

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

clinics for treatment. They often have to rely on volunteer van drivers, none of whom have wheelchair capability. Rural transit systems in Oklahoma work closely with their community veterans to get them to their appointments, but there is still a need for better coordination/communication between the veterans agencies and transportation resources.

Lyn Hellegaard, Executive Director of the Missoula-Ravalli Transportation Management Association, Missoula, Mont.:

I first became involved with this issue when Missoula Ravalli TMA operated a senior and adult with disability transportation service which provided local transportation for veterans, whether it was to therapy, work, or grocery shopping. In 2006, I had the privilege of attending a Congressional Field Hearing on veterans' transportation hosted by U.S. Senators Max Baucus, Jon Tester and Ken Salazar. Hearing about the needs of our veterans, the lack of understanding of those issues (myself included) and the resources needed to solve them was disheartening. Since then the Montana Transit Association has set up a working group made up of representatives from VFW, American Legion, Veterans Administration, Health and Human Services, Tribal Health and DAV. I am chairing a TCRP quick study on *Mobility Issues for Veterans*, the group was just recently expanded to include a representative from USDOT Aviation Division. This fall, Karl Johansen and I presented at the SW Disability Conference on this TCRP study. I also have been setting up interviews with the consultants with local veterans, local VA hospital and case workers.

Cathy Brown, Executive Director, Sunshine Bus, St. John's County, Fla.: We have 19,000 veterans in St. Johns County. We also have a Local Coordinating Board for our transit system and one of the 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 to 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 chromes 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 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.

Tom Richey: Top priority? How about life, liberty and the pursuit of happiness? The top priority is life. You must protect that first. What I am saying is that a veteran must be able to do the basics, like get to the hospital/doctor or basic health care. Food is a basic, so the ability to go to the grocery and pharmacy is a priority. Liberty is not being

confined, even in your own home/apartment, for even a plush prison is still a prison. Happiness can be illustrated by an anecdote. I know of a veteran who was very limited, and yet when I had spent time with him in his home he had shown himself to be a good host, demonstrating independent actions. This is in sharp contrast to his demeanor when his family was present when he could be very demanding. Taken to a local social function, he mellowed for about a week or so. The family expressed interest in more involvement for him with our organization and he attended our gatherings regularly. Unfortunately he has passed away, but the family wanted our members to know how much the organization did for him and how appreciative they were for our providing the transportation to the organization’s social functions. I don’t know if this qualified as happiness but I wish to think any help is better than none.

Daniel Petersen: If you are referring to destinations as places or needs of the veteran I would prioritize them as follows: 1. Transportation for medical attention. 2. Transportation for food. 3. Transportation for necessity. 4. Transportation for recreation and socialization.

Lee Fouts: Shopping, entertainment, in that order.

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.