefits since World War II. This new program acknowledges the sacrifices made by post-9/11 veterans and will enable hundreds of thousands of these brave men and women to get a higher education. Recent vets are now eligible for VA support for tuition and fees at higher education institutions across the country, a monthly housing allowance and an annual book stipend while attending school. In addition, in a bold new direction to the GI bill program, these benefits may be transferred to family members.

CT: Many studies indicate that rural communities are home to a disproportionate number of today’s veterans. How does this impact veterans transportation and their ability to connect to the VA and other important destinations?

Congressman Latham: Compared with their urban counterparts, rural veterans have a higher prevalence of mental and physical health problems, but the least access to VA health care. I am concerned that this disparity will continue to grow over time. First, rural residents are over-represented among veterans. Some 22 percent of veterans are rural, compared with 14 percent among the general population. As I mentioned, rural veterans are over-represented among those serving in Iraq and Afghanistan, due to increased use of the National Guard and Reserve units. With large numbers of these veterans returning from combat, the need for VA health care in rural areas will increase dramatically in coming years.

Senator Sanders: Last year Congress passed the most significant expansion in GI education benefits since World War II. This new program acknowledges the sacrifices made by post-9/11 veterans and will enable hundreds of thousands of these brave men and women to get a higher education. Recent vets are now eligible for VA support for tuition and fees at higher education institutions across the country, a monthly housing allowance and an annual book stipend while attending school. In addition, in a bold new direction to the GI bill program, these benefits may be transferred to family members.

Senator Sanders: But vets need more than just transportation, important as it is. We also need to connect veterans to a host of other services that can assist them with employment, housing and other community services. The Department of Labor, the Department of Veterans Affairs and a number of other agencies have many programs that are focused on housing (including modifying housing to accommodate a veterans’ disabilities), employment, and education. We need to make sure these programs are working as effectively as possible.

Let me mention a program we developed in Vermont to assist National Guard and Reserve service members and their families before, during, and after their deployments to Afghanistan and Iraq. Through this program, known as the Vermont Veterans and Family Outreach Program, the Vermont National Guard, in conjunction with the VA Medical Center in Vermont, reaches out directly to returning Iraq and Afghanistan service members and their families to ensure that they are receiving the medical, mental health, and other assistance that they may need. That may mean assistance with general health problems; traumatic brain injury screening and treatment; mental health, marriage, and/or financial counseling; employment issues; services for children; and substance abuse awareness and treatment and other areas. One of the main goals of the program is to personally contact each and every one of these veterans to check in on them and connect them to relevant services.
March 17-18, 2010, 8:30 a.m.– 5:00 p.m.

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VA's ability to provide treatment and rehabilitation to rural veterans who suffer from the signature ailments of the on-going Global War on Terrorism – traumatic blast injuries and combat-related mental health conditions. The VA’s efforts need to be especially focused on these issues.

A vital element of VA’s transformation in the 1990s was the creation of Community Based Outpatient Clinics (CBOCs) that proximate access to VA primary care within veterans’ communities. Recently, VA scheduled the opening of 44 additional CBOCs in 21 states. The new clinics will increase the VA’s network of independent and community-based clinics to 782. The American Legion believes the clinics are warranted due to the growing population of veterans within rural areas of the nation. Those numbers have grown from 1 million in 2008 to approximately 2.2 million in 2009. Studies have shown more veterans are also migrating to less populated areas voluntarily.

While VA has taken the right step with the addition of more CBOCs, the American Legion believes more are required. There continues to be great difficulty serving veterans in rural areas, such as Nebraska, Vermont, Nevada, Utah, South Dakota, Wyoming, and Montana where veterans face extremely long drives, a shortage of health care providers, and bad weather. VISNs rely heavily upon CBOCs to close the gap.

Many veterans continue to express concerns to the American Legion about their limited financial resources which stifle their ability to travel to VA. They cite the rising cost of gas, the limitations of the mileage reimbursement rate, and the need to pay for overnight accommodations as examples.

The American Legion believes that the provision of contracted care in highly rural communities — when VA health care services are not currently possible— would alleviate the unwarranted hardships these veterans encounter when seeking access to VA health care.

**Homeless Veterans**

The American Legion supports the efforts of public and private sector agencies and organizations with the resources necessary to aid homeless veterans and their families. The American Legion supports proposals that will provide medical, rehabilitative and employment assistance to homeless veterans and their families.

Homeless veteran programs should be granted full appropriations to provide supportive services such as, but not limited to outreach, health care, habilitation and rehabilitation, case management, daily living, personal financial planning, transportation, vocational counseling, employment and training, and education.

Veterans need a sustained coordinated effort that provides secure housing, nutritious meals, essential physical health care, substance abuse aftercare and mental health counseling, as well as personal development and empowerment. Veterans also need job assessment, training and placement assistance. The American Legion believes all programs to assist homeless veterans must focus on helping veterans reach their highest level of self-management.

**Summary**

With increasing military commitments worldwide, it is important that we work together to ensure that the services and...
programs offered through VA are available to the new generation of American service members who are returning home.

The American Legion is fully committed to working with members of Congress to ensure that America's veterans receive the entitlements they have earned. Whether it is improved accessibility to health care, timely adjudication of disability claims, improved educational benefits or employment services, each and every aspect of these programs touches veterans from every generation. Together we can ensure that these programs remain productive, viable options for the men and women who have chosen to answer the nation’s call to arms.

**Notice of Contracting Opportunities**

Community Development Transportation Lending Services – in partnership with EPA’s SmartWay financing program – is looking for private partners – Dealerships, Truck Financing organizations, small trucking firms – to assist in developing sales and participation in SmartWay’s diesel emission reduction program. Submittals will be evaluated on cost and applicability. This is a competitive process with the intent of retrofitting used trucks (1998 – 2006) with verified EPA diesel emission-reduction technologies, such as Diesel Particulate Filters, Diesel Oxidation Catalysts or Auxiliary Power units. Interested parties should submit a letter of interest or proposed ideas to Patrick Kellogg: kellogg@ctaa.org; Fax: 202.737.9197; Phone: 202.415.9682. For more information, visit [www.epa.gov/smartway](http://www.epa.gov/smartway). Certified minority and woman-owned disadvantaged businesses (MBE/WBE) are encouraged to participate.
Name: John Sorrell  
Organization: Wiregrass Transit Authority  
Title: General Manager  
Location: Dothan, Ala.

Q: Tell us about your service and about yourself.

John: We are a small rural/urban system with about 15 buses in service at any one time. We serve the metropolitan area of Dothan Alabama as well as Houston County Alabama.

I am coincidentally both a retired soldier and a disabled veteran. As an aside, so is my Operations Manager. Consequently, we have an innate sense and empathy for the needs of this particular population. On a more programmatic note, I have been in this industry for the past 15+ years, have earned my CCTM and am currently serving as the Alabama State Delegate for CTAA.

Q: How do you serve veterans and what do you think is the biggest impediment to serving veterans?

John: First and foremost, we try to serve all of our populations to the best of our abilities. Within our local service area we provide transportation to common destinations equitably to our total population. For those venues that provide exclusive service to veterans, we insure that they are served and that we do not exclude individuals from having an opportunity to access them. What we try to avoid is the perception (or reality) that we are creating more/different/separate entitlement groups or that we are providing “stovepipe” service for a particular group.

While I would avoid use of the word impediment, there certainly are some challenges.

Many VA locations are outside of our service area. With little connectivity between these service areas it is hard for public providers to get veterans to the appropriate VA location or to get them back home. DAV does a great job in this area but their services are limited.

Many of our challenges stem from changes in behavior as individuals age. Couple this with physical issues and the frustrations brought about by difficult access and some of our veterans can be a little bit “testy”.

Our younger veterans tend to have more profound physical issues. We are not medical transport. It is difficult to explain this to an individual whose needs exceed our abilities.

Q: What is your operation’s greatest innovation/ accomplishment?

John: I’m not real sure that we can claim any innovation or significant accomplishment. You get up in the morning, go to work and do your best to serve your community. Some days are better than others.

Q: What is your operation’s biggest challenge?

John: I assume that this question relates to veterans’ issues. Just as we have done for welfare reform, work force development and other programs, we need to seamlessly integrate our veteran population into the mainstream of our service delivery. Obviously, part of this integration effort is establishing service to regional VA centers that are most probably not in our service area. We must also discover new ways to deal with pedantic, bureaucratic, reflexive “no” answers to our questions about finding innovative ways to fix old problems. This may be our greatest hurdle.

There are other challenges that are beyond our scope. For decades both political parties have paid lip service to veterans (and then blamed each other). Issues like concurrent receipt; dual compensation; travel reimbursement; funding and staffing of hospitals and clinics as well as other issues big and small have been marvelous talking points but have yielded inconsistent results. I have spent every day of my life associated with the military, either as a dependent, an active duty soldier or as a retiree. I have watched soldier’s and retiree’s benefits “raided” to fund other programs and then Congress complains/explains that there is no money for veteran’s programs. Regardless of one’s party affiliation, this is obscene and wrong. The reliance on superlative volunteer organizations such as the DAV to address veterans’ needs (especially transportation to VA clinics) demonstrates just how bankrupt our current policy is. The pathetic humor to all of this is that the DAV is probably more competent and more efficient than any Congressionally/ federally established program.

The issues addressed above can not be solved at the local level. They probably won’t be solved at the national level. So, our challenge as transit providers is to imaginatively use whatever rules or policies are in effect to find “best ways” to serve our veterans. The challenge here is that various bureaucracies have established policies that make this an interesting challenge.
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Profiles of Veterans

Veterans History Project at the Library of Congress
http://www.loc.gov/vets/
The Veterans History Project of the American Folklife Center collects, preserves, and makes accessible the personal accounts of American war veterans so that future generations may hear directly from veterans and better understand their experiences.

Veterans Chronicles
http://www.radioamerica.org/PRG_veterans.htm
Veterans Chronicles is an hour-long program that tells the stories of America’s greatest heroes in their own words.

Traveling Soldier Online
http://www.traveling-soldier.org/
The goal of Traveling Soldier Online is to become the thread that ties working-class people inside the armed services together.

Organizations

Alliance for National Defense (AND)
http://www.4militarywomen.org/
AND is comprised of veterans from all service branches and concerned civilians to collect factual, thoughtful, objective information on US military women and provides them to scholars, the media, national decision makers and the public.

Paralyzed Veterans of America (PVA)
http://www.pva.org/site/PageServer
The Paralyzed Veterans of America, a congressionally chartered veterans service organization founded in 1946, has developed a unique expertise on a wide variety of issues involving the special needs of our members—veterans of the armed forces who have experienced spinal cord injury or dysfunction.

Disabled American Veterans (DAV)
http://www.dav.org/
The Disabled American Veterans (DAV) is dedicated to building better lives for all of our nation’s disabled veterans and their families.

American Legion
http://www.legion.org/
In contrast to other veterans organizations, the Legion offers a number of local programs and activities to strengthen its commitment to our nation’s grass roots and the people we serve.

Resources for Veterans

The Veteran Nation
http://www.theveterannation.org/
The Veteran Nation is a completely free online social network dedicated to connecting veterans, active-duty service members, and the friends and family members of veterans, with one another.

Veterans’ Employment & Training Service (VETS)
http://www.dol.gov/VETS/
The mission statement for VETS is to provide veterans and transitioning service members with the resources and services to succeed in the 21st century workforce by maximizing their employment opportunities, protecting their employment rights and meeting labor-market demands with qualified veterans today.

Student Veterans of America (SVA)
http://www.studentveterans.org/
Student Veterans of America is a coalition of student veterans groups from college campuses across the United States.

Scholarships for Student Veterans
http://www.veteransfund.org/
The Fund for Veterans’ Education was established to provide scholarships to veterans from all branches of the United States Armed Forces.

Understanding Veteran Benefits
http://www.military.com/benefits/veteran-benefits
National Coalition for Homeless Veterans
http://www.nchv.org/
The National Coalition for Homeless Veterans (NCHV) will end homelessness among veterans by shaping public policy, promoting collaboration, and building the capacity of service providers. Fact sheets on the following topics can be found at http://www.nchv.org/guides.cfm

Fact Sheets of Post-Traumatic Stress Disorder (PTSD)
Post-Traumatic Stress Disorder, PTSD, is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Additional information is available at http://www.iraqwarveterans.org/ptsd.htm, and the U.S. Department of Veterans Affairs provides additional resources on PTSD at http://www ptsd.va.gov/.

Fact Sheets on Traumatic Brain Injury
Traumatic brain injury (TBI), a form of acquired brain injury, occurs when a sudden trauma causes damage to the brain. Additional information can be found at the Defense and Veterans Brain Injury Center at http://www.dvbic.org/.

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Coming Down the Line
Our Next Two Editions of

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Our annual coverage of the vendors, suppliers, consultants and manufacturers who help make community and public transportation the success that it is. In this perfect-bound edition we’ll list our Preferred Partner vendors — those who are members of the Association, who advertise with us or who exhibit at EXPO — the best in 2010’s new products and services and our overall guide with over 1,000 listings.

WINTER 2010: Providing Better Service with Technology

New technologies and applications are offering mobility providers with new and better ways to connect with their riders. We’ll explore these latest products and services, including innovative off-the-shelf concepts, and how they are being deployed in communities across the nation.

ABOUT US

Community Transportation magazine is the voice of the Community Transportation Association, a national association dedicated to making mobility alternatives available to all Americans. The Association’s Board of Directors provides national leadership and direction for the Association. The Board relies on the special expertise of its State Delegate Council to assist in their important efforts.

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Military Mass Transit

During World Wars I and II, the primary method of moving the hundreds of thousands of military personnel needed in the European and Pacific Theatres was with troop ships. Massive vessels – like the Queen Mary, pictured here – transported thousands of soldiers, airmen and other service members at a time. The combination of the Queen Mary and her sister ship, the Queen Elizabeth, alone could move over 15,000 military personnel on a one-way trip. The Queen Mary was retired in 1967, and is now permanently docked in Long Beach, Calif. – the site of Community Transportation EXPO 2010 and our annual Big Night Out.