



The first in a series of informative reports on key issues in community and public transportation and human services transportation coordination. For more information on the NRC go to www.nrctransportation.org

Report

November 11, 2011

Transportation for America's Veterans and Their Families

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

A. Lincoln

The lines from President Abraham Lincoln's second inaugural are the most elegant statements about the responsibilities all Americans share in caring for our nation's veterans and their families. Although he spoke these words in the midst of a terrible war, they were meant not just for then, but for all time. These words can be found engraved in many monuments and on the walls of the U.S. Department of Veteran Affairs — but they are embodied in the words and actions of many institutions and individuals across America.

NATIONAL RESOURCE CENTER *for* HUMAN SERVICE TRANSPORTATION COORDINATION

The fundamental purpose of the NRC is to provide states and communities with the support they need to better integrate public transportation services with the services and demands of their human services networks — including America's veterans and their families. The National Resource Center for Human Service Transportation Coordination (NRC) was established as a result of SAFETEA-LU. It is operated by the Community Transportation Association of America (CTAA) through a cooperative agreement with the Federal Transit Administration (FTA).

As America has changed since Lincoln's time, so have the needs of our veterans and their families. We've seen these needs evolve as each generation of veterans has faced new and often complicated challenges resulting from their service to the nation. Some of these changes are designed to provide rehabilitation services that were impossible to imagine in Lincoln's time. The GI Bill with its approach to educational benefits for veterans was another response to changing needs. The individual contributions to support today's veterans by employers and their communities are still other ways we live up to the words and thoughts behind President Lincoln's promise.

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

Addressing these mobility and transportation-related issues is not just an issue for the Department of Veteran's Affairs or traditional Veterans Services Organizations — they are shared, societal responsibilities. More specifically, these mobility and transportation-related issues are a key component in the ongoing work of the network of mobility providers we call community and public transit and the human services transportation network.

The National Resource Center's Work with America's Veterans and their Families

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The goal is simple: that communities across the country are able to better coordinate human services and transportation provision, making them more livable, especially for the people who are customers and beneficiaries of human services programs.

The NRC focuses on providing the education, facilitation and technical assistance that helps local communities improve their residents' mobility through strong partnerships among public transportation providers, human service agencies, private institutions, businesses, volunteers, consumers, political leaders, and other public agencies and non-profit organizations.

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

Ann Arbor VA: Tapping the Region's Mobility Resources

The VA Ann Arbor Healthcare System is one of six

pilot sites for the Department of Veterans Affairs' Veterans Transportation Service (VTS). Under its VTS activities, veterans living in portions of Michigan's Wayne, Oakland and Livingston counties who have appointments at the Ann Arbor VA medical campus are to receive no-cost shuttle service from their homes to these appointments, and there also is a shuttle to transport veterans between the Toledo (Ohio) VA outpatient clinic to the Ann Arbor facility.

Like most VA medical facilities, the VA Ann Arbor Healthcare System has not historically engaged in providing transportation services, assuming instead that veterans would use existing resources of their families or communities — or the resources of local veterans service organizations (VSOs) — to get to and from necessary medical services. As such, it has been a challenge for this center to get its transportation program up and running, especially given the timelines and prompt performance set forth by the VA national staff directing the VTS initiative.

Through its corps of United We Ride Coordination Ambassadors, the National Resource Center was able to step in and aid the Ann Arbor VA Healthcare System in arranging the partnerships to help this important project get off the ground and running. As could be expected, there were many phone calls and emails in which the NRC team, the national VTS team and other experts shared ideas and information with the Ann Arbor VTS project staff, but the seminal event was an in-person meeting convened by NRC Ambassador Dan Dirks between the Ann Arbor VTS manager and key personnel from the Detroit-area SMART transit system. SMART is the largest of the public transit providers operating in the counties that are to be served through the Ann Arbor VTS project.

Through the introductions and facilitation provided by Ambassador Dirks at this meeting, SMART offered to partner and provide service, management, planning and public relations resources to help with the VTS program. The VTS team was struggling with the challenge of producing significant, almost immediate, results throughout the entire region to be served by this program. Without the Ambassador's intervention, it's entirely possible that the Ann Arbor VTS staff would not even have considered partnering with their regional public transit system.

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

Temple VA: Building a Coordinated Approach

On September 17, 2010, the Central Texas Veterans Health Care System began operating its Veterans Transportation Service (VTS) project, which is intended to provide transportation for veterans with special needs and veterans who don't have transportation to-and-from their outpatient appointments at the Olin E. Teague Veterans Medical Center in Temple, Texas. Every one of the VTS pilot sites is unique; in Central Texas' case, they've given priority to meeting the transportation needs of female veterans and of veterans with physical disabilities — including wheelchair-dependent veterans. The project focused exclusively on providing transportation to their VA Medical Center in Temple, and began its service with a number of directly operated vehicles. Although they successfully and quickly launched their service, challenges and opportunities almost immediately presented themselves, and the NRC was poised to help ensure the success of this project's service.

The leading challenge was one of geography. The Central Texas Veterans Health Care System operates two VA Medical Centers and six outpatient clinics spanning 39 of Texas' counties. The enormous service area covers 35,243 square miles and has a population base of more than 252,000 veterans. There simply was no way the Central Texas VTS staff could use the limited number of vehicles at its disposal to meet the burgeoning transportation demands of its target population.

Through connections made via the national project staff, and contacts that had arisen at some of the other sites, the Central Texas VTS manager reached out to NRC's United We Ride Coordination Ambassa-

dor Dan Dirks, who set to work helping the VTS staff get connected with the transportation partners and resources that would help the project succeed. As a result of this technical assistance effort, there have been many accomplishments, including:

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

Pacific Northwest: The NRC's Successful Role in Convening the Right People and Forging Results

With respect to veterans and military families, the states of Oregon and Washington have much higher concentrations of veterans' populations in both urban and rural areas, as compared to national averages. And as is the case in many places, more and more of the health care services, jobs and social services needed by these veterans has been concentrated in major metropolitan core areas, which makes life and

mobility increasingly challenging for rural veterans, especially rural veterans with disabilities and rural veterans with limited economic and transportation resources.

Clearly, for veterans to enjoy mobility in the Pacific Northwest, particularly in more rural areas, partnerships between transportation providers and the networks of health care and services for veterans would have to be forged. However, putting that clarity into practice was a challenge that had vexed this region for years. Almost immediately upon establishment of the NRC, we began to do our part to help these communities tackle this challenge.

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

The successes of this first step, though, uncovered greater challenges. While the Olympic Peninsula has many veterans among its population, and has its share of economic and social services for veterans, the only VA health services on the peninsula are those that can be provided at a single outpatient clinic in Port Angeles, Wash. Once our Ambassador began talking to veterans' service organizations, and to individual veterans, the enormity of this challenge became clear. Almost every element of health care that

a veteran on the Olympic Peninsula would require — whether for a one-time doctor's visit or for recurring treatments or therapies — involved a trip to the Seattle VA Medical Center, which can be as far as 200 miles away from some communities on the peninsula, and which inevitably involves either a ferry ride or a surface journey of significantly greater length. Almost every veteran our Ambassador encountered had his or her own story of health care that had been self-rationed, or services not received, because the transportation challenges were too great, or the logistics of how to arrange the time and travel for a medical trip from their home to Seattle were too complicated, even with the availability of relatively affordable public transportation.

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

- The need to minimize the burden of repeated veterans' medical trips to Seattle, whether through efficiencies of coordinating medical and transportation services, or by bringing more medical services for veterans to the communities in which they live.
- The need to reduce the extent to which rural homeless veterans are at a medical transportation disadvantage.
- The need to improve communication to veterans, their families and their support networks about the transportation-related options available to them and how they may be used.
- The need to improve the coordination of transportation services used by veterans, including those services provided by the various public transit agencies

and the services provided by DAV and other veterans' service organizations.

- The need to address aspects of veterans' mobility that are not specifically related to health, such as jobs, social services, and senior services for older veterans.
- The need for local governments and service delivery agencies to have a better and more accurate understanding of veterans' needs, issues, and programs.
- The need to take into account that *trip chaining* is to be expected, can be efficient, and should be supported; in other words, if a veteran has to spend part of a day receiving medical care in Seattle, the veteran or his or her family will want to – and should – be able to take advantage of that transportation experience to take care of other necessary functions, which could include shopping, personal appointments, etc.

The forum raised a high profile among the region's veterans' community, and among the state and local agencies charged with addressing aspects of veterans' needs. As a result, many organizations took a fresh look at, and in some cases restructured, the ways in which they addressed veterans' services and transportation. More significantly, a working group of key public and private transportation providers was organized, which continues to work together to carry out strategies that assure as simple, efficient and seamless a mechanism for providing regional mobility to veterans as structures and circumstances will allow.

In addition, the state agencies in Washington whose missions address various aspects of veterans' services and mobility also began working together more closely to do their part to help make state-delivered veterans' services as simple, efficient and seamless as could be realized. And although all the activity reported above was taking place within Washington, their neighbors to the south, in Oregon, were witnessing the news and the discussion, and hearing the reports from their United We Ride Coordination Ambassador, and also began to find ways within Oregon's state agencies to find ways to work together to improve the coordination and delivery of services to Oregon's veterans. The bottom line from this step, then, is that one event led to an ongoing working group in the Olympic Peninsula and Puget Sound region, an ongoing state-level working group in Washington, and an

ongoing state-level working group in Oregon.

With the NRC having helped tackle what first presented itself as a local challenge of veterans' mobility on the Olympic Peninsula — and which then became additionally addressed as a statewide issue in both Washington and Oregon — it was not long before national attention and the prospects of national solutions emerged.

In the spring and summer of 2010, the Department of Veterans Affairs began committing its internal resources to a pilot program of Veterans Transportation System sites, such as those cited above in Texas and Michigan. At that same time, many of the key federal players active in the Federal Interagency Coordinating Council on Access and Mobility (CCAM) were beginning to revisit the question of *what can we, as an interagency body of federal departments, do together to improve veterans' transportation?* Since one of the other functions of the NRC is to provide technical expertise in support of the CCAM, it helped channel the headquarters-level federal concern into a pair of listening sessions in the autumn of 2010, which the NRC's regional United We Ride Coordination Ambassador, Barbara Singleton helped organize. One was in Olympia, Wash.; the other was in Portland, Ore. In both listening sessions, federal personnel from both the headquarters and regional offices of the Departments of Labor, Transportation and Veterans Affairs were on hand to listen to dozens of veterans, military family members, transportation providers, veterans' service organizations, local and state government officials, and other stakeholders as they described issues, challenges, solutions, and ideas for how the federal partners could help to address these challenges.

The federal agency personnel left these sessions not only with a keener grasp of the breadth of mobility challenges facing veterans and their families and networks, but also with an appreciation of the many locally developed, appropriate and effective solutions that already were being put into place, with support from the NRC and its Ambassadors, but also with the knowledge that there would be a degree of support and encouragement from local, state and federal governmental agencies. Even in the absence of additional funding, that atmosphere of governmental supportiveness and cooperation already was making a world of difference in Oregon and Washington.

Some key considerations were raised in these listening sessions. One was that veterans have a host of community and mobility needs beyond the basic need to access health care at VA facilities, and that there need to be ways to get these needs recognized across the family of transportation plans and programs. Related to this was the consideration that categorically defined transportation programs, even exciting initiatives such as the Veterans Transportation Service, can pose problems when veterans or their family members are trying to access all sorts of activities and destinations, including employment, education, social services as well as health care. There already was frustration that veterans might have to call one number to access the DAV or other VA-related transportation, and then have to call some other number to access their public transit service, and then maybe even another number if trying to get transportation at a time or location not served by the public transit. Therefore, a clamor was raised to simplify the access to these transportation services through some type of simplified “one-call” service, in which the providers could sort out who’s doing or paying for which part of which trip, and the only up-front burden on the veteran is to call one, and only one, phone number to request the trip.

This last finding from these listening sessions that the NRC helped organize led to a result with national implications. On November 9, 2011, the U.S. Dept. of Transportation, working in partnership with the Departments of Labor, Defense and Veterans Affairs, announced the award of more than \$30 million in discretionary grants to support 55 communities across the country in the development of coordinated, inclusive one-call/one-click services to help address and respond to the transportation needs of veterans and military families through a CCAM-backed federal interagency Veterans Transportation and Community Living Initiative.

Community and Public Transportation’s Coordinated Response to the Growing Mobility Needs of Veterans and Their Families

A key component in the NRC’s mission is to share promising practices across the community and public

transportation field. What follows are a series of such practices that the NRC has shared with both the transportation and veterans communities.

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

Free and Discounted Fares for Veterans

The Bay Area Rapid Transit (BART) system – serving the metropolitan areas of San Francisco and Oakland – is one of the busiest transit networks in the nation. With five lines operating over 100 miles of rail, BART connects 43 stations and moves nearly 350,000 passengers daily. Last year, it became the largest transit system to offer free trips to all active duty military service personnel.

With a large number of military personnel living or stationed in the Bay Area, BART’s regional rail network is a crucial means to access destinations across the area. As a result, on Nov. 19, BART’s Board of Directors voted to offer a \$50 ticket to any active duty military service personnel on formal leave from the conflicts in Iraq and Afghanistan.

“We want to recognize the tremendous sacrifices the men and women of the military make,” said Murphy, who represents the Contra Costa County communities of Concord, North Concord, Lafayette, Martinez, Orinda, Pleasant Hill and Walnut Creek on the BART Board. “Even in these tough budget times, we want to send our military personnel a message that BART, on behalf of the Bay Area community, values their service and sacrifice.”

Houston, Texas is the third-largest U.S. city in terms of population and has a service area of 1,285 square miles. The local transit system (METRO) has a daily

ridership that exceeds 600,000 passengers. METRO's complementary ADA paratransit service, METROLift, has annual ridership of about 1.3 million. METROLift has innovative services in that, in addition to deploying a traditional paratransit service with large lift-equipped vehicles, they contract out a large portion of the METROLift service to a taxicab company, which, in turn, deploys a fleet of 160 wheelchair-accessible vehicles dedicated to this service.

Houston Metro offers deep fare discounts to veterans who are more than 50 percent disabled (as certified by the VA). For example, according to transportation program staff, instead of paying a \$2.00 fare each way, a veteran might only pay \$0.75.

Across Minnesota – a land dubbed with evocative nicknames such as the *North Star* or *Gopher State*, or the *Land of 10,000 Lakes* – community and public transportation systems provide more than 11 million rides each year, spanning 76 of the state's 81 counties (68 of those offering county-wide service). Meanwhile, more than 50,000 disabled veterans live across Minnesota. As of the summer of 2009, *all* of them can ride for free on any fixed-route transit service in the state.

Providing Efficient Transit Service to VA Medical Centers

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

Rep. John Mica, after consulting with Sanford County VA officials and veterans organizations, decided to try transit first and turned to the local experts in addressing mobility needs: LYNX, the region's public transportation system. Fortunately, LYNX was already actively involved in working with area veterans and their advocates to overcome transportation challenges. The agency's leadership had cultivated relationships with veterans' service officers in Seminole, Osceola and Orange counties, as well as officials at the Orlando VA Medical Center,

to provide veterans with unlimited-use transit passes and evaluate how the system's fixed-route and AccessLYNX paratransit operations responded to veterans' transportation needs. These joint efforts between transit professionals and veterans representatives established a foundation to build future enhancements for veterans' mobility.

Due to the groundwork established between LYNX and the veterans' community, a solution to the challenge in Seminole County became readily apparent. Rep. Mica and LYNX Chief Executive Officer Linda Watson arranged for one of LYNX's vanpool vehicles to be assigned to the Orange City VA Clinic, which would operate the vehicle between the Central Florida Regional Hospital in Orlando and the Orange City clinic. LYNX also would deliver veterans to the hospital via its Link 34 or 46 fixed-route bus lines, or on its AccessLYNX service.

The arrangement allowed LYNX to leverage its existing service network to provide the connection to link with a regional transportation nexus – the Hospital, in this case – while the VA was able to prioritize its transportation resources to ensure veterans could access its services. For area leaders, the solution represented both an efficient and responsive outcome to a significant, but not insurmountable challenge.

Through Rep. Mica's leadership in Congress, a new VA Medical Center will soon be completed in Orlando's Medical City health services campus in Lake Nona. The Lake Nona Orlando VA Medical Center will include 134 inpatient beds, a 120-bed community living center, and 60-bed rehabilitation center. Projected to employ more than 2,100 people and serve more than 113,000 veterans each year, the new facility will also be located near the University of Central Florida's Medical School, the Burnham Institute for Medical Research and Nemours Children's Hospital.

Already, LYNX is planning for how best to serve the thousands of riders it projects to carry to the campus. The new Center's substantial size, innovative medical services provided and the numerous clientele to be treated by the various facilities at the Medical City campus demands it.

"The new Lake Nona VA Medical Center will be an important origin and destination of trips across all of LYNX's services," says a Lynx official. "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.”

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.

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.

“PanTran is a tremendous resource for veterans in the area,” says Bobby Simpson, Veterans’ Service Officer for Jefferson County. “Because of their half-price fares and direct lines to and from the VA center, it’s easier for our veterans to become involved in the community.”

Beyond the coordination of its two transit routes at the Medical Center, PanTran also serves veterans more directly, by contracting with the VA to provide trips 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.”

A unique partnership has led to a daily veterans transportation route between the towns of Lufkin and Livingston in East Texas and the Michael E. DeBakey VA Medical Center, a 118-acre campus, in downtown Houston. Everyday, 30 veterans and their family companions board an over-the-road coach operated by Coach America under contract to Brazos Transit to access the therapeutic and routine care provided by the VA.

The veterans transportation service between Lufkin, Livingston and Houston was launched in 1995 and last year two new buses were added to the service to help Brazos Transit’s capacity to connect veterans with both the local VA facility in Lufkin, and to the transportation available there to the larger Houston VA medical center. It’s a highly successful example of local cooperation, one that was led by the late Congressman Charlie Wilson.

“Charlie was always supportive of good public transportation in East Texas,” says Brazos Transit Director John McBeth. “He understood the nature of rural transit and the importance of connecting veterans to the services they need.”

The way Wilson made such a dramatic difference in the case of this service is to work with Louis Bronaugh, Vice Chair of Brazos Transit’s Board, to bring along the Temple Foundation to help pay for increased transit service using better, more comfortable equipment — the Coach America vehicle has a video system, restroom and room for two veterans in wheelchairs.

Any veteran traveling to Houston for an appointment at the DeBakey VA Medical Center can reserve, in

advance, a seat on the bus by contacting the Charlie Wilson Outpatient Clinic in Lufkin on a first-come, first-served basis. The VA and Brazos Transit operate several vehicles that they use to collect veterans from the surrounding rural areas and bring them to Lufkin for the longer ride to Houston. The veterans bus runs Monday through Friday — except federal holidays — departing Lufkin at 7:30 a.m., Livingston at 8:30 a.m., and arriving at the Houston VA facility at 10:00 a.m. It departs Houston for the return at 3:00 p.m.

“One thing’s for sure,” says McBeth. “The veterans sure love the service. They are so thankful for it and are very courteous to the drivers and staff.”

“It’s an important service,” says Coach America’s Peggy Doyal. “ We need to be serving those who served our country.”

Conclusion

Connecting veterans and their families with all of the vital mobility and services they need is a commitment that the public and community transportation industry — as well as its partners in the Department of Veterans Affairs and the Federal Transit Administration —take seriously. This report chronicles some of the good work taking place around the nation to ensure the quality of life for veterans and their families.

The NRC is committed to continuing these efforts and to do its part in meeting the mobility needs of America’s veterans and their families.

Key Veterans Transportation Resources

[Community Transportation Magazine: Transportation for America’s Veterans](#)

By the Community Transportation Association of America

This edition of *Community Transportation* casts light on veterans’ transportation challenges and highlights the outstanding work of a number of transit operators who are connecting veterans with a better life every day.

[Improving Mobility for Veterans](#)

By the Transit Cooperative Research Program (TCRP Research Results Digest 99)

This report casts both a research and best practice light on the increasingly important issue of trans-

portation for America’s veterans and their families. Whether it be trips to health care, employment or even educational opportunities, this important resource covers the veterans transportation issue thoroughly.

[Veterans Transportation and Community Living Initiative: Military Community Transportation Needs Overview](#)(PDF)(556 KB)

This presentation outlines the needs of — and transportation service options for — particular groups of veterans and active service members such as Wounded Service Members, Wounded Warrior Families, Other Service Families, Veterans with Disabilities, Low-Income/Homeless Veterans, and Student Veterans.

[Department of Veterans Affairs Veterans Health Administration Healthcare System](#)

The Department of Veterans Affairs (VA), Veterans Health Administration (VHA) Healthcare System provides primary care, specialized care, and related medical and social support to serve America’s veterans’ health and wellness needs. To enhance the VHA system, the Central Business Office is launching a new transportation program for immobilized and remote VA patients to enhance existing programs implemented by local VA Medical Centers.

[Veteran-Directed Home and Community Based Services Program](#)

The Veteran-Directed Home and Community Based Services program provides veterans of all ages the opportunity to choose services to receive at home. This program is offered as a special component to the [Administration on Aging Community Living Program](#).

The Administration on Aging and VA joint partnership provides veterans and their caregivers with more access, choices and control over their long-term care services.

[US Department of Labor Veterans Employment & Training Service](#)

The Veterans Employment & Training Service (VETS) proudly serves veterans and other service members. It provides resources and expertise to assist and prepare them to obtain meaningful careers, maximize their employment opportunities, and protect their employment rights.

[Operation Second Chance](#)

Mission Statement: “We are patriotic citizens committed to serving our wounded, injured and ill com-

bat veterans. We support Veterans and their families while they recover in military hospitals, by building relationships and identifying and supporting immediate needs and interests.”

[Recovery Coordination Program](#)

The Recovery Coordination Program provides the support of Recovery Care Coordinators to wounded, ill and injured Service members to ensure they get the non-medical support they need to create the life they want.

[Easter Seals Veterans Count and the Deployment Cycle Support Program](#)

This program ensures New Hampshire’s veterans, service members and their families receive exceptional services maximizing their quality of life in recognition of their service and sacrifice for the community.

[Transportation Programs for Veterans, Medicaid, and Emergency Response: Synthesis](#) (PDF)(66 KB)

By the Washington State Department of Transportation

Based on a search of available resources, it appears that most veterans’ transportation needs are dictated at the federal level. Some veterans are probably taken care of under Medicaid, depending on their level of benefits. Some states offer reduced public transportation fares and free transportation to medical centers through veterans affairs agencies or at the county or local level. It also appears that most states handle Medicaid transport services through their DSHS equivalent.

[Summary of Comments Received from Veterans and Their Supporters at the 2008 Washington State Veterans Forum](#) (PDF)(55 KB)

By the Washington State Department of Transportation

Excerpt: “On Friday, October 13, 2008, the first in the nation Summit on Transportation for Veterans and Military Families was held in the Olympic Peninsula of Washington State. The event was attended by over a 100 people including military veterans and their families, active duty military personnel, Veterans Administration staff, the Washington State Departments of Veterans Affairs and Transportation, and transit systems in the Olympic Peninsula. Also participating at the event were staff for Senator Patty Murray and Congressman Norm Dicks. The Community Transportation Association of America and the Washington State Department of Veterans Affairs co-sponsored the event to bring military, veterans and transit together to talk about common problems and solutions. One major theme consistently heard is that Disabled

American Veterans chapters, which provide transportation for Veterans, and transit systems in the Olympic Peninsula, can work and coordinate better.

The NRC United We Ride Ambassadors

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Region 2 — New York New Jersey, and Virgin Islands — **James McLary** — email: mclary@ctaa.org; phone 202.247.7056

Region 3 — Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia — **Rex Knowlton** — email: knowlton@ctaa.org; phone 202.247.1390

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Region 7 — Iowa, Kansas, Missouri, and Nebraska — **Margi Ness** —email: ness@ctaa.org; phone 202.247.1966

Region 8 — Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming — **Jeanne Erickson** — email: Erickson@ctaa.org; phone 202.294.2082

Region 9 — Arizona, California, Hawaii, Nevada, Guam, American Samoa and Northern Marianas — **David Cyra** — cyra@ctaa.org; phone 202.247.5364

Region 10 — Alaska, Idaho, Oregon, and Washington — **Barbara Singleton** — email: singleton@ctaa.org; phone: 202.299.6594

Veterans Transportation and Community Living Initiative Grant Announcement — http://fta.dot.gov/documents/VTCLI_FORMATTED_PROJECT_DESCRIPTIONS.pdf