



## **Our Duty: Providing the Mobility Our Veterans Need — To Health Care, To Work and Beyond**

It's all about mobility and basic connections to the American way of life — an ideal for which our military veterans have fought and 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 shopping, to training and to social events are equally 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 U.S. Department of Veterans Affairs itself estimates that every day nearly 1,000 World War II 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 when it spiked in 2008, 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 — ideally coordinated with the Department of Veterans Affairs, the Department of Defense and with more localized veterans services organizations — 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 (VA) itself. 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 approach their ninth and tenth years, respectively.

More than 300,000 veterans receive treatment for Post Traumatic Stress Disorders, commonly called PTSD. In 2009, 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.

Finding and connecting to work is another key mobility issue for modern military veterans. Unemployment is a full two percentage points higher for veterans who have served since 2001 than for those veterans of previous conflicts, according to the Bureau of Labor statistics. In April, 2010, unemployment for these newest veterans reached nearly 15 percent. Male veterans aged 18-24 who have served since 2001 have an unemployment rate of 21.6.

"It's unforgivable that new veterans are bearing the brunt of the economic downturn," said Tom Tarantino, legislative associate for the Iraq and Afghanistan Veterans of America. "This is no way to welcome a new generation of heroes 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 scarcer.

As for the disproportionate unemployment of veterans, the scarce job market that creates intense competition for few job opportunities is most often cited as the scapegoat.

The lack of mobility solutions for veterans of all ages can have dire results. Many Americans are unaware that one in every three homeless men 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 veterans coming home from Iraq and Afghanistan — 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 as likely to commit suicide as 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.

### **Research: Improving Mobility for Veterans**

In 2008, the Community Transportation Association of America and its representatives to the Transportation Research Board's (TRB) Transit Cooperative 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 research project (J-6 Task 74), *Improving Mobility for Veterans*, was designed 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 were active participants on a panel overseeing the direction, development and dissemination of this vital research. Veterans themselves helped to guide

this research 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.

The final product *Improving Mobility for Veterans* (TCRP Research Results Digest 99) was released in April 2011. To view the report and its key finding, visit [http://www.trb.org/Publications/Blurbs/Improving\\_Mobility\\_for\\_Veterans\\_165243.aspx](http://www.trb.org/Publications/Blurbs/Improving_Mobility_for_Veterans_165243.aspx)

### **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. The Department of Veterans Affairs, too, has recognized the mobility gap for many veterans and is responding with an innovative set of new transportation demonstrations pilot programs.

DAV has an admirable track record of success in connecting veterans with health care around the nation. Through its network of nearly 200 hospital service coordinators, the national nonprofit organization operates 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 that the vehicles it operates *cannot* be equipped with a wheelchair lift. This effectively leaves connecting veterans in wheelchairs up to each of the 153 VA Medical Centers and 768 Community-Based Outpatient Clinics (known as CBOCs). How each of these sites facilitates lift-equipped transportation is, in practice, up to each individually. 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 DAVs volunteer-based services have proven highly successful, but with obvious limitations. Traditional community and public transit operations 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 local VA to be a willing participant.

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.

In October, 2010, the Department of Veterans Affairs announced an initial set of transportation pilot projects in four communities — Temple, Texas; Ann Arbor, Mich.; Muskogee, Okla.; and Salt Lake City, Utah — to better connect local veterans with health care. The department anticipates launching another 20 such pilots in early 2011. A key component in these projects is the inclusion of transportation scheduling and routing software that is altogether compatible with local public and community transportation systems. For more information, visit <http://www.va.gov/healtheligibility/veterantransportationservice/>.

The prevailing health care and employment trends — most significantly, the increasing reliance on outpatient methodologies which necessitate travel to-and-from specialized therapy sessions and the paucity of full employment opportunities — 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 mobility to connect them to more dispersed health care. A coordinated mobility approach that brings together the straining veterans services arena with the willing public and community transportation network — one that includes technology enabled trip sharing and simplified one-call transportation information — is absolutely necessary.

### **A Call to Action**

Isolation from family, from employment, from health care and simply from the basic mobility so many Americans take for granted can no longer be acceptable for our military veterans. The results of that isolation are a life less lived, with such symptoms as ill health, unemployment, homelessness and worse. Veterans service organizations, volunteers, the DAV, the Department of Veterans Affairs and numerous community and public transportation operators — as well as the U.S. Department of Transportation are answering the call to serve our veterans. 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 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?

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The Community Transportation Association of America, established in 1989, is a national nonprofit, membership association committed to removing barriers to isolation and improving mobility for all people. The Association provides informational resources, technical assistance, training and certification, and many additional resources to communities, transportation providers, and other groups to increase mobility and improve the quality of community and public transportation. Visit us at [www.ctaa.org](http://www.ctaa.org).

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