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.

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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.

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?

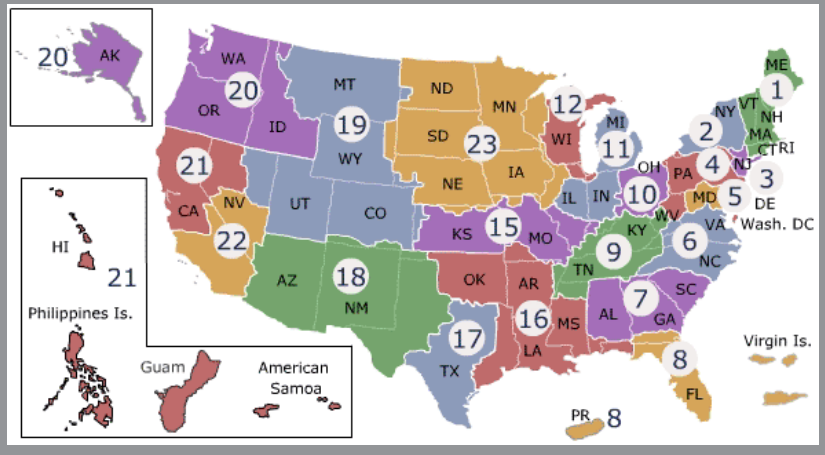
Answer: You may qualify for beneficiary travel payments if:
- You have a service-connected rating of 30 percent or more
- You are traveling for treatment of a service-connected condition
- You receive a VA pension
- You are traveling for a scheduled compensation or pension examination
- Your income does 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 provides technical assistance to transit systems and community and human services transportation providers."*

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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 sough 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?