

TRANSPORTATION AND THE ELDERLY: PROBLEMS AND PROGRESS

HEARINGS BEFORE THE SPECIAL COMMITTEE ON AGING UNITED STATES SENATE NINETY-THIRD CONGRESS SECOND SESSION

PART 2—WASHINGTON, D.C.

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Transportation and the Elderly : Problems and Progress

- Part 1. Washington, D.C., February 25, 1974
- Part 2. Washington, D.C., February 27, 1974
- Part 3. Washington, D.C., February 28, 1974
- Part 4. Washington, D.C., April 9, 1974

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TRANSPORTATION AND THE ELDERLY: PROBLEMS AND PROGRESS

WEDNESDAY, FEBRUARY 27, 1974

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The committee met, pursuant to notice, in room 1318, Dirksen Office Building, Hon. Lawton Chiles, presiding.

Present: Senators Chiles, Fong, Percy, and Domenici.

Also present: William E. Oriol, staff director; George Cronin, professional staff member; John Guy Miller, minority staff director; Margaret Fayé, minority staff member; Patricia Oriol, chief clerk; Gerald Strickler, printing assistant; Yvonne McCoy, assistant chief clerk; and Joan Merrigan, clerk.

Senator CHILES. We will reopen our hearings and we are delighted to have as our first witness, Senator Pete Domenici, the distinguished junior Senator from the State of New Mexico.

STATEMENT BY SENATOR PETE V. DOMENICI

Senator DOMENICI. Mr. Chairman, I have a prepared statement which, I think, outlines the facts that I have found in the State of New Mexico regarding the seriousness of the problem of transportation for the elderly. With your permission, rather than read it, I would like to comment for a few moments on an exhibit that I have attached to it that I think sheds a great deal of light.

Senator CHILES. Without objection, your statement will be included in full* and we will be delighted to hear your comments.

Senator DOMENICI. Thank you, Mr. Chairman.

I have attached to my statement testimony before the area agency on aging task force held in the city of Santa Fe, N. Mex., conducted by the people trying to understand the facts that were developed even before the energy crisis reached its peak because they were made some 2 or 3 months ago.

Mr. Chairman, the committee might be interested in an examination of the senior citizen problems in that area and trying to rank them—although they came up with a long list—that transportation was the third most serious problem confronted by the senior citizens in that area.

To me that was extremely relevant in terms of all the things we concern ourselves with. They went on in the statement to outline

*See p. 158.

why it is a problem, and then made some very excellent recommendations, and I would just share them with you quickly.

First, they said any program we have should seek a coordination of effort to assure maximum use of vehicles from other sources, such as Government passenger vehicles, schoolbuses, and the like.

Second, they recommended that Government assistance, State commission on aging under title III of the Older Americans Act, that a program be developed by local government, either with matching funds or under some program that develops into the program transportation.

Third, they strongly recommend that the community-oriented programs be encouraged by legislation to give adequate consideration to the problem of transportation, including insurance, drivers' licenses, safety standards, volunteer drivers' insurance, comfort, convenience, and reliability. They concluded by giving us a very relevant list of the kinds of places that senior citizens must go to, that many of us do not understand as being necessary in their day-to-day lives.

In communities that are quasi-rural, shopping trips become very important, doctors' appointments take the place of the typical pleasure things that the nonelderly community concern themselves with, the paying of bills, going to laundromats, going to hospitals, nursing homes, even going to the welfare-oriented centers for food stamps and the services they need. Social activities are usually concentrated and therefore not necessarily easily accessible.

They go through an entire list of what I would say explains the culture of it, the cultural needs of the senior citizen in the medium size American community; and, finally, they say there is a great concern in eliminating the transportation problem faced by them in their day-to-day existence and that every senior citizen program should be encouraged to develop transportation as an ingredient in the overall service furnished to the senior citizen.

They concluded by saying of the many problems that they are confronted with, that daily, the problem of transportation becomes more and more the significant ingredient in permitting them to participate in the things that we are legislating that they are entitled to.

Mr. Chairman, it is a pleasure to submit to the committee for consideration the entire statement and I thank you for the time allotted to me.

Senator CHILES. We thank you very much for your statement and your concern in this area.

Senator FONG. I have no questions. Thank you, Senator Domenici, for your concern and interest in the problem.

[The prepared statement of Senator Domenici follows:]

PREPARED STATEMENT OF SENATOR PETE V. DOMENICI

Mr. Chairman, I welcome this opportunity to speak before your committee on a vital and pressing matter—the transportation problems facing older people.

Inadequate transportation systems intensify other severe problems confronting the elderly. Low-income people suffer most, but individuals with low and median fixed retirement incomes also suffer when suitable transportation is not

available. Many are forced into isolation because they are unable to meet with family and friends, participate in community projects or even make a trip to their doctor when the need arises.

Transportation, especially in my rural State of New Mexico, is a constant problem to the senior citizen. Many of our senior citizens cannot take advantage of the services available to them because of the lack of transportation. The 1971 White House Conference on Aging has pointed out rural transportation problems must be solved before there can be effective solutions to rural health, income, employment, and housing difficulties faced by the elderly.

In recent years serious attention has been given to resolving these problems. Through title III of the Older Americans Act, funds have been made available for various types of transportation services in our communities. The title VII nutrition program under the Older Americans Act emphasizes a major component of the program—transportation to and from the project site. The 1973 amendments to the Older Americans Act authorize a special transportation study and demonstration project so we may learn the best ways to furnish adequate transportation to older persons in rural and urban areas. In addition, the Federal Highway Act of 1973 authorizes funds for programs and activities designed to meet the special transportation needs of elderly and handicapped individuals.

Numerous nonprofit organizations are providing transportation services for the elderly such as minibus services, Meals-on-Wheels, dial-a-bus projects, and other services especially designed to serve the special needs of the elderly in a particular locality. Moreover, more than 60 cities throughout the country offer reduced fares or do not accept fares from the elderly on public transportation facilities during nonrush hours.

These are meritorious achievements, but they fall desperately short of what we will finally need. These beginnings are a step in the right direction—a step, I may add, being sharply curtailed by the present energy crisis. Although the crisis affects all individuals, no matter what age, it is especially burdensome for the elderly whose current problems are apt to plunge into new depths of severity.

The gasoline scarcity and resulting gas prices directly affect the low-income elderly who already feel the impact of rising food costs, housing costs and medical care costs. Those in small communities or rural areas, such as those in New Mexico, rely on gas to travel 10 to 15 miles so they may purchase necessary groceries and supplies. With gasoline so expensive and oftentimes inaccessible, many are apt to do without necessities. Elderly individuals are often reluctant to ask friends or relatives for rides when gas is scarce and costly.

The fuel shortage also threatens social service programs designed for the physical and mental well-being of the elderly. Many of these service programs such as the Foster Grandparent Program, senior center programs and nutrition programs provide free transportation services supplied by volunteers. Many volunteers who also face the shortage and are burdened by rising prices will be forced to reestablish priorities and forego their service in favor of pressing personal needs. Volunteers who drive to an elderly person's home to provide services such as Outreach are also apt to forego such service because of the current crisis.

Remedies to transportation problems confronting the elderly must be considered in light of the energy crisis. Elderly individuals must receive their fair share of gasoline and special consideration must be given to volunteers who serve them. For many older people, these services mean the difference between independence and institutionalization. At the same time, we must continue our efforts to ensure that mass transportation systems are designed to meet the needs of older people and special transportation services are provided for individuals unable to use public facilities.

I believe senior citizens have earned the right to a comfortable and secure old age. I believe their talents and abilities—acquired during a lifetime of work—should not go to waste, but should be used to benefit their communities.

I believe senior citizens must not be isolated from the mainstream of American life. They must not be shuffled off to nursing homes, herded into sterile housing developments and abandoned to a lonely and depressing old age.

This country needs their talents, their abilities, their wisdom more than ever. We have to make sure we hold the advances we have made in terms of the health and happiness of older Americans, and continue in the direction of resolving transportation problems faced by the elderly.

Mr. Chairman, I would like at this point to have inserted in the hearing record a statement made by Mr. A. T. Arroyos, director of the senior center of Santa Fe County, N. Mex., given before the Area Agency on Aging Task Force in Santa Fe on November 8, 1973. In this statement, Mr. Arroyos succinctly points out the many difficult areas and possible solutions which I believe should be considered by this committee. If there are no objections, I would like his statement inserted now.

[Enclosure]

SENIOR CENTER OF SANTA FE COUNTY, SANTA FE, N. MEX., A. T. ARROYOS, DIRECTOR

TRANSPORTATION

Today we are a society dependent on wheels.

The automobile has moved in status from a luxury item to common property of every family. Motor vehicle transportation is the mode of personal travel, and a focal point of our participation in the mainstream of society.

Motor vehicle transportation is so common that it is taken for granted by all of us as long as we have a vehicle and can drive.

As we approach a certain age, the private means of transportation on which we have relied on is no longer available because of either economic or physical reasons. We find in some communities that alternative ways of going where we want to go are not available.

The need for transportation also changes in that transportation is not needed to go to and from work but rather to and from doctors' visits, social services or contacts with associates, friends, and relatives.

Concerns of this nature make transportation for senior citizens an issue of serious consideration.

Priority needs expressed by senior citizens I have come in contact with are as follows: (1) Income; (2) health; and (3) transportation.

Immobility breeds isolation. Senior citizens must continue to participate in community affairs and therefore they must have transportation.

The elderly, like every other age group, depend on the ability to travel for shopping, to buy clothing, food and for medical purposes.

Travel is necessary for spiritual, cultural, recreational, and social activities. Where there is not the availability of transportation for the elderly you will find isolation of individuals from the social mainstream and denial of the elderly from a meaningful community life.

Studies and plans of the transportation needs of the elderly is essential to establishing a most worthy transportation system. However, the elderly cannot wait for continuous studies.

The problem is acute and immediate action is needed.

Areas of consideration in establishing transportation for the elderly are the problems the elderly may have such as: (1) Lack of money for transportation; (2) lack of available services to places they need to go and want to go; (3) safety, comfort, and convenience; (4) insurance; (5) reliability; and (6) restrictions.

The following represent recommendations on how to be able to implement transportation for the elderly:

(1) Seek a coordination of effort to assure maximum use of vehicles from other resources such as: Government passenger vehicles, schoolbuses, vans, etc.

(2) Seek Government assistance (State commission on aging under title III, Older Americans Act). A program could be developed by your local government in matching funding with the State.

(3) Voluntary community action. Consideration should be given to: (a) Driver licensing; (b) insurance; (c) safety standards; (d) volunteer driver insurance; (e) comfort, convenience, and reliability.

Transportation should be provided the elderly to and from: (1) Shopping trips; (2) doctors appointments; (3) paying of bills; (4) laundromats; (5) beauty shops; (6) food establishments; (7) hospitals; (8) nursing homes; (9) buying of food stamps; (10) religious activities; (11) social activities; (12) cultural activities; (13) educational activities; (14) employment; (15) picnics; (16) fishing trips; and (17) possibly out-of-State trips.

Finally, the main concern is eliminating the transportation problems faced by the elderly in their day-to-day existence.

Should a senior citizens program develop, transportation should be of great concern and included in overall planning of programs for the elderly.

Notwithstanding the many problems the elderly have, transportation is certainly a priority need.

Senator CHILES. Our first panel will be Cyril Brickfield, legislative counsel for the American Association of Retired Persons/National Retired Teachers Association, and Hon. John B. Martin, former Commissioner on Aging; consultant, AARP-NRTA.

I see you have additional people with you, Mr. Martin.

**STATEMENT OF HON. JOHN B. MARTIN, FORMER COMMISSIONER
ON AGING; CONSULTANT, AMERICAN ASSOCIATION OF RETIRED
PERSONS/NATIONAL RETIRED TEACHERS ASSOCIATION**

Mr. MARTIN. Mr. Brickfield was unable to be here this morning and I am accompanied by Peter Hughes and Mrs. Janet Wegner, who are professional members of our staff. I appreciate the opportunity to be here to testify on the transportation needs of older persons. I am here as a consultant on behalf of the 6-million-member American Association of Retired Persons/National Retired Teachers Association. I also appreciated the chance to hear Senator Domenici outline some of the problems that the older people in his State have because those are the problems that are universal throughout the country. They are in every State that I know anything about.

The transportation needs of older Americans and the problems faced by older persons when transportation is inadequate or unavailable have been amply documented during the past few years. In 1970 the Senate Special Committee on Aging issued a report on the transportation needs of older Americans and made a number of recommendations aimed at meeting some of these needs. In 1971, delegates to the White House Conference on Aging identified inadequate transportation as the third greatest problem facing older Americans today and made 22 recommendations for alleviating this problem.

Largely as a result of these reports and recommendations, the Congress enacted a number of provisions aimed at meeting the transportation needs of the elderly or at developing new solutions to the problems. The Urban Mass Transportation Act of 1970, the Federal Aid Highways Act of 1973 and the Older Americans Comprehensive Services Amendments of 1973 all contain provisions pertaining to the special transportation needs of older persons. These provisions demonstrate a positive commitment on the part of the Congress to deal with the transportation problems of the elderly.

Section 1612(a) of the Urban Mass Transportation Act of 1970 declares it to be national policy that:

Elderly and handicapped persons have the same right as other persons to utilize mass transportation facilities and services; that special efforts shall be made in the planning and design of mass transportation facilities and services so that the availability to elderly and handicapped persons of mass transportation which they can effectively utilize will be assured; and that all federal programs offering assistance in the field of mass transportation should contain provisions implementing this policy.

Our associations feel that this provision, if properly observed, can be the key to meeting the transportation needs of the elderly. We believe, along with the 1971 White House Conference on Aging, that the transportation needs of the elderly cannot be separated from the transportation needs of the general population and that, for the most part, the needs of the elderly can best be met through integration into a system which adequately serves the needs of the entire community. We support increased Federal commitment to the development of adequate public transportation systems serving the general population and urge that this be made a priority objective of the Federal Government.

SPECIAL TRANSPORTATION SUBSYSTEMS

However, there are some special needs which clearly cannot be met through use of a general transportation system. For this reason, our associations support the development of special transportation subsystems to meet the transportation needs of older persons, particularly in rural and suburban areas where adequate public transportation for the general population is not likely to develop for some time.

The Older Americans Comprehensive Services Amendments of 1973, title IV, part B, section 412, directs the Commissioner on Aging to "conduct a comprehensive study and survey of the transportation problems of older Americans, with emphasis on solutions that are practicable and can be implemented in a timely fashion." The act directs the Commissioner to "conduct research and demonstration projects, either directly or by grants or contracts with public or private nonprofit agencies and organizations," for the purpose of:

- Developing solutions to the economic and service problems involved in furnishing adequate transportation to older persons.

- Experimenting with new methods of providing transportation, such as demand-actuated services or direct payments to individuals to enable them to buy the transportation services they need.

- Developing means of improving coordination between transportation systems and social service delivery systems; and

- Developing innovative solutions for other special transportation problems confronting older Americans.

The act specifies that at least half of these projects shall be conducted in States that are predominantly rural in character and directs the Commissioner to report on his findings and recommendations not later than January 1, 1975.

Section 412 was included in the Older Americans Act amendments in recognition of the barrier which inadequate or unavailable transportation places between older persons and the services they need. In the view of the American Association of Retired Persons and the National Retired Teachers Association, such a study could serve as the basis for a coordinated national approach to meeting the transportation needs of older persons. Unfortunately, no action has been taken on section 412 during fiscal year 1974 and it is our understanding that no funds have been earmarked for implementation of this section during fiscal year 1975.

The importance of adequate transportation services has received greater emphasis in the implementation of other titles of the Older Americans Act. Our associations were pleased to note that the regulations for implementation of title III of the act, published in final form in October 1973, had been revised to include a requirement that area plans contain plans for transportation whenever funds are used to establish needed services. It is our hope that State and area plans will also place strong emphasis on transportation and escort services to improve access to existing social services available in the area and that State agencies will place a high priority on awarding funds to area agencies for the support of transportation and escort services. In addition, we would urge that State agencies entering into contracts with public or private non-profit agencies or profitmaking organizations to carry out demonstration projects will assure that adequate transportation is included, where applicable, as an integral part of these projects.

TRANSPORTATION FOR NUTRITION PROGRAMS

The nutrition for the elderly program established under title VII of the Older Americans Act requires that meal sites be located within walking distance of project participants wherever possible and that transportation be provided as a part of the program whenever it is not already available and accessible. In an effort to push the nutrition for the elderly program along as quickly as possible to its greatest capacity in terms of meals served per day, the requirement that supporting social services, such as transportation, be provided as an integral part of the program has been temporarily delayed. Our associations hope that this requirement will be reinstated as soon as practicable and that the Administration on Aging will carefully monitor the adequacy of transportation services available to participants and potential participants of this program as part of its data collection and evaluation responsibilities.

Section 1612(b) of the Urban Mass Transportation Act authorizes the Secretary of Transportation to make grants or loans for the specific purpose of assisting States and local public bodies and agencies thereof in providing mass transportation services which are planned, designed, and carried out so as to meet the special needs of elderly and handicapped persons. Under the original amendment enacted in 1970, 1½ percent of the total amount authorized for the urban mass transportation capital grant program could be spent for this purpose. The Federal Aid Highways Act of 1973 increased the amount which can be spent on special projects for the elderly and handicapped to 2 percent of the amount authorized and provided, in addition, that grants can be made to private nonprofit corporations and associations to assist them in providing transportation services to the elderly and handicapped for whom mass transportation services designed and carried out by State and local government agencies are unavailable, insufficient or inappropriate.

The amounts authorized for expenditure on special capital grant projects for the elderly and handicapped are substantial and our

associations feel that such funding, particularly for projects to modify existing systems to make them more accessible to the elderly and handicapped, would go a long way toward solving the special transportation problems of the elderly. However, the Urban Mass Transportation Administration has not exhibited a strong commitment at the present time to this type of capital expenditure and only a limited number of capital grants specifically aimed at the special needs of the elderly and handicapped have been awarded. Local jurisdictions unfamiliar with the language of the Urban Mass Transportation Act would be unlikely to apply for such moneys since no specific mention is made of their availability in the information sent to prospective applicants. We feel that the application instructions should be revised to make mention of the availability of capital grants aimed specifically at improving the mobility of elderly and handicapped persons and that the Urban Mass Transportation Administration should encourage applications for these funds.

Section 1612(c) of the Urban Mass Transportation Act authorizes the expenditure of funds:

... to increase the information and technology which is available to provide improved transportation facilities and services planned and designed to meet the special needs of elderly and handicapped persons.

"SERVICE DEVELOPMENT" GRANTS

It is our understanding that a number of "service development" grants for projects designed to "research, develop and demonstrate techniques and methods to improve mobility for those dependent upon mass transportation" have been directed at meeting the special transportation needs of older persons. However, our associations feel that the number and scope of these projects might be considerably expanded as part of a coordinated attack on the transportation problems of older Americans spearheaded by the Administration on Aging.

In summary, there are two major areas which our associations feel will require a strong commitment on the part of the administration before the transportation problems of older Americans can be solved.

First, we urge a concentrated effort to make transportation systems designed for the general population accessible to older persons as well. We feel that this can best be accomplished through a conscientious effort to consider the special needs of the elderly in the planning process, as required in section 1612(a) of the Urban Mass Transportation Act. In addition, we urge that the Urban Mass Transportation Administration encourage urban areas to apply for capital grant money for the purpose of modifying their existing public transportation systems to make them more accessible to older persons.

Second, we urge increased attention to the special transportation needs of older persons which cannot be met through use of transportation systems designed for the entire community. We feel that the study and research called for under section 412 of the Older Americans Comprehensive Services Amendments of 1973 should

be carried out without delay. In addition, we feel that the Administration on Aging has an opportunity to be more aggressive in its coordination of Federal transportation programs for the elderly at the policy level. Greater efforts should be made to work in concert with other Federal agencies, such as the Department of Transportation's Urban Mass Transportation Administration, to coordinate efforts on behalf of older persons. The Administration on Aging could also serve as a conduit of information to State and local government agencies on the availability of resources for older persons from the various Federal agencies. Encouragement should be given to State and local agencies involved in the title III program to apply for capital grants to improve transportation services in their areas.

There are a number of other areas in which we feel that the mobility of older persons can be improved either by the enactment of legislation or by action on the part of the Federal Government. Many of these suggestions are identical to recommendations made by the 1971 White House Conference on Aging.

IMPLEMENTATION OF THE FEDERAL AID HIGHWAYS ACT OF 1973

Our associations are extremely interested in a provision of the Federal Aid Highways Act of 1973 which offers potential relief from some of the urgent transportation problems of elderly persons living in rural areas. Section 147 of the act authorizes the expenditure of \$30 million for fiscal years 1975 and 1976 for demonstration projects for public mass transportation on highways in rural areas. Although the program is not directed specifically toward the transportation needs of the rural elderly, our associations have supported this provision from the time it was first proposed and look forward with interest to the establishment of demonstration projects in rural areas. Ten million dollars have been included in the administration's budget request for fiscal year 1975 and it is our understanding that proposed regulations and guidelines for the program are now in the process of being developed by the Federal Highway Administration. We urge prompt implementation of this program.

Another provision of the act (section 165(b)) directs the Secretary of Transportation to assure that various projects receiving Federal financial assistance under the administration of the Federal Highway Administration:

... shall be planned and designed so that mass transportation facilities and services can effectively be utilized by elderly and handicapped persons who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability are unable without special facilities or special planning or design to utilize such facilities and services as effectively as persons not so affected.

Our associations urge that the Federal Highway Administration establish guidelines as promptly as possible for the implementation of this provision. In the same vein, we suggest that the Urban Mass Transportation Administration might establish more comprehensive guidelines for the implementation of section 1612(a) of the Urban Mass Transportation Act, outlining in greater detail how applicants might go about making a "reasonable effort" to assure that elderly

and handicapped persons will be able to make effective use of a proposed system.

PROPOSED AMENDMENT TO THE URBAN MASS TRANSPORTATION ACT

Our associations suggest that should legislation authorizing the award of operating funds to public transportation systems be enacted, the Congress might wish to amend section 1612 of the Urban Mass Transportation Act to authorize that a percentage of these funds be made available to subsidize the operation of special systems for the elderly. This would fulfill one of the objectives of transportation recommendation I of the 1971 White House Conference on Aging.

Our associations favor the concept of no-fault automobile insurance because we feel that true no-fault coverage can provide better protection to drivers who are involved in accidents. No-fault insurance would be especially advantageous to older persons. Persons over age 65 are more easily injured than any other age group when accidents occur and are three times more likely to be killed than middle-aged adults. In addition, their average medical costs following an accident are 50 percent higher than those of middle-aged adults. No-fault insurance can assure that these expenses will be covered without delay.

S. 354, the no-fault law now under consideration in the Senate, would provide a substantial saving for retired persons because coverage could be adjusted to suit their needs. First, since they no longer work and their incomes would not be affected by an automobile accident injury, they would not have to pay for unneeded "replacement income" coverage. Second, persons covered by the Medicare program would need coverage only for those medical expenses not covered by Medicare. The overlapping and unnecessary "double coverage" of the present system will be eliminated.

We urge prompt enactment of S. 354 as reported by the Senate Commerce Committee.

REDUCED FARE TRANSPORTATION

Transportation recommendation VIII of the 1971 White House Conference on Aging urged that:

... appropriate legislation at all levels of government should provide that the elderly and handicapped be allowed to travel at half fares or less on a space-available basis on all modes of public transportation.

Our associations endorse this recommendation and have supported legislation implementing the half-fare concept.

NRTA and AARP supported S. 2651, passed by the Senate in November 1973, which authorized airlines, railroads and buslines to offer reduced-rate fares for persons over 65 on a standby basis. We feel that the only problem suffered by many older persons is the lack of an income which will allow them to make use of the leisure time provided by their retirement years. If travel were brought within their financial reach, more older persons would travel. We urge House passage of S. 2651.

NRTA and AARP also supported an amendment attached in the House of Representatives to the recently passed urban mass transportation legislation requiring that State and local public bodies and agencies receiving operating funds under the measure be required to charge half fare during nonpeak hours to elderly and handicapped persons. Again, we feel that reducing the cost of transportation will permit more older persons to make use of it.

Transportation recommendation IV of the White House Conference on Aging suggested that:

... to assure maximum use of vehicles and coordination, all Government passenger vehicles (such as schoolbuses, vans, and other vehicles) in use by Federal, regional, State, county and city programs shall be made available interchangeably among agencies for the provision of transportation to senior citizens for their respective programs. The use of these vehicles shall be available without prejudice to serve all disadvantaged elderly. An area clearinghouse should be established so that all local transportation resources are used efficiently to meet the transportation needs of the elderly.

In the Post-White House Conference on Aging Report issued in September 1973, the administration responded to the conference recommendation saying that it had initiated action to encourage the use of schoolbuses to transport older persons so that they might take advantage of available community services. It listed a number of proposed courses of action growing out of discussions between DOT, HEW and OMB. Our associations would be interested to learn what has been done to follow up on these proposals and what progress has been made toward fulfilling this recommendation.

VOLUNTEER DRIVERS FOR THE ELDERLY

White House Conference on Aging transportation recommendation XII suggests that:

... individuals should be encouraged to serve as volunteer drivers for the elderly and be compensated in one or more of the following ways: reimbursement for out-of-pocket cost of services rendered; a tax break; use of publicly-owned vehicles, or assistance with insurance and maintenance of vehicles.

Our associations would like to see further efforts in this area. We feel that this recommendation has become increasingly important during the past year as the rising cost of gasoline has made volunteer driving a more and more expensive proposition.

The associations' legislative council adopted the following statement and objectives as policy with regard to the present energy crisis.

Our energy policy should seek maximum voluntary cooperation in energy conservation as well as maximum industry effort to increase the supply of needed fuels. If conservation measures prove inadequate, we prefer the establishment of a fair rationing system rather than unlimited price increases.

(1) We urge the efficient development of the vast existing energy potential of the United States so as to ensure an adequate short- and long-run supply of energy at just and reasonable prices.

(2) We urge consideration of the potentially serious impact on the health of the elderly from a greatly increased use of coal before Federal policy permits a relaxation of environmental controls.

(3) We urge that consumer interests be given paramount consideration before Federal policy permits the deregulation of natural gas.

(4) We urge the Federal Government to consider alternative structures within the energy industry, including the creation of a Federal corporation to explore and develop resources on Federal lands.

(5) We urge that long-run policy be based not only on conservation but on extensive public and private efforts to explore for resources and to research new sources of energy such as solar, geothermal, and nuclear energy.

(6) We urge designation of a Federal office with full authority for collection and analysis of data and for development of research bearing on resources, inventories, costs of production, prices and related information on all sources of energy, both domestically and internationally produced. Such data should be made available to the Congress and should be disclosed to the public in an understandable form.

(7) We urge that the Federal Energy Office provide adequate staff for its Consumer Office and Consumer Advisory Committee to provide public information on the need for energy conservation and on desirable conservation practices, and to inform consumers of their rights and the procedures for obtaining these rights. Information and staff cooperation should be readily available to consumer groups and State authorities involved in effecting conservation and general energy planning on the State level.

FLEXIBLE REGULATIONS ON FUEL ALLOCATIONS

(8) We believe that regulations on fuel allocations and on rationing, if instituted, must be sufficiently flexible to permit consideration of the needs of the elderly and waivers in circumstances where health or special needs require. Regulations should clearly spell out a simple procedure whereby persons and voluntary organizations with special needs can apply for increased allocations or rations of fuel, with reasonable appeals procedures.

(9) We urge that the Department of Housing and Urban Development be authorized to provide low-cost loans for housing insulation and that the Department develop special energy conserving designs for HUD-assisted housing.

We think, generally speaking, Senator, that these problems are pretty well known, that tentative efforts have been made toward these solutions but that, for some reason, movement has been slow and in some cases, entirely insufficient to the character of the need which is, as Senator Domenici pointed out and others have pointed out, a need which represents about the third most important problem that these older persons had.

Senator CHILES. Thank you very much for your statement, Mr. Martin. You said you thought the study under section 412 should be carried out and implemented without delay. As you know, the administration is requesting no funds for that.

Are you urging Congress now to appropriate funds for this study and insist that it be conducted?

Mr. MARTIN. The amount of money is not very great, Senator, for such a study—and I think, regardless of the fact we have an energy crisis now, this problem cries for a resolution. I think money ought to be provided for the making of that study. It needs to be made, of course, with the close cooperation of the Department of Transportation but they have never made the study that we would normally have expected them to make and the Commissioner on Aging has a special responsibility and concern which we think would benefit the study made by him.

Senator CHILES. I am sure you have had an opportunity to examine the President's new transportation legislation. Do you believe that it would weaken the commitment expressed by Congress in the so-called Biaggi amendment, the mass transportation legislation for 1970, and the expression intended in last year's Federal Highway Act?

Mr. MARTIN. The language has been changed slightly. It seems to me the wording of the original Biaggi amendment was good. It was sound and it was specific; I think that language is better than the changed language and subsequent sections of the proposal which eliminates the set-aside or the special provisions for a percentage amount to be spent, we think might well be reinstituted.

I think also that the reference to States and local councils in meeting this problem perhaps weakens the provisions of the statute rather than strengthens the statute.

NEW REGULATIONS ARE UNCLEAR

Senator CHILES. You thought that the new regulations for title III of the Older Americans Act require that area plans contain plans for transportation whenever funds are to be used to establish needed services? In your opinion, will the area agencies on aging have enough clout to bring about transportation resources, to bring about the linkage?

Mr. MARTIN. I am not sure it will, but the provision is a highly desirable one and if it is carried out as to these plans, it will bring the transportation people into the discussion as to what kind of an area plan is ultimately developed and if we can get them to direct their attention to this, I think they will be willing to do this and it will result in plans that do not ignore this particular problem the elderly have; so I think that is a desirable provision, and, again, that is something the Administration on Aging will have to monitor very closely. We will have to make sure that those general area plans contain special provisions with respect to transportation.

Senator CHILES. Later in the day, witnesses from Florida are going to emphatically make the point that varied assistance programs make provisions for such transportation but that the situation becomes so complex and fragmented that it becomes unmanageable.

As a former Commissioner on Aging, where should the responsibility lie in providing a central focus? Should it be in the Administration on Aging or the Department of Transportation?

Mr. MARTIN. I think it should be in the Administration on Aging, with close coordination with the Department of Transportation, principally, because in this situation, transportation is a social

service. It has not always been regarded in that way but in this situation, it is a social service and that is what the Administration on Aging is responsible for—social services to or for the person—so I think their special concern is important in this situation.

Senator CHILES. Senator Fong?

Senator FONG. Mr. Martin, the problem of the aged, with regard to transportation, is really a problem of the whole community is it not?

Mr. MARTIN. Yes.

Senator FONG. That is, the problem faced by the whole community in the question of transportation is about the same as that faced by the elderly?

Mr. MARTIN. The problem of the whole community is similar to the problem of the elderly in many ways and that is why I said in the early part of my statement, that we think that most—many of the problems the elderly—can be solved by development of a general public transportation program in each community; I mean, whether there are buses or not, and so on, but when you are dealing with people who are—who have very limited mobility, who cannot walk two or three blocks because of health reasons, stand in the rain or the snow and cannot get up on the bus when it does get there because of an arthritic hip; you have got a special problem and it is not solved totally by the development of a good transportation system.

DIAL-A-BUS TYPE OF SYSTEM NEEDED

For situations of that kind, you need small buses, minibuses, which can be demand-activated, that is by a telephone call, a dial-a-bus kind of thing, and which can pick up people on an unscheduled route in the area.

Now, this is not inexpensive but if you are going to provide transportation for people with difficulties like that, I think it is necessary.

Senator FONG. Now, do you know how many cities and counties give a reduced fare to senior citizens or a free ride on the buses?

Mr. MARTIN. I cannot give you that figure, Senator, but it is not uncommon. It is fairly common in many of the bigger cities. We have it here. They have it in New York; they have it in Chicago and in many other cities. It is a big help, especially when bus fares have been going up as rapidly as they seem to have had to go up, in order to keep the bus company solvent.

That reduced fare provision is not only important for business but it is important for other forms of transportation, such as the trains, where they can be used, and planes.

Senator FONG. What has your organization done in respect to encouraging the CAB to allow the older people to fly at lower rates?

Mr. MARTIN. We have testified, Senator, in support of the legislation to bring that about and will continue to press for it because we believe it can be done on a space-available basis. It does not have to be a mandatory use of all space but on a space-available basis. I think it is very workable and I do not think it would cost them a cent. I think they would have more people riding, more older people using the planes, than they do now and they might make some money.

Senator FONG. There are quite a few vacant seats that could be used by older people.

Mr. HUGHES. Senator, 2 years ago we filed a brief with the CAB in support of airline fares.

Senator FONG. Thank you.

Senator CHILES. Thank you very much. We appreciate your testimony very much.

Mr. MARTIN. Thank you very much.

Senator CHILES. Our next panel is composed of William G. Bell, Ph. D., associate professor, Department of Urban and Regional Planning, Florida State University, and chairman, National Task Force on Aging of the National Association of Social Workers, Washington, D.C.; William T. Olsen, Ph. D., associate professor, Department of Urban and Regional Planning, Florida State University; Peter Andolina, superintendent of transit planning and marketing, Metropolitan Dade County Transit Authority, Dade County, Fla.; and Mrs. Doris Ison, Florida City, Fla.

**STATEMENT OF WILLIAM G. BELL, PH. D., ASSOCIATE PROFESSOR,
DEPARTMENT OF URBAN AND REGIONAL PLANNING, FLORIDA
STATE UNIVERSITY**

Dr. BELL. Thank you, Senator. We are happy to respond to the invitation of this committee to offer testimony. We want to commend the committee for this hearing, one of the few voices being raised with regard to the issue of transportation for the elderly. We think the last hearing of the committee held in 1970 was productive and we hope this one will be equally productive.

I would like to introduce the members of the Florida panel here this morning. We have Mrs. Dorothy Ison, who comes from Florida City in Dade County. She can be classified as a transportation consumer; Peter Andolina, director of marketing and planning for Metropolitan Transportation Authority; my colleague, Dr. William Olsen, from Florida State University. In addition, we have with us William Taylor, who is the Washington representative, stationed in Washington, of the Florida DOT.

I want to apologize on behalf of William Fowler, the director of mass transit operations for the Florida Department of Transportation. He is unable to be here by reason of the pervasive problem—the crisis in energy, and the need to respond to a State legislative committee hearing on the matter.

Senator CHILES. We need to change that. It is no longer a crisis; the crisis is past.

Dr. BELL. I think you will have to tell that to the people at the pumps, Senator. If there is not a crisis, it certainly has not shown up there yet.

Mr. Fowler would have liked to be here. He has, however, prepared a statement which I trust will be entered in the hearing record when the record is published.

Senator CHILES. We will be happy to receive his statement. It will be included in the record.*

*See appendix 1, p. 229.

PROJECT SPONSORED BY OEO FUNDS

Dr. BELL. I also want to draw attention to the fact there were two other Floridians who testified on Monday, Mrs. Margaret Jacks, director of the Florida Division of Aging, and John Lawson, director of a very effective and very interesting transportation project sponsored by OEO funds in north-central Florida, in a four-county rural area around Live Oak.

We think it is fitting that there ought to be this representation from Florida for several reasons. Everyone knows full well the elderly constitute a major portion of our population in Florida. About 15 percent of our population are elderly in Florida, if we count as elderly those 65 and over, whereas if the age criterion drops to 60, as a number of Federal programs do, the ratio is 20 percent of our population. So we have a very substantial proportion of our population concerned with this problem of transportation.

The other rationale, I suggest, for the presence of the Florida contingent, is the kind of people we have at the level of the State Department of Transportation, who have responded admirably, in our view, by addressing the problem of the elderly and their transportation difficulties.

The interest of the Florida DOT predates the energy crisis. The State's concern has been not only with the issue of mobility for elderly but the mobility of other groups equally affected by the problem, the larger group referred to as the transportation disadvantaged, about which my colleague, Dr. Olsen, will talk about more fully in his testimony.

I think with these introductory remarks, we are prepared to begin. Three of us have prepared statements to submit for the record which we will not read. We will paraphrase them in major part. Mrs. Ison has not prepared a statement but will speak spontaneously. Later, we will be glad to answer any questions you may have.

Senator CHILES. We appreciate your paraphrasing your statement and it will be included in full in the record.* That way, I think we may be able to get into discussion.

Dr. BELL. Now, I think Mrs. Ison wishes to speak.

STATEMENT OF DORIS ISON, FLORIDA CITY, FLA.

Mrs. ISON. Honorable Senators and colleagues: I am very happy to be here because I speak for the people that are disadvantaged in three ways: The first disadvantage is that we are the ones that are senior citizens, aging; second, a lot of people have never driven like myself, and then we have those that are unable at this time to drive; some of us are sick, you know. Third, and this is the big thing, we do not have much money.

I heard the people who preceded me; they were talking about some kind of transportation for the people that would be helped—you know, some kind of pay so that the elderly might have some transportation that they could utilize, the costs would not have to come out of their retirement checks like mine, which is about \$70

*See prepared statement, p. 195.

a month. By the time my Medicare comes out, I receive \$63, so you can imagine, to pay my transportation, to come into Miami, which would cost me \$2.50 if I had to get to Jackson and then I would have to pay 35 cents by city transit to go to Jackson. I might have to be there all day.

Of course, there are some provisions made; we are trying in Dade County, with the transportation to reach some of these things but there are a number of things in the area that I live in, because as you know, Miami is a metropolis but Florida City is the last little mainland and it is a farming area and there are not too many people there that can afford to pay for the transportation that they need.

We have got a lot of alternative nonprofit organizations that come in. One of the things that happened to us—we have gotten transportation to the health center where the elderly might get some help but there is still a lot that needs to be done.

If I went from my house downtown by cab, it would cost me \$2.50 to go downtown and \$2.50 to return back. That would be \$5. Well, then, what would I have left to buy food and then—

Senator CHILES. You are not talking about downtown Miami?

Mrs. ISON. I mean right in the Homestead area.

Senator CHILES. You are talking about downtown Florida City?

Mrs. ISON. We have to go to Homestead. Florida City does not have any services—it has a grocery store and the post office, but that is all.

Senator CHILES. That would be the closest place for a shopping center?

BUS SERVICE IRREGULAR

Mrs. ISON. It would cost me \$2.50 to go to the closest place downtown. I could go about a fourth or a half a mile to the transit, which is irregular, and a person who was sick, and it was raining, and you were walking, or if it was cold and windy like today—many of our elderly indisposed, with arthritis, and you name it, they could not even walk out there to catch a bus because it is too far away. Transportation in any form is needed by us in my area, although Dade County is doing all it can. We need—there needs to be something in the Federal guidelines or somewhere that helps the people I am talking about at the grass roots, along with the senior citizens, so they could do a little bit better for themselves.

Senator CHILES. Is there a reduced fare on transit, on the bus when you get there?

Mrs. ISON. Well, yes; if you went downtown on the bus you could get a reduced fare. I think it is up to 3 or 4 o'clock and from 9 or 10 in the morning for the bus; the people need to be oriented about using it, because for one reason, they really do not know how to do it because they have not had money, you see, and the hours are irregular, you know what I mean?

Senator CHILES. So there are just certain hours of the day they can get reduced fares?

Mrs. ISON. Yes. Now, if I go from Homestead or from Florida City to Perrine, it is a long time between buses, but when I get to South Miami, I can get all of the transit I need because it runs

on a regular basis. I can see them not having buses where I live because of the farming people who are out in the lime fields, tomato fields, and bean fields; the bus is running empty, which loses money. But at the time when they need it, they need it badly, and our elderly ones, they get very little except the ones that are sick; they get a chance to go to Jackson since we have got better transportation to Jackson.

Senator CHILES. How do they get to Jackson, if they are sick?

Mrs. ISON. We used to have a big bus that came down in the mornings. It came down at 7 o'clock and it met us at the CAA Center and the sick ones, of course, they had to get there. Some of them missed a lot of appointments because they were not able to make the bus. Of course, if they could call Senior Aide, they could do it but a lot of them do not have telephones.

Senator CHILES. There is a Senior Aide that would pick them up?

AMBULANCE CHARGE OF \$50

Mrs. ISON. Yes, if they called, there is a Senior Aide, but that too, is not much. I think we have about two or three of them. We need something. Then if we have to call an ambulance, you have to call the police first and then the police come and get the ambulance for you. I have paid as much as \$50 for an ambulance to go to Miami, to Jackson from Florida City.

Senator CHILES. But you are saying there is provision now for people that have to have the help, if they call the police first and they can summon an ambulance through charity and they will not be charged?

Mrs. ISON. I do not know that. A lot of times if you call the police, they will still bill you—the eligibility—and you know, you have got to go through all of that and they will bill you for it and if you can pay it, you know, you have to pay it. But who can afford \$50?

Senator CHILES. How would you say the transportation is now as compared to 5 years ago; is it better now, is it improving?

Mrs. ISON. Yes, it is improving because we have the system of CHI. I guess you have heard about it. If you have not, I brought some literature so you might read it and see what it is all about.*

Senator CHILES. Tell us about it very briefly.

Mrs. ISON. CHI is Community Health Incorporated which has taken over the operation of the health services in the south end of the county. Before CHI we did not have services in our part of the county. All of our patients had to go to Jackson for anything they needed and our elderly, they missed appointments terribly, and when you miss an appointment, sometimes you had to wait 2 and 3 weeks to get another.

Since we have the CHI system, they have the minibuses to service the migrant camps. If you live out there and still want to work and if you are a farm laborer, you can work and still draw Social Security. Remember, when you retire, you don't have much money because you don't pay in much money, so your money is not adequate to take care of you and all of the bills that we acquire.

* Retained in committee files.

Senator CHILES. So, you are a Social Security retiree?

Mrs. ISON. Yes, I am. I still do farm labor. Yes, I work in the county. Every winter I go back to work so that I may have a little extra money.

Senator CHILES. And your Social Security check is—

Mrs. ISON. \$70 and they take my Medicare out of it and I get \$63.70 a month. That is what I have to live on—supposed to live on. Of course, I have got some good girls that help me out.

Senator CHILES. Thank you very much. We appreciate your testimony.

Dr. BELL. Perhaps I should add the reference to Jackson in Mrs. Ison's remarks was to Jackson Memorial Hospital, the county-administered health center in Miami.

Our next speaker is Peter Andolina who represents the Metropolitan Dade County Transit Authority and perhaps he can explain in detail the reduced fare program for elderly in operation in Dade County.

STATEMENT OF PETER ANDOLINA, SUPERINTENDENT OF TRANSIT PLANNING AND MARKETING, METROPOLITAN DADE COUNTY TRANSIT AUTHORITY, DADE COUNTY, FLA.

Mr. ANDOLINA. Thank you very much for the opportunity to be here to present some of Dade's problems concerning the transportation of the elderly and handicapped.

I would like to start by giving some demographic information on Dade County, to give some scope to the size of the problem.

Dade County has a population of approximately 1.4 million and nearly 175,000 or 13 percent of these residents are 65 years of age or older. Over 165,000 of these elderly are eligible for Medicare and over 11,000 have been collecting disability for over 2 years. Supplemental Security Income is being given to over 33,000 Dade residents. Of this number 29,000 are under old age assistance, 250 are receiving aid for the blind, and nearly 4,000 are receiving aid to the disabled.

Many of the above-mentioned Dade County residents are unable to use public transportation to fill their transportation needs for physical and/or financial reasons. Recognizing this unfilled transportation need, the Metropolitan Dade County Transit Authority and representatives of several agencies and organizations serving the handicapped, the aged, and the poor began meeting in November 1971, to discuss ways and means of resolving the transportation problems of Dade's transportation disadvantaged citizens.

TRANSPORTATION COMMITTEE FOR THE DISADVANTAGED

In April 1971, the Ad-Hoc Committee on Transportation for the Disadvantaged was formed composed of representatives of the following agencies: County Manager's Office; Model Cities Agency; Committee to Employ the Handicapped; Community Health of South Dade, Inc.; Dade County Community Action Agency; Dade County Citizens Information Service; Dade County Community

Improvement Program; Dade County Department of Housing and Urban Development; Dade County INSTEP Project; Manpower Administration Agency; Senior Centers of Dade County, Inc.; State Division of Family Services; State Department of Transportation; and Metropolitan Dade County Transit Authority.

The "ad-hoc committee" met on a monthly basis throughout the spring and summer of 1972. The goal of the committee was to discover ways and means to coordinate the existing services into a countywide comprehensive program, thereby eliminating the gaps and inefficiencies of the existing individual programs. At these meetings various transportation problems were voiced, existing services were analyzed and criticized, and various solutions were explored. A working committee was selected, composed of representatives of: Metropolitan Dade County Transit Authority; State Department of Transportation; Dade County Citizens Information Service; Dade County Community Improvement Program; and State Division of Family Services.

In order to define the problems of the transportation disadvantaged and to identify target groups, a comprehensive data collection project was undertaken by the working committee. A questionnaire designed to provide basic data items was distributed to 21 agencies and organizations involved in assisting the transportation disadvantaged.

The data collection project accomplished two major things: (A) Identification of existing services in terms of number of vehicles, annual passengers served and annual expenditures; and (B) identification of major deficiencies in existing transportation services available to the transportation disadvantaged. This data was updated in January 1973, and information on available funding sources on the State and Federal level was included in a report entitled: "Ad-Hoc Committee on Transportation for the Disadvantaged—Final Report."

Unfortunately, other than the dissemination of information, the establishment of a central data bank and a transportation related dialog between the various social service agencies, the efforts of the committee did little to improve the lot of the transportation disadvantaged.

A number of factors contributed to the failure of the committees to put together a comprehensive efficient transportation program for the elderly, the handicapped and the poor.

A lack of any coordination and any definitive policy on a Federal level has been the main factor working against the ad hoc committee's objectives.

The local social service agencies with transportation elements as part of their program receive direct or indirect funding from various Federal sources. HEW, HUD, and OEO, have all been involved in the funding and/or planning of social service related transportation programs. They have all established different guidelines with differing eligibility and operating restrictions. In many instances State agencies acting as the conduits for Federal funds have established overlapping guidelines and requirements. What's more, these

Federal and State guidelines have been in a constant state of flux. For example, during 1973, the guidelines for transportation services under titles IV-A and XVI of the Social Security Act changed almost monthly. The individual local agencies like the Community Action Agency, the Division of Family Services, Model Cities, and the local Department of Housing and Urban Development were so confused and uncertain about their own transportation programs that the thought of unifying their programs with those of other agencies was deemed not feasible. To add to this air of confusion and uncertainty, Federal administration funding cutbacks and the impoundment of funds put the longevity of many of these social service agencies and/or their transportation programs in question. This was and is hardly the atmosphere necessary to promote cooperative interaction between social service agencies.

FEDERAL FUNDS PROMISED

A Miami case history would be appropriate at this time:

The State Division of Family Services (DFS) contracted with the Dade County Citizens Information Service (CIS) to operate a transportation program for its clients funded under titles IV-A and XVI of the Social Security Act. After about a year of operation, Dade County Project INSTEP, a social service coordination project for senior citizens, using funds under title XVI, also contracted with CIS to operate a social service transportation program for senior citizens. About this time, the Community Action Agency (CAA) began planning a transportation program for its clients. Office of Economic Opportunity (OEO) funds had been promised for this program. CAA envisioned contracting with CIS to provide this service. The Dade County Department of Housing and Urban Development (HUD) also began planning a transportation project for HUD residents as a result of Federal HUD funds that had been promised them. The CIS would be the operating agency for this program also.

At last it seemed that a strong nucleus for a countywide social service transportation program was developing around CIS. I personally worked for over 2 months on the HUD program, accumulating data and planning routes, checking on vehicle lease and insurance arrangements, and informing caseworkers and HUD tenants on how the program would operate. I also participated in the CAA and INSTEP planning efforts.

Before any of these programs reached the implementation stage, the HUD funds were impounded, the CAA funds were in doubt because the President hinted that OEO would be dissolved, the guidelines for title IV-A and XVI were changed several times, becoming stricter and more confusing and more laden with bureaucratic red tape, and the very existence of the CIS was put in doubt as a result of Federal impoundment of information and referral funds under HEW.

What was to be the start of a countywide transportation service for elderly, poor, and handicapped became utter chaos.

The HUD program was cancelled; after several months CAA began operating their own very limited transportation program; and DFS and INSTEP reluctantly contracted with CIS whose longevity is still in doubt.

Much time, money, and work had been wasted and many elderly, poor, and handicapped whose hopes had been raised remained without the mobility necessary for them to take advantage of available social services.

The MTA has done its best to improve the lot of the elderly and handicapped transportation disadvantaged residents of Dade County. Besides working closely with the various social service agencies helping them plan their transportation programs, the MTA, since October 1972, has instituted a reduced fare for senior citizens.

SENIOR CITIZEN'S REDUCED FARE

In Dade County, over 20 percent of MTA's riders are 65 years and older and over 27 percent are 60 years and older. South Miami Beach and the Little Havana section of Miami are the two areas of highest concentrations of senior citizens. Both of these areas have median incomes below \$7,500 and show low automobile ownership. These figures demonstrate the dependency on transit amongst Dade County's large population of senior citizens.

For several years senior citizens groups and community leaders urged a reduction in fare for senior citizens. However, until fiscal 1971-72, MTA was forced to operate strictly out of the farebox. This was mandated by the ordinance creating the Transit Authority. Consequently, a reduction in fare for senior citizens (20 percent of our riders) was not feasible.

In 1971, the community recognized the need for improved public transportation services and a stabilized fare, and the board of county commissioners voted to provide MTA with supplemental operating funds. This subsidy is provided by the county primarily from State gas tax revenues that are returned to Dade County.

As a result of the subsidization, the MTA was able to shift its policy from revenue orientation to service orientation. If enough subsidy were provided, programs such as a reduction in fare for senior citizens could be considered. The MTA board passed a resolution calling for a reduction in fare for citizens 65 years and older if the county would subsidize the program.

On July 18, 1972, the board of county commissioners passed an ordinance enabling the MTA to initiate a reduced fare program for senior citizens.

A 15 cent reduction in fare for people 65 years of age and older was instituted. The reduced fare was effective between 10 a.m. and 3 p.m. and after 6:30 p.m. on weekdays and all day on Saturdays, Sundays, and holidays. Weekday hours were changed to 9 a.m. to 4 p.m. after several months of operating experience.

Primary identification to qualify for the reduction is a Medicare card. For the less than 4 percent of the senior citizens without Medicare cards a special permit is issued at no cost. To date over 7,500 special permits have been issued.

SENIOR CITIZEN RIDERSHIP UP 35 PERCENT

Over 600,000 senior citizens per month are enjoying the 15 cent reduction in fare. Senior citizen ridership is up almost 35 percent over the last prereduction period. Senior ridership has increased 10 percent this year over last.

We feel this program has been highly successful and has made a considerable improvement in the mobility of Dade's senior citizens.

In fiscal 1973-74, Dade County will be using approximately \$1 million of Federal revenue-sharing funds to support the senior citizen reduced fare program. MTA will receive a total subsidy in 1973-74 of \$4,025,000 from Dade County. Each year it becomes more evident that if public transportation services are to be improved, if fares are to remain stable, and if programs like the reduced fare for senior citizens are to continue and be expanded, more money emanating from all levels of government will have to be doled out for public transportation.

Therefore, we at MTA join transit operators nationwide, in urging the Federal Government to provide operating assistance to the transit industry as soon as possible. The current fuel crisis that we're experiencing can only underline this plea.

The reduced fare for senior citizens has been a great benefit to those senior citizens physically able to use public transportation. However, there are many thousands of aged infirm and otherwise handicapped individuals who are not physically and/or psychologically able to use public transportation. As I previously stated, MTA has worked closely with other social service agencies to develop ways and means of providing for these transportation disadvantaged segments of the community. Little progress has been made in developing a comprehensive social service transportation system in Dade County.

Since rapid transit development is a high priority item in Dade County, the MTA board submitted a report and recommendation to the board of county commissioners in June 1973, that addressed the problem of the transportation needs of the aged infirm and the handicapped as they could affect transit development.

Continuing Federal attention to the problems of the transportation disadvantaged with special attention to rapid transit access is urged. Many billions of Federal funds are programed for rapid transit development throughout the Nation over the next few years. Expenditure of these amounts should benefit the entire populace, not just the physically fit.

PROBLEMS EXPERIENCED IN RAPID TRANSIT DEVELOPMENT

Cities with rapid transit systems under construction, Washington, D.C. and San Francisco, and cities that are further along in their rapid transit development than Miami—Atlanta, Baltimore, and Buffalo—have been confronted with demands by various handicapped organizations that the transportation needs of the elderly and handicapped, especially the nonambulatory, be considered in the design and operation of rapid transit vehicles and stations.

It has not been and will not be difficult or overly expensive to provide for the deaf, the blind, the aged, and most semiambulatory handicapped in the rapid transit stations and vehicles of these various cities. However, providing for the nonambulatory—wheelchair-bound—handicapped has and will continue to present difficult and costly design and construction problems.

Many millions of dollars have been expended in Washington D.C. and San Francisco on elevators and other equipment to accommodate the nonambulatory or otherwise infirm, elderly, and handicapped, at rapid transit stations and on rapid transit vehicles. It appears that Baltimore and Atlanta are headed in the same direction.

To my knowledge, none of the cities that are building or planning rapid transit systems have made any provisions for accommodating nonambulatory elderly and handicapped on transit buses. This includes buses on regular routes and also feeder buses operating in conjunction with the rapid transit system. This approach will not adequately meet the transportation needs of the aged infirm and nonambulatory handicapped nor will it serve to justify the large amounts expended on special equipment for wheelchair-bound passengers in stations and on the vehicles since feeder bus operations are an integral part of any rapid transit operation. In Miami, bus operating hours will increase by 45 percent and operating miles will increase 80 percent as a result of the rapid transit feeder bus network. It has been estimated that over 40 percent of all passengers using rapid transit will be fed to the system by buses and that 80 percent of all people using public transportation will have to depend on buses for all or part of their trip by 1985.

It is evident that if the nonambulatory handicapped and the aged infirm are to have full use of the rapid transit facility, some means of feeding them to the system must be devised. Otherwise, special accommodations at the stations will be paying only lipservice to the problems of the wheelchair-bound and at an inordinately great expense to the taxpayer.

It should be also remembered that all activity and employment centers will not be served by rapid transit. Most travel will still be dependent on buses and automobiles.

TRANSBUS DEMONSTRATION

Regular transit buses can be equipped to accommodate most of the physical disabilities of the aged and the handicapped. The UMTA funded TRANSBUS Demonstration is designed to select a prototype transit vehicle that will become the standard vehicle used by transit operators seeking UMTA capital assistance. The three prototypes being considered all have lift and other facilities that will accommodate passengers in wheelchairs.

We at the MTA are anxious to see the development of a modern, attractive, comfortable, safe transit vehicle come to fruition. We feel that as many of the elderly infirm and the handicapped as possible should have their public transportation needs met by regular transit buses equipped with wider doors, lower steps, handgrips, et cetera. However, we do not think it is feasible or advisable to try

to accommodate the nonambulatory or the severely disabled elderly and handicapped on regular transit buses.

Using Dade County as an example, several factors can be sighted to discourage depending on specially equipped regular transit buses to provide general mobility and rapid transit access to the non-ambulatory and semiambulatory handicapped and aged infirm.

Dade County's physical and geographical layout, MTA's bus replacement schedule, current ridership patterns, schedules, and insurance costs make a public transit solution to the mobility problems of the severely handicapped and the aged infirm very unlikely.

Metropolitan Miami has undergone tremendous population growth in the last 10 years. This growth has caused an extensive sprawl in the boundaries of the urbanized area. The low density residential areas that have sprung up throughout the county are not conducive for closely spaced public transportation. Consequently, it is not uncommon for people to have to travel several blocks to reach a bus stop. Many residential neighborhoods in Dade County and even within the city of Miami are not equipped with sidewalks, thus forcing pedestrians to walk on the street shoulders or on the street itself.

MTA has a vehicle replacement schedule that calls for the replacement of anywhere from 30 to 100 buses per year, depending on vehicle age. At this rate, it would take nearly 10 years before MTA could be fully equipped with new buses such as those equipped with ramps, grips, et cetera. This presents additional problems to serving the severely handicapped on public transit. Public transit will be of no use to the handicapped person until every vehicle in the fleet is specially equipped. Otherwise, a person in a wheelchair may board a ramp-equipped bus and find that the bus he must transfer to on his return trip is not so equipped.

DIFFICULT TO GET ON, OFF BUSES

Notwithstanding the previously mentioned problems a handicapped person would face in reaching and boarding public transit, once on the bus another situation would confront him. Throughout the morning and afternoon rush hours most MTA buses carry standing loads. In Miami Beach this situation prevails on certain routes throughout the day. A person in a wheelchair or with crutches and braces would have an extremely difficult time maneuvering—boarding, deboarding, locating place—on a bus under such circumstances. Also, the safety and comfort of nonhandicapped passengers would be threatened by such maneuverings.

Maintaining schedules could be troublesome due to the extra time necessary for the boarding and deboarding of the handicapped and the aged infirm. The increasing numbers of senior citizens using MTA buses since the reduced senior citizen fare was instituted have already had negative effects on Miami Beach route schedules.

Insurance premiums for a public transit system equipped for, and thereby encouraging, the use of public transit by the aged infirm and the handicapped could be expected to climb. The risk of injury to both handicapped and nonhandicapped passengers would be greater than at present.

Handgrips on doors, lower steps, wider seats, and other provisions for the elderly and handicapped that will most likely be incorporated into the prototype bus that evolves out of the TRANSBUS Demonstration, will do much to facilitate transportation for those segments of the population. However, for the majority of handicapped that are in wheelchairs, wear heavy leg braces, need crutches, or are spastic—et cetera, the severely handicapped—using public transportation will still present access, safety, comfort, and psychological problems and will therefore be nearly impossible for them to utilize in spite of the additional equipment proposed for future buses. A specialized demand responsive service specifically designed to meet the needs and disabilities of the severely handicapped and aged infirm would be a much wiser, effective solution. As previously mentioned, a lack of a clear, affirmative program and policy on a Federal level has been a hindrance to development of such systems in the past. Every effort to encourage and financially support projects of this nature should be made by Congress.

Federal operating assistance to transit operators is a must if programs to assist the aged and the handicapped are to survive or be initiated.

Also, since transportation is vital to the effectiveness of all other social services, Federal funding sources should develop a single transportation policy and procedure applicable to the myriad of social welfare and assistance programs offered by HEW, HUD, the Department of Labor, et cetera. Millions of Federal dollars could be saved as well as volumes of red tape. Also, many more people would be served and benefited in a clearer, more efficient, more effective manner.

Only through these special transportation services will the proposed facilities, rapid transit vehicles and rapid transit stations be utilized because unless people can get to rapid transit facilities, what good is a \$65 million worth of elevators to these people?

I would like to conclude with a plea for more Federal assistance for more rapid transit facilities. I would also like to make a plea for coordination on the Federal level between the various funding sources for social services programs because our social services are useless unless people can reach them. Thank you.

Senator CHILES. Thank you. I think we will hold our questions until your panel is finished. We will now hear from Dr. William Olsen from Florida State University.

**STATEMENT OF WILLIAM T. OLSEN, PH. D., ASSOCIATE PROFESSOR,
DEPARTMENT OF URBAN AND REGIONAL PLANNING, FLORIDA
STATE UNIVERSITY**

Dr. OLSEN. For the past 3 years, my colleague and I have been commissioned by the Florida Department of Transportation to engage in research on the transit needs of the transportation disadvantaged. The elderly represent an important segment of the transportation disadvantaged, but this group also includes the young, the poor, the handicapped, and all others without ownership or access to an automobile.

The size of this travel market has been estimated at 25 to 30 percent of the U.S. population, or approximately 60 million persons. As a transportation planner, it is my opinion that the needs of the transportation disadvantaged has been largely overlooked. Because of the focus on transportation development in this country toward serving work trips to central cities and toward reducing automobile congestion by inducing a change of mode from auto to transit, the highest quality of transit service has been provided to those people who need and actually use it the least.

Examination of transportation study data for cities across the country indicates that the majority of transit users—commonly in the range of 70 to 90 percent—are not choice riders but are captive riders, namely the transportation disadvantaged.

Some of the specific problems facing the elderly with respect to their transportation options are attributable to their diminished physical capabilities which causes difficulties in climbing steps, walking long distances, crossing busy streets, and operating a motor vehicle. Their understandable greater concern for the risk of injury or detriment to health which makes them feel threatened by many transit environments. Moreover, diminished incomes in retirement suggests problems for maintaining auto ownership or being able to pay a premium price for transportation services.

LOW PERCENTAGE OF ELDERLY DRIVERS

We are aware that the dual problems of low income and physical impairment have created concerns for the mobility of elderly people. We found in the State of Florida that only 58 percent of the elderly between the ages of 65 and 75 and only 39 percent of those over 75 were licensed to drive. These figures, when compared to the 83 percent of the population between ages 25 and 64 who are licensed, indicate a serious loss of mobility for elderly in the absence of transportation alternatives.

Obviously, the travel needs of the elderly, as well as all other population groups, are related to a more basic set of needs for goods, services, and activities. A wide variety of service programs have been developed to provide for some of the needs of eligible elderly and other disadvantaged persons, primarily based on their inability to pay for or otherwise acquire these services.

We surveyed local service agencies in the State of Florida during the summer of 1971. We asked agencies to respond to three aspects relating to the delivery of agency service programs. The first aspect dealt with the importance of public transportation services for the effective utilization of agency services by elderly persons. Some 86 percent of the agencies surveyed rated this as a very important factor in service delivery. The average agency indicated that almost 50 percent of their clients required some form of transportation assistance in order to acquire services.

When we asked the agencies to rate the status of existing public transportation resources in their communities, almost half of the agencies said the service was not satisfactory while 32 percent said there was no public transportation at all. Some 94 percent of the agencies surveyed stated it was extremely important to coordinate

the planning of public transportation services with local service agencies and their clients.

When we asked the agencies to describe how the present state of public transportation services actually impeded the utilization of agency services by the elderly, we received a series of varied responses. I would like to share some of these with you.

From a county health agency: "As a result of the failure of public transportation to provide service to the health department facility, the inconvenience has so dissuaded these people that the health department has deemphasized its programs for the elderly, because of lack of attendance."

From a mental health clinic: "The clinic is located on major bus routes. Unfortunately, our patients are not."

From a Community Action Agency: "Most elderly persons are very hesitant to seek help or service since they know that it will involve great inconvenience, discomfort, and expense."

The agencies were quite specific on one final point. Since they provided services to many disadvantaged groups in addition to the elderly, and since transportation was an issue for these groups also, they maintained that transportation planning efforts should not be limited to the elderly alone.

Acknowledging the need for transportation and faced with the limited extent to which existing public transportation services provided for the need, transportation has been increasingly included as a component, using budgeted funds or agency volunteers, of social service agency programs.

DENIAL OF SERVICES FOR MANY

Unfortunately, this approach has had a number of serious limitations. First, the rigid categorization of Federal funding for specific eligible clients and services has caused inefficiencies in operation, high costs, and overlapping services where similar transportation systems are operated by different agencies in the same community, and has resulted in denial of services for many who need it.

The transportation components of service programs have been largely poorly planned, operated, and maintained because of limited funds and the service agencies' lack of transportation expertise. Frankly, they are not in the transportation business and should not be expected to possess competence in designing and operating transportation systems.

The final limitation is that the elderly and other transportation disadvantaged, as well, need to travel to a much wider set of places than just the service agencies in order to satisfy their mobility requirements. For this reason, service agencies' programs and their transportation components are able to offer only partial mobility to their clients.

I mentioned some of the shortcomings of the social service agencies in trying to provide transportation services. I do not want to be too critical of these efforts. We have to recognize that they represent in many cases the only transportation alternatives that are available to the elderly and other transportation disadvantaged.

The agencies have been forced to act because of deficient or totally absent public transportation services. Apparently, appropriate levels of public concern, legislative direction and funding have not been transmitted to the agency charged with this responsibility for transportation, the Federal Department of Transportation. It seems the Department has not given the problem significant recognition, to actively seek this needed support. I am disturbed by the relatively high priority placed on the highway program, on the development and testing of high speed ground technology, and general improvement of transit commuter services in urban areas compared to what has been done to support the needs of the transportation disadvantaged and social service agency programs.

Speaking as a transportation planner, I do not mean to say that previous transportation investments have been misdirected, especially in light of the Nation's energy shortage. The point I would like to make is that disadvantaged persons have a right to expect equitable treatment in so fundamental an issue as mobility and the opportunities it is capable of providing.

Dr. Bell and I have proposed some new directions for social policy with respect to this issue and these will be presented in the testimony to follow. Before that happens, however, I would like to express my appreciation for the opportunity to speak to this committee. Thank you.

STATEMENT OF WILLIAM G. BELL, PH. D.—Continued

Dr. BELL. I would like to point out, for the record, that Dr. Olsen is a transportation specialist with excellent credentials in that area while I am classified as a social gerontologist. We think this kind of marriage of skills is a very useful way to address problems of the transportation disadvantaged so that we can contribute our respective understanding and expertise to the solution of this pervasive social problem.

We would like to suggest that present transportation solutions designed to serve elderly in this country have so far been fragmentary, simplistic, inefficient, and impermanent. We base this judgment on the recognition, first, on the absence of a well-defined national policy to sustain the mobility of individuals without access to a private automobile. Second, on a failure, nationally, to generate stable and reasonable sources of operating funds to help underwrite local well-developed public transportation solutions; and third, on our present state of knowledge regarding social and economic benefits of transportation systems geared to the transportation disadvantaged.

If one holds to the planning principle that solutions to a problem should bear some reasonable congruence to dimensions of the problem addressed, then current efforts to relieve the transportation difficulties of the elderly fall considerably short. Efforts to deal with what is essentially a public responsibility have been undertaken primarily by private agencies, frequently with limited public funds, hence severely constrained in scope and effectiveness. I would join with my colleague, Dr. Olsen, in indicating that the aging and other transportation disadvantaged groups are not receiving an equitable

share either of transportation planning or public transportation resources. We think the current situation requires fresh policies to guide the direction of planning and action at the national, State, and local levels.

PRIVATE VEHICLES NOT THE ANSWER

Before we propose such potential new policies, we would like to indicate, that by rational analysis, it is apparent that mobility for older people is best sustained by public transportation systems. Without question the use of private vehicles is desirable but for at least half of the elderly of this country, it is not realistic since half of the elderly do not possess an automobile. From our own analysis in Florida, as has been reported, some 48 percent of all people 65 and over do not have a driver's license. So it would be unreal to expect access to a private automobile is an option for a high proportion of the elderly in this country.

We suggest further that present methods utilized to deal with the problem can be reduced to three specific strategies.

First, efforts towards internal changes within the existing mass transit system, such as reduced fares at specified times.

Second, there has been effort to establish mass transportation substitutes. Where no mass transit systems exist or it is not possible for mass transit to adapt to special needs of particular groups, such as the elderly, a range of experimental microsystems have been launched. Among the experiments tested are: transportation cooperatives operated by retirement communities, senior centers or private groups; subsidized use of taxis and jitneys; intermittent or regular use of schoolbuses during school hours; use of Government surplus vehicles; station wagons or small buses provided by health and social agencies transporting selected clientele; volunteer operated transportation to social events or at times of crises; and special buses supplied without charge by merchants offering transportation to shopping centers, usually on special days of the month following receipt of Social Security checks. In sum, these are special purpose systems attempting, appropriately and frequently successfully, to fill a need not filled by public transit.

Unfortunately, these special purpose systems rarely reflect a high degree of advance planning; they tend to be short term, usually high cost-per-unit of service, oversimplified solutions to complex problems which require comprehensive planning, coordination and control. Special purpose systems may drain off pressure on local authorities responsible for public transit developments, and thereby deter or divert the comprehensive, more lasting and efficient solution. Moreover, knowledge derived from these experiments which could be profitably shared by transit planners is generally unavailable due to lack of thorough documentation, or test results may not be disseminated.

Third, there have been efforts made to generate new sources of funding for transit systems.

To review each of these briefly, let me comment on the strategy of making internal changes in the system through the reduced fare approach.

The first question is how many cities in this country have used this method? It is my impression that the numbers have been increasing; it probably hovers somewhere near 70, based on disclosures from your hearings in 1970, when I think 50 cities were so listed. There have, of course, been some additions since that time.

In Florida, we have two such reduced fare experiments: one in Dade County—as you heard this morning—and another in the Jacksonville area, Duval County.

INHERENT WEAKNESSES IN SYSTEM

Without faulting the reduced fare approach, there are, of course, some weaknesses to that approach. The weaknesses are inherent in the fact that there is a general assumption that the system now in operation is designed adequately for all of the people's use. You have heard from my colleague that there is some question about that; the system may be on the proper route, but the people may not be.

The second criticism of this approach—without again faulting it—is it does nothing for cities where no transportation system is in operation. For example, in Florida, we have less than 20 public transportation systems in the entire State, so there are substantial areas in our State that are not likely to benefit by this particular strategy.

A major effort has been expended on the development of substitute transportation systems. In the absence of an appropriate response by local transportation authorities a number of local voluntary agencies have generated their own microsystems. While on the one hand it may be apparent this is an appropriate short term solution, on the other hand it is of questionable long term value because of the absence of stable funds to guarantee the perpetuation of a viable project beyond the demonstration period whether or not such projects are effective. Additionally, we find these kinds of substitute systems, while well-intended—and we do not want to fault them—very often undercut the pressure on the local transportation authority which, in our view, should be charged with major responsibility for meeting transportation problems of that area.

Fresh efforts have been expended to find new ways to fund transportation programs for the elderly. You heard earlier the testimony from members of the Florida panel. I think most of it is clearly commendable to the extent that some response has emerged from nontransportation entities such as AoA, Social Security Administration, and OEO to address a problem we feel lies logically in the province of the national transportation agency, U.S. DOT.

We are critical, and I think correctly, about the financial constraints imposed by each major Federal agency on the use of their funds, each applying categorical requirements on the way that money can be used. While we are expressing criticism of this categorical approach, it is fair to indicate at least these people are responding to a major problem facing the elderly. We do not see yet an adequate response by the designated Federal transportation authority to really do something in a systematic, organized fashion.

I think now maybe it would be appropriate to talk in more posi-

tive terms: What is it we suggest in the way of changes. With respect to the new directions for administrative action or legislation, we have seven policy changes to propose for consideration.

We believe it would be appropriate:

1. To reaffirm the social nature of urban mass transit.
2. To establish great flexibility in funding operating costs.
3. To broaden the constituency of transportation systems serving the elderly.
4. To redefine social and economic benefits of systems for the elderly.
5. To enforce section 16(a) and (b) of the Urban Mass Transportation Act.
6. To centralize transportation planning for the elderly in State departments of transportation, and
7. To assure direct participation of consumers in transportation planning, policy setting and decisionmaking.

I will elaborate briefly on each of these points and conclude my formal testimony.

EFFECTIVELY DESIGNED MASS TRANSIT PROGRAMS

First, the issue of affirming the social nature of urban mass transit. An imperative point of departure is to recognize the essential character of urban mass transit as a social services delivery system, to use Tomazini's phrase, rather than as a private enterprise system. The function of urban public transportation is to deliver socially important services to elderly and others has been acknowledged peripherally by transportation planners and administrators. Effectively designed mass transit programs must be devised to link people to essential destinations and services rather than connecting geographic places to one another. A client serving rather than a geographic serving basis must characterize transportation for the elderly.

Since transportation is viewed increasingly as an integral part of an effective system of human service it follows that closer alliances and working relationships need to be developed and operationalized between human service organizations and transportation agencies at the three governmental levels.

Second, we want to emphasize the need to promote public mass transportation programs for the elderly and to find stable sources for funding operating expenses. We suggest legislation may be required on two fronts with respect to the funding issue.

One, while admittedly costly, there is need to establish a Federal service development program with States participating in funding the local share of federally financed systems, comparable to the model of the present capital improvement program in UMTA. Two, there is need to ease present Federal regulations of categorical transportation projects as in AoA and SSA, to permit joint funding to pool all relevant local transportation resources, to transform validated special purpose systems under agency auspices to multipurpose systems under public auspices.

Third, there is need to broaden the constituency of transportation systems serving the elderly. The transportation requirements of the elderly should be integrated with service demands for equally dis-

advantaged groups in place of systems designed exclusively for the aging. In the short run it may be appropriate to initiate special purpose systems for the elderly in the absence of alternatives. In the long run, however, it is inefficient in resource utilization to continue to maintain micro-transit systems exclusively for the aging or for a limited agency clientele.

We think that transportation planning for older people may be made more productive by seeking support for publicly funded programs accessible to the widest possible population rather than launching small special purpose systems. The problems of mobility confronting many aging are shared by other transportation disadvantaged groups such as the poor, almost all of the handicapped and many young people. Moreover, initiation of special purpose systems for older people, frequently under private auspices, tends to drain off pressure on developing effective macro-systems under public auspices.

We do support the initiation of these core transit systems providing that they can tie in with proper local support and be expanded to become public transportation systems. However, as you are aware, Senator Chiles, one transportation project in Palm Beach County with that intent in mind, is having difficulty in putting together an appropriate amount of money to effect that change.

NEW CONCEPTUAL APPROACH

Fourth, there is need for a new conceptual approach to defining social and economic benefits of transportation systems for the elderly. We suggest engineering and economic efficiency should no longer serve as the only guiding principles for rationalizing transportation investment decisions. If transportation for the elderly and other transit dependent groups is not an end in itself but a means of attaining a set of desirable ends, then technical factors need neither be ignored nor become the primary measures of system worth. When transportation is viewed as a way of improving the social well being of an area's elderly residents, then technical factors need to be weighed against certain social, economic, environmental and esthetic benefits. In this framework, a transportation system suited to the elderly can be evaluated in terms of improved personal mobility, increased accessibility to urban opportunities; comfort and convenience, clean air, open space, pleasing surroundings, and preservation of neighborhoods and urban diversity.

Fifth, we believe one avenue for elderly to obtain more equitable use of existing and projected public transportation facilities receiving Federal funds is affirmative action on the 1970 Biaggi amendment to the Urban Mass Transportation Act.

As amended the Act states:

It is hereby declared to be the national policy that elderly and handicapped persons have the same right as other persons to utilize mass transportation facilities and services * * * that all Federal programs offering assistance in the field of mass transportation (including the programs under the Act) should contain provisions implementing this policy.

There is limited evidence that with some major exceptions these mandated provisions are not enforced. In two notable exceptions of

which we are aware the 1970 amendments have been honored, namely, in the recently opened Bay Area Rapid Transit (BART) and in the new Haymarket North extension of the Massachusetts Bay Transportation Authority (MBTA).

According to the sponsor of the amendment in a letter to the Washington Star-News, dated October 15, 1973, "planners and administrators have ignored this congressional mandate and the courts and press have not looked at the implications of the legislation."

Legal enforcement of section 16 (a) and (b) of the act should be a requirement, that is, the appropriate Federal agency implement current national policy and thereby increase the supply of transportation for elderly and handicapped.

Sixth, centralize transportation planning for the elderly in State departments of transportation. The logical entity to assure a measure of transportation quality for the elderly, we think, is the State department of transportation or its equivalent.

Central responsibility for improvements in overall transit for the aging lies with the public body charged by legislative mission and equipped by reason of technical expertise to undertake the job of producing functional solutions to serve long run needs of the elderly. State departments represent the linkage between transportation resources at local and national levels. Moreover, State departments of transportation possess the necessary leverage to generate State legislation on funding, on standards and an establishment of local transportation authorities:

RESPONSIBILITY OF LOCAL COMMUNITIES

The onus of responsibility for initiating solutions should rest on the local community to accommodate local needs and conditions.

We argue, therefore, planning, technical assistance and coordination of resources be centralized at the State level and at the same time, responsibility for initiating solutions should be initiated at the local level to accommodate local solutions and issues. Congressional action should ensure that such agencies are provided with the appropriate manpower and financial resources to carry out the task.

The final, and by no means the least important, of our policy recommendations is that the direct participation of consumers be incorporated in decisionmaking. We believe it is vital that consumers of public transportation have an active and meaningful part in all relevant policy formulating and decisionmaking phases in the course of planning and administering public transportation systems.

The citizens' role in transportation decision tends to be minimal, whereas an effective exchange between service providers and service users which elicits the contribution of consumers is bound to produce sounder outcomes in proposed transit programs.

We believe it is critical that operational features and policies reflect requirements, concerns and expectations of those for whom the system is designed. From the providers' viewpoint, information provided by system users is likely to be productive of improved system design, efficient utilization of facilities and promises a degree of congruence between plans and practices.

Thank you very much, Senator. We are prepared to answer any questions which you may wish to pose to this panel.

Senator CHILES. Thank you, Dr. Bell. In your statement, you pointed out that it is now argued that modern transportation plans have to give major attention to a range of riders with nonwork destinations.

I think this is a major issue that really we have to give more recognition to, especially in States like Florida, but I think in all States we find that the urban-suburban sprawl increases the number of elderly and the critical need for transportation, really not just elderly but also all of the people and certainly schedules were set up on a work basis.

That is an integral part of transportation and certainly it has to continue with the energy crisis, bus planning has to be done for these people making the trips not connected with work and not connected with a regular basis of having to go and return.

Dr. BELL. Before I ask Dr. Olsen to respond to that point let me say a word. I think a critical issue in the approach in any area is systems design and the basis of systems design is a matter of ensuring certain data and certain kinds of destinations are incorporated in that design. Perhaps Dr. Olsen could touch on that issue.

Dr. OLSEN. I think the biggest reason for the work orientation emphasis in public transportation is simply the magnitude of the travel market represented by this trip purpose. Another factor is the planning framework commonly employed to develop relevant information upon which future transportation investments are based.

WIDESPREAD PLANNING FRAMEWORK

The planning framework still in widespread use was developed as a consequence of the Federal Aid Highway Act of 1962, which required a comprehensive, cooperative and continuous planning study of all urbanized areas over 50,000 population in order to qualify for highway funds. Transit became important in these highway oriented studies as the only feasible way to accommodate high levels of travel demand along radial corridors serving downtown employment concentrations. Because of the perception of the problem as one of auto congestion, transit planning has been predominantly concerned with modal choice—or shifts in travel mode from auto to transit. To date, there has been no widespread institution of the kind of data base requirements that would permit an appropriate focus on the transportation dependent segment of the travel market—especially with respect to non-work travel needs such as access to social service agency programs, visiting friends, recreation, etc.

Dr. BELL. I guess it also goes back to the fact we have to think of transportation as having a social role, that the transportation ought to reflect the diversified needs of the elderly, for life maintenance services and amenities—and we should grant such needs have equal right to be considered in the design of public transportation programs.

Senator CHILES. Certainly others in Florida object to all of the categorization which results from the large range of federally supported programs. I think you support the position that transpor-

tation should be coordinated by the Department of Transportation on the Federal level.

What do you see as being the role of the Administration on Aging and what should be the relationship between the State agencies on aging and the State agencies on transportation to tie this in?

Dr. BELL. We have to break down the question. At the Federal level, I understand there is some discussion now going on with respect to where does major responsibility for transportation for elderly lie? As is widely known, the Administration on Aging has allocated part of the funds in title III and title VII of the Older Americans Act to transportation services. It has been a help in many communities.

My own view is that the Federal Department of Transportation, U.S. DOT, should be the primary agency to deal with the problem. We believe that while there is some acceptance of this responsibility in U.S. DOT, the Department has been hampered by inadequate resources to address the need. At the State level, we believe State departments of transportation have the expertise, the resources, and can coordinate statewide planning assistance to help serve the people who are the concern of divisions of aging.

We do believe State departments of transportation can devise a special unit to offer the kind of consultation and general assistance which would provide the kind of direction that local communities would then need, and particularly for area agencies on aging; for whom transportation is a major issue. So our answer to that question, Senator, is that we should put the responsibility clearly on the transportation agency at respective levels, whether it be national, State, or local, so that they, in turn, can respond to reasonable demands for technical assistance and financial support.

At the same time, as I said earlier in my testimony, we hope there can be some flexibility exhibited by Federal and State agencies in the use of their program resources, so their particular clientele, as well as others served by human service programs can make use of locally initiated transportation solutions.

FREE PUBLIC TRANSPORTATION

One thing that has not been opened up for discussion in this hearing is what might be the ideal funding solution, perhaps for our country. What we would like to see in this country eventually, is free public transportation, that is, tax supported transportation. It is being tried in some parts of the world. It is being tested in some parts of this country in a very small defined areas, such as downtown Seattle. We think this may be the ultimate goal to be sought, whereby all limitations and constraints on public funds can be eliminated by a simple—not so simple, of course—but by a policy of providing public transportation as a right.

Senator CHILES. We might put in the record at this time an article on "Free Rides in Search of Riders" from the New York Times, Sunday, February 24 issue.* I think that is an area that there is considerable discussion.

*See Appendix 2, p. 233.

Under title III, area agencies have been developed in Tampa, Fort Lauderdale, and Jackson areas. Do you know if there has been any efforts by these agencies to plug in and coordinate with existing transportation services?

Dr. BELL. Not yet as far as I know. I believe there is something on the way. The area agency in Jacksonville and the area agency in Broward County—Fort Lauderdale—have been in existence for about a year. I do know that in each of these cases, they are moving in the direction of developing a transportation response to elderly in their respective areas.

I might add that we see this as an area of concern in Florida. We plan to incorporate in the forthcoming transportation conference either a workshop or an ample amount of time to devise guidelines for such agencies to deal with transportation issues confronting elderly people.

Senator CHILES. Mr. Andolina, do you have any evidence showing that reduced fares to the elderly have increased ridership and thus provided income for off-bus rider hours?

Mr. ANDOLINA. As I mentioned in my testimony, the ridership of senior citizens has increased by 35 percent but our income has not increased because it would take a 100 percent increase in ridership to compensate for a reduction in fare by 50 percent. So we have not increased our net revenue. In fact, because of some people riding during off-peak hours, we have had to add additional equipment which means more costs. To increase these off-peak services, we are going to require more subsidy at the local level.

Right now, Dade County is subsidizing the Metro Transit Authority to the tune of \$4,025,000 for this current fiscal year.

Local governments cannot be expected to do much more than they have done so it will require some kind of Federal operating assistance if these reduced fare programs will be maintained and if we are to increase the service we are providing.

Senator CHILES. You speak of the tremendous lack of coordination, of any definitive policy on the Federal level as being the main factor working against your Ad Hoc Committee on Transportation.

What do you think should be the major thrust of this policy and what agency do you see being in charge?

RESOURCES FUNNELED TO LOCAL AGENCIES

Mr. ANDOLINA. I think possibly the Urban Mass Transportation Administration should be the channel agency, whereby transportation resources of HUD, et cetera, are funneled to local agencies who then would be able to contract with the central local transportation authority to purchase transportation services for clients. This is how I envision it. But what should really be the solution, I do not pretend to know.

Senator CHILES. I see.

Dr. Bell, and to your panel, we want to thank you very much for your testimony here today.

Dr. BELL. Thank you, Senator.

Senator CHILES. Senator Percy, do you have any questions?

Senator PERCY. I have just one question and a comment.

I know our positions dovetail well and I am gratified for the expertise given to us and the assistance given to us.

The question of cost of accessibility design is an important one. When we look at BART, we see that it costs an estimated \$10 million to make it accessible. Some \$65 million is estimated as the cost of making the D.C. Metro accessible.

Will you give us a feeling as to the cost and the comparable costs if systems were designed from the outset to make them more accessible? Why it is that we have not been able to get early enough into the design stage of metro systems so that we do face this horrendous cost later when a system has not been designed originally to take care of the special transportation needs of those who cannot use the system without some special design?

Dr. BELL. I am sorry Senator. I do not have the figures on costs of modifying existing systems or the costs of implementing the Biaggi amendment in new transit systems. Perhaps others on the panel can respond to the question.

However, I would like to indicate some of the highly touted transit experiments in other portions of the country are not focused appropriately in our view. Planners for new transit systems tend to think in terms of serving the suburbanite. We do not denigrate that as one proper objective. We do think, however, major transit experiments can be focussed on providing public transportation systems for these consumers whose destinations are not geared to work. They should be treated with equal attention as are those who are going to work.

I believe there are a few systems like the MTA in Boston and, of course, BART in San Francisco who have redesigned their facilities to serve the handicapped. I think Peter Andolina has some cost figures to redesign the Washington, D.C. system, whereas there could have been a saving, perhaps, if planners had taken the handicapped into consideration in their original planning.

FACILITIES FOR NONAMBULATORY HANDICAPPED

Mr. ANDOLINA. I think in Washington alone, \$65 million was spent in equipping stations with facilities for the nonambulatory handicapped and in many cases, the stations had already been designed and in some cases were under construction and had to be redesigned and new construction added.

Senator PERCY. Could you specifically comment on whether or not you do not have adequate technical know-how for incline elevators which would eliminate the high cost of constructing elevator shafts?

Mr. ANDOLINA. I am not familiar with costs, Senator.

Senator PERCY. Dr. Bell?

Dr. BELL. I am afraid I do not. Do you know, Dr. Olsen?

Dr. OLSEN. No.

Dr. BELL. To shift to another point. One proposal which seems to have considerable popular support is the idea of using schoolbuses in off-peak hours when they are not needed to deliver children to school or return them to their homes.

The flaw in that suggestion is that schoolbuses were not designed to carry elderly. Some people think they are not even designed to

carry children; nevertheless, it is conceivable that if a school system would have a mind to do so, they could develop or design buses which could then be used for multipurposes. For example, buses could be designed with wider aisles, different kinds of seats, different kinds of bodies, so elderly passengers could ride with comfort, and so forth. In short, such vehicles could serve a broader constituency in addition to children. However, I recognize that no school system could undertake an experiment of this dimension without outside assistance. We are back then to the central issue of generating financial support for experimental as well as operational purposes.

Senator PERCY. I thank you very much, indeed, and I certainly join our chairman in thanking you, all of the panelists.

Mr. Chairman, I ask unanimous consent that certain abstracts in the pamphlet "Barrier to Rapid Transit," September-October 1969 issue and distributed by the President's committee be included in the record on the points that we have discussed.

Senator CHILES. Without objection, they will be included.*

Senator PERCY. Thank you.

Senator CHILES. The prepared statement of Dr. Bell and Dr. Olsen will be inserted in the record at this point.

PREPARED STATEMENT OF WILLIAM G. BELL AND WILLIAM T. OLSEN

For the past 3 years, as members of the Department of Urban and Regional Planning, Florida State University, we have been commissioned by the Division of Mass Transit Operations, Florida Department of Transportation (DoT), to undertake policy oriented research and planning to improve transportation for elderly and other transportation deprived groups in Florida. The point of view expressed and policies advocated in this testimony rest largely on our recent experience. These views and positions do not necessarily reflect the thinking of the Florida DoT.

Our analysis of existing transportation solutions designed to serve older people suggests such efforts tend to be fragmentary, simplistic, inefficient and impermanent. This judgment is based on the recognition of the absence of a well defined national policy to sustain the mobility of individuals without regular access to a private automobile, on a failure nationally to generate stable and feasible sources of operating funds to assist localities to underwrite well developed public transit solutions, and on the present state of knowledge regarding social and economic benefits to transportation systems geared to the transportation disadvantaged.

If one holds to the planning principle that solutions to a problem should bear some reasonable congruence to dimensions of the problem addressed, then current efforts to relieve the transportation difficulties of the elderly fall considerably short. Efforts to deal with what is essentially a public responsibility have been undertaken primarily by private agencies, frequently with limited public funds, hence severely constrained in scope and effectiveness. At least two general observations can be made on the thrust of current attempts to generate transportation solutions for the elderly: (1) The aging and other transportation disadvantaged groups are not receiving an equitable share of transportation planning attention or of public transportation investments; and (2) the situation requires a bold new approach, fresh resources and fresh policies to guide the direction of planning and action at national, State, and local levels.

At the conclusion of this testimony a series of policy proposals will be offered as a redirection of planning and action on behalf of the elderly.

It is commonplace today to assert that transportation is the mediator between an individual and one's access to essential opportunities in the environment. A lack of transportation or its availability is instrumental in determining whether a community's services and amenities are a useless facade or a system

*Retained in committee files.

supportive of life maintenance. As one writer put it, transportation provides a level of mobility that determines the degree to which people and material resources are able to be employed, exchanged or consumed to maximum advantage. For older people the issue of transportation appears to be one of limited urgency so long as financial resources, reasonably good health and now, available fuel supplies, hold up. With increased age bringing in its wake the possibility of functional impairment or diminishment of personal and health assets, loss of the once available automobile, without an appropriate substitute means of travel, tends to assert its negative effect on one's social integration and threaten the prospect of continued independent living.

The dominant group of concern to this committee is that portion of the population defined as elderly. However, our experience in the course of the research for the Florida DoT indicated transportation solutions for the aging may lie not in special purpose systems for the elderly but in transportation coalitions with other groups equally disadvantaged in transportation resources. Our research and planning focus therefore shifted to the substantial minority of the general population identified as the "transportation disadvantaged" or "transit dependent." The terms refer primarily to those who do not have regular access to a private automobile, and includes many elderly, a considerable proportion of the poor, most of the disabled and handicapped persons, and many young people. As a general guide to the size of the transportation disadvantaged in this country, it is known from the 1970 U.S. census and other data, approximately half of the elderly in the United States do not possess a driver's license or own an automobile. One estimate of the collective transportation disadvantaged of all ages suggests about one third of our national population fall into this category.

URBAN MASS TRANSPORTATION CRITICAL FOR ELDERLY

By a process of rational analysis or prospective transportation alternatives, public transportation emerges as potentially the most appropriate transportation solution for older people.

Three fundamental optional modes of intracommunity travel tend to be employed in urban areas. Mobility can be attained either (1) on foot, or (2) by means of a private vehicle (one's own or one belonging to another) or (3) by socially provided conveyance such as public transit bus and related vehicles, agency supplied vehicle and so forth.

(1) Pedestrianism, according to one recent study, was not considered a satisfactory way of getting to most places older people want to go. The locus of social, shopping and other services commonly frequented by elderly are only infrequently convenient to residential location of elderly seeking such services.

(2) As to private vehicles, evidence cited earlier on the high proportion of aging without cars or driver's licenses suggests at least half the elderly are not likely to find private vehicles a functional option. Moreover, reliance on family or friends as surrogate forms of personal forms of transportation tends to be distasteful to elderly, reluctant to be viewed as a burden by others. Nor are taxis, except in major emergencies or extreme distress, a possible solution for many aging, in light of the level of median retirement income of older people.

(3) Special purpose micro-transport systems offered by some health clinics, rehabilitation agencies, services to the blind, often with the aid of a volunteer service corps, are helpful but meet the needs of a miniscule segment of elderly.

From this brief review, it appears public transportation, admittedly endowed with inferiorities and inadequacies, is potentially the most appropriate, promising and tantalizing resource to meet transportation requirements of the aging.

The rationale for casting mass transit in this central role is supported by transportation planners, like Tomazinis, who argue:

(i) That certain trips must be made by individuals in the course of meeting the needs of their lives, (ii) that there is no method yet available that would permit individuals separately and the society collectively to program to meet these travel needs by other means, and (iii) that for certain parts of an urban region only mass transit can provide the collective service and high capacity that is required for normal functioning of these parts of an urban region.

To fulfill the functional role forecast for urban mass transit will require re-thinking some basic premises of transportation planners. For example, transportation planners and transit administrators have oriented system planning and system design towards satisfying travel patterns of an able-bodied constituency, whose travel destinations were largely to work or to downtown shopping. Transit planning tended to orient consideration to residents in reasonable proximity to fixed routes. Users of the system were expected to support financial demands of the enterprise by providing revenues through fare box fees adequate to meet the costs. By contrast, it is now argued modern transportation planning must perforce give major attention to a range of users with nonwork destinations. These potential riders have limited incomes, may possess physical limitations and constraints on walking to distant bus stops, or reside in neighborhoods not served or underserved by public transit. A trend in combining demand-responsive units with fixed transit routes has begun to emerge as more suited to needs of the elderly.

Given the importance attributed to modernized urban mass transit as a potential solution to transportation requirements of older people, what is the direction of current efforts, particularly those supported with public demonstration funds, to relieve the problem of transportation for older people?

THE PATTERN OF RECENT TRANSPORTATION EFFORTS ON BEHALF OF THE ELDERLY

Recent transportation experiments addressed to elderly have focused on a limited range of methods to stimulate patronage for existing systems, on improvement of transit facilities and equipment, and on testing new ideas of providing transportation for the aging.

Interest in modifying the hardware aspect of public transportation have taken the form of lower initial steps on buses; widening entrances, seats and aisles; adding hydraulic lifts to accommodate wheel chair riders and handicapped; safety devices for exit doors and the like. These modifications have attempted to lower or remove the physical barriers to use of existing transit vehicles and thus encourage utilization.

Strategies to expand, improve, or initiate transportation for elderly tend to take three forms: (1) Internal changes within an existing mass transit either in patronage or system design; (2) establishing substitute, usually special purpose systems outside of mass transit; (3) generating new sources of funding for transit systems.

(1) Internal Changes in Existing Mass Transit

By far the most commonly employed strategy to improve the utility of existing transit programs has been the reduced fare approach to encourage increased patronage by elderly in off peak hours. Loss of income to the system as a result of fare reductions is replaced usually by a special grant from a unit of local government or transit authority. A U.S. Senate Special Committee on Aging report indicates as of 1970 some 50 cities had reduced fares for elderly. Benefits of this approach are increased patronage for the system and for low income elderly it stimulates use of a system by reducing costs for the consumer. The major weakness of the reduced fare strategy is that it does nothing for areas where no mass transit system is operative and further, it assumes that present routes, bus stops and other system features are designed to fit requirements of the elderly.

Another important new development in the search for improvement of existing transit programs is incorporation of a demand-responsive component, often referred to as dial-a-ride, providing door-to-destination service supplementing or replacing fixed route service. This device adds considerable flexibility by extending parameters of the area served and makes it possible for some impaired elderly to obtain door to door transportation. Difficulties attendant to adding demand-response vehicles to mass transit are primarily those of rationalizing the expense of extra vehicles, communication equipment, and personnel required.

(2) Substitute Transportation Systems

Where no mass transit systems exist or it is not possible for mass transit to adapt to special needs of particular groups, such as the elderly, a range of micro-systems have been launched. Among the experiments tested are: transportation cooperatives operated by retirement communities, senior centers

or private groups; subsidized use of taxis and jitneys; intermittent or regular use of school buses during school hours; use of government surplus vehicles; station wagons or small buses provided by health and social agencies transporting selected clientele; volunteer operated transportation to social events or at times of crises; and special buses supplied without charge by merchants offering transportation to shopping centers, usually on special days of the month following receipt of social security checks. In sum, these are special purpose systems attempting, appropriately and frequently successfully, to fill a need not filled by public transit.

Unfortunately these special purpose systems rarely reflect a high degree of advanced planning; they tend to be short term, usually high cost-per-unit of service, oversimplified solutions to complex problems which require comprehensive planning, coordination and control. Special purpose systems may drain off pressure on local authorities responsible for public transit developments, and thereby deter or divert the comprehensive, more lasting and efficient solution. Moreover, knowledge derived from these experiments which could be profitably shared by transit planners is generally unavoidable due to lack of thorough documentation, or test results may not be disseminated.

(3) New Approaches to Funding Transit for the Elderly

The issue of funds to underwrite well developed stable local transportation solutions for elderly is an integral part of the larger and more complex problem of long range support for general mass transit in this country. At the heart of the funding difficulty is this: there is no federal program of financial support for operating costs similar to existing national programs for capital expenses of public transit programs. Moreover, few states have been able to close the breach of operating expenditures, and as a consequence local authorities are reluctant or fiscally unable to take on long term transportation commitments without the prospect of extra-community assistance in the immediate future. While transportation is one of the approved service areas in the State and Local Fiscal Assistance Act of 1972, the revenue sharing vehicle, it is not known at this time how many localities have committed an annual appropriation from this source.

On the national level, funds for urban transportation projects addressed specifically to the elderly are drawn mainly from a small set of Federal agencies, channeled usually through a related regional or State unit. The major Federal sources of short-term support for transportation projects and demonstrations are: the Service Development Division of the Urban Mass Transportation Administration (UMTA) of the U.S. Department of Transportation; the Administration on Aging and Social Security Administration of the Department of Health, Education and Welfare; and the Office of Economic Opportunity.

Amelioration of the transportation difficulties of the elderly is severely inhibited in part because of the absence of a clear source of Federal support for operating costs of a bona fide transportation system. Since the Federal Government, as a major source of fiscal revenues is reluctant to enter the thicket of long term financial subsidy, local communities have to resort to funding sources which are time-limited and favor special purpose rather than unified systems serving all members of a given geographic area.

The logical agency on the Federal level to coordinate transportation funding for the elderly is the Urban Mass Transportation Administration (UMTA) of the U.S. Department of Transportation. UMTA funnels its limited service development funds to eligible units in three ways: (1) Technical study grants, (2) capital grants for equipment and shelters, and (3) research, development, and demonstration grants. As an illustration, capital grants for facilities and equipment related to urban public transportation are provided through UMTA. The Federal share is 80 percent and the remainder divided between State and local governments. Demonstration grants cover total project costs but have a predetermined life.

In the absence of sustained support from the formal Federal transportation agency, several elderly serving Federal agencies have entered the transportation subsidy field. The Administration on Aging includes limited grants for transportation components of programs offered to the elderly under titles III and VII of the Older Americans Act. Similarly, the Social Security Administration, through title IV-A and XVI purchase of service agreements provides matching funds for transportation programs to nonprofit State and local organiza-

tions serving low income populations, as part of the services regulated by the two indicated titles. As may be expected, transportation support in either the Older Americans Act and the Social Security Act is severely limited both as to amount of available money and the very stringent manner in which the client populations to be served by the system are defined. Moreover, Federal matching grants under titles II and VII are limited to a 3-year period. In either case, transportation projects cannot be funded under any of the four Federal titles cited, unless they are a component of a comprehensive services program for the elderly.

The Office of Economic Opportunity have made special purpose grants to launch transportation projects or systems by local community action agencies. OEO transportation programs are usually designed for transportation disadvantaged rather than geared exclusively to the elderly. Unlike the DHEW programs above, OEO transportation funds are specific to initiating a system to serve a broadly defined low income population rather than an agency related constituency. Like the DHEW policy, OEO transportation grants are time limited, not repetitive, and assume the locality will generate its own financial base to continue the short term demonstration.

PROPOSED NEW DIRECTIONS FOR SOCIAL POLICY

With the foregoing as a background, seven new policy directions on transportation and the elderly are proposed for potential legislative action by the Congress: (1) Reaffirm the social nature of urban mass transit; (2) establish greater flexibility in funding operating costs; (3) broaden the constituency of transportation systems serving elderly; (4) redefine social and economic benefits of systems for elderly; (5) enforce Section 16(a) and (b) of the Urban Mass Transportation Act; (6) centralize transportation planning for elderly in state departments of transportation; and (7) assure direct participation of consumers in transportation planning, policy setting and decision making.

(1) Reaffirm the social nature of urban mass transit

An imperative point of departure is to recognize the essential character of urban mass transit as a social services delivery system, to use Tomazini's phrase, rather than as a private enterprise system. The function of urban public transportation to deliver socially important services to elderly and others has been acknowledged peripherally by transportation planners and administrators. Effectively designed mass transit programs must be devised to link people to essential destinations and services rather as connecting geographic places to one another. A client serving rather than a geography serving basis must characterize transportation for the elderly.

Since transportation is viewed increasingly as an integral part of an effective system of human services it follows that closer alliances and working relationships need to be developed and operationalized between human service organizations and transportation agencies at the three governmental levels.

(2) Establish greater flexibility in funding operating costs

A crucial issue in promoting expanded mass transit programs for the aging revolves around a stable source of funds for operating expenses.

As indicated, there is no program of public funding for operating purposes equivalent to the capital grants program in UMTA. Given the present strain on local mass transit agencies and on local government generally, an adequate operating subsidy is central to system survival. What is the logical direction of fresh legislation to repair present deficiencies of system funding? Our recent experience in Florida suggests legislative action is required on two fronts.

First, while admittedly costly, there is need to establish a federal service development program with States participating in funding the local share of federally financed systems, comparable to the model of the present capital improvement program in UMTA. Second, there is need to ease present Federal regulations of categorical transportation projects in AoA and SSA to permit joint funding to pool all relevant local transportation resources so as to transform validated special purpose systems under agency auspices to multipurpose systems under public auspices.

The former suggestion has been argued sufficiently in an earlier part of this statement. In support of the latter proposal on pooling of related trans-

portation funds, we have placed in the formal record of this hearing a statement on this matter prepared by William Earle, Jr.,* regional administrator, Florida Department of Health and Rehabilitative Services, Palm Beach area. The statement identifies the consequences of the present constraints imposed by federal regulations which tend to be inefficient and self defeating in terms of maximizing the transportation investments of human service programs. On the one hand, the agency would prefer to convert its successful transportation project to a countywide system, under county auspices, on conclusion of the demonstration period. On the other hand, while the county administration is partial to considering sponsoring a public system, it cannot move on its tentative plan without some assurance that prior funds allocated to purchase of transportation for social agency clients are likely to be available to assist in supporting a broadly based county transportation system.

(3) Broaden the constituency of transportation systems serving elderly

Transportation requirements of the elderly should be integrated with service demands for equally disadvantaged groups in place of systems designed exclusively for the aging. In the short run it may be appropriate to initiate special purpose systems for the elderly in the absence of alternatives. In the long run however, it is inefficient in resource utilization to continue to maintain micro-transit systems exclusively for the aging or for a limited agency clientele.

Transportation planning for older people may be made more productive by seeking support for publicly funded programs accessible to the widest possible population rather than launching small special purpose systems. The problems of mobility confronting many aging are shared by other transportation disadvantaged groups such as the poor, almost all the handicapped and many young people. Moreover, initiation of special purpose systems for older people, frequently under private auspices, tends to drain off pressure on developing effective macrosystems under public auspices. Stable transportation solutions for the aging should rest on public bodies such as transportation authorities with the power to generate funds not usually available to private agencies.

It is conceivable in certain parts of the country, as in states attractive to retirees, to find high residential concentrations of elderly sufficient to muster a majority of transit consumers in the given area. In such instances the desirable approach should not be on transportation reserved exclusively for the aging but on working towards a system that assures the elderly a high priority in system design and management.

(4) Redefine social and economic benefits of systems for elderly

It is increasingly apparent that a new conceptual approach to transportation planning is one that offers increased emphasis on human values and to the social and economic goals of urban development. Engineering and economic efficiency should no longer serve as the only guiding principles for rationalizing transportation investment decisions. If transportation for the elderly and other transit dependent groups is not an end in itself but a means of attaining a set of desirable ends, then technical factors need neither be ignored or become the primary measures of system worth. When transportation is viewed as a way of improving the social well being of an area's elderly residents, then technical factors need to be weighed against certain social, economic, environmental and aesthetic benefits. In this framework, transportation system suited to the elderly can be evaluated in terms of improved personal mobility, increased accessibility to urban opportunities, comfort and convenience, clean air, open space, pleasing surroundings, and preservation of neighborhoods and urban diversity.

In essence, we argue that traditional measures of evaluating transportation systems for the transportation disadvantaged provide little insight to the social values and utility of a system that is designed to improve the linkage between consumers and providers of goods and services, friends and relatives, recreation resources and those with leisure time, community services and amenities and those who require such services and amenities.

(5) Enforcing Section 16 (a) and (b) of the Urban Mass Transportation Act

One avenue for elderly to obtain more equitable use of existing and projected public transportation facilities receiving federal funds is affirmative action of the 1970 so-called Biaggi amendment to the Urban Mass Transportation Act.

As amended the act states "It is hereby declared to be the national policy

*See appendix 3, p. 235.

that elderly and handicapped persons have the same right as other persons to utilize mass transportation facilities and services . . . that all Federal programs offering assistance in the field of mass transportation (including the programs under the act) should contain provisions implementing this policy." There is limited evidence that with some major exceptions these mandated provisions are not enforced. In two notable exceptions of which we are aware the 1970 amendments have been honored, namely, in the recently opened Bay Area Rapid Transit (BART) and in the new Haymarket North extension of the Massachusetts Bay Transportation Authority (MBTA).

According to the sponsor of the amendment in a letter to the Washington Star-News, dated October 15, 1973, "planners and administrators have ignored this congressional mandate and the courts and press have not looked at the implications of the legislation."

Legal enforcement of section 16(a) and (b) of the Act should be a requirement, that is, the appropriate federal agency implement current national policy and thereby increase the supply of transportation for elderly and handicapped.

(6) Centralize transportation planning for elderly in state departments of transportation

Given a rising tide of legitimate concern with present levels of transportation for the transit deprived, and in light of the complexities of the task, which agency is the logical source of leadership to assure equity for the aging? There can be little challenge that the onus of planning and action rests with the state department of transportation or its equivalent.

Central responsibility for improvements in overall transit for the aging lies with the public body charged by legislative mission and equipped by reason of technical expertise to undertake the job of producing functional solutions to serve long run needs of the elderly. State departments represent the linkage between transportation resources at local and national levels. Moreover, State departments of transportation possess the necessary leverage to generate State legislation on funding, on standards and on establishment of local transportation authorities. While it is argued that planning, technical assistance and coordination of resources be centralized at the State level, at the same time it is assumed that responsibility for initiating solutions should originate at the local level to accommodate local needs and conditions.

In sum, corrective action on current problems of mobility faced by elderly and other transportation disadvantaged need not be viewed as the direct responsibility of agencies unfamiliar with transportation. The State transportation agency is in a potentially constructive position to address the demand for affordable transportation programs on the part of elderly. Congressional action should assure states that such agencies are provided with appropriate manpower and financial resources to carry out the task.

(7) Assuring direct participation of consumers in transportation planning, policy and decisions

It is vital that consumers of public transit have an active and meaningful role in all relevant policy formulating and decisionmaking phases in the course of planning and administering public transportation systems. The citizens' role in transportation decision tends to be minimal, whereas it is argued, an effective exchange between service providers and service users which elicits the contribution of consumers is bound to produce sounder outcomes in proposed programs.

From the consumers' viewpoint direct participation in planning and related activities affecting major transit proposals provides some assurance proposed operational features and policies will reflect requirements, concerns and expectations of those for whom the system is designed. From the providers' viewpoint information provided by system users is likely to be productive of improved system design, efficient utilization of facilities and promises a degree of congruence between plans and practices.

Senator CHILES. We have been talking about the Department of Transportation and these different areas and the coordination and the energy office and the Committee on Aging. Do we have anyone at our hearings representing the Department of Transportation? We do? Good.

How about the Federal Energy Office—do we have anyone that represents the Federal Energy Office and the Administration on Aging? If the Administration on Aging is not with us—

Mr. ORIOL. Yes, they are.

Senator CHILES. Good; thank you.

STATEMENT BY SENATOR CHARLES H. PERCY

Senator PERCY. Mr. Chairman, though I will not be addressing, in my brief remarks this morning, the effort of my State of Illinois in regard to the subject matter we are talking about, I feel very much at home in having representation from Florida, my native State, behind me, and having the hearing chaired by Senator Chiles of Florida, and I certainly will watch developments in Florida with a great deal of interest.

Senator CHILES. Senator, I know it will be a great many years, but we are planning for your transportation system when you return there.

Senator PERCY. I also appreciate the opportunity to work with these committees.

My desire to testify on the transportation problems of older Americans is based quite frankly on what we might all say is a selfish motive. I hold the view that transportation problems of older Americans affect each and every one of us personally. These problems are also shared by all of the mobility-limited in this country, the disabled, the heart patients, the pregnant women, the temporarily injured, and the undersized, including children. These are also the problems of the physically fit, for who among us in this room can say with assurance that he will be healthy every day of his life, that he will not someday have a cast on a broken leg, or who can deny that he will grow old. We will all be older when we leave this room than when we entered, so the process of aging and the thought that in the next decade, I will join the ranks of older Americans is a sobering thought.

What I would like to do as much as possible is to clear up some of the problems before old age catches up with me and my colleagues in the room.

ELIMINATION OF ENVIRONMENTAL, TRAVEL BARRIERS

Although the major thrust of my statement is not about Illinois' many achievements in this area, I cannot resist the temptation, as an Illinois Senator, to boast about the fine accomplishments of my State. Those committee members who were present at the 1971 hearings on "A Barrier-Free Environment for the Elderly and the Handicapped" know what I am going to say. The University of Illinois at Champaign-Urbana has made some unique contributions to the elimination of environmental and travel barriers, and for the past two decades its innovations have gradually come to serve as the standards for change. The university has created a nearly barrier-free environment where those who are unfortunate enough not to

fit the designer's picture of the "average man" can feel right at home both on campus and in the community. In transportation, the university has operated buses that accommodate the able-bodied, the disabled, and the aging on regular routes and schedules, 14 hours every day, for more than 20 years. In a presentation before the committee's 1971 hearings, Professor Timothy Nugent, director of the university's rehabilitation education center, showed a film of a conventional GM 3102 transit bus in operation. Able-bodied men and women, wheelchair users, semiambulatory individuals, and the blind all boarded the bus, entering and leaving through the same doors. Wheelchair users, including quadriplegics, took less than 4 seconds, and often less than 3 seconds, to enter or leave the bus independently. A simple mechanism that can load at street level, beneath street level, at sidewalk or curb level, and then lift the passenger up to the bus floor level, makes all this possible.

Professor Nugent likes to say that the presence of a problem is the absence of an idea. Because the University of Illinois at Champaign-Urbana had an idea that a barrier-free environment is possible, older Americans and the mobility-limited do not suffer the transportation problems that their counterparts in other communities have. The University of Illinois stands as a challenge to tomorrow's witnesses at these hearings. I hope they have each come with ideas rather than questions or excuses. The University of Illinois experience, although by no means the ultimate ideal, has already shown the way. What it has accomplished is a reality that defies those who question whether public transportation can accommodate older Americans and all mobility-limited.

Not to pass the buck entirely to those witnesses who testify tomorrow, I have a few ideas of my own that I would like to share with the members of this committee and those present at these hearings. Testimony in these 2 days of hearings has developed two predominant ideas: One is how to make transportation available to the elderly and the handicapped where services do not exist; and the other is how to make transportation available to the elderly and the handicapped where facilities and services are inaccessible. As I see it, although Congress has established without a doubt its recognition of the right of the elderly and the handicapped to equality of mobility and equal access to public transportation facilities and services, further legislation is needed to make that recognition a reality. As a result of Public Law 90-480, as amended by Public Law 91-205 and section 16 of Public Law 91-453, all fields of mass transportation receiving Federal assistance are now required to be fully accessible to the mobility-limited. Section 16 of Public Law 91-453, as amended by Public Law 93-87, further provides for special transportation services to meet the needs of the elderly and the handicapped. However, the distance between legislation and reality is arduous. Thus far, only the San Francisco Bay Area Rapid Transit System is designed and constructed to provide for 100 percent ridership within its service area. Legislative mandates and court orders will also result in a barrier-free Metro in the Washington, D.C., area.

COPING WITH PUBLIC TRANSPORTATION

Because existing laws apply only to new construction and to limited demonstration efforts, the elimination of travel barriers is realistic only as a long-range goal. In the meanwhile, older Americans and handicapped Americans must still cope with public transportation systems that are off limits to those whose sensory and motor incapacities make mobility difficult. The elderly and the handicapped are forced either to use more expensive modes of transportation—taxis, limousines, special arrangements—or stay virtually incarcerated in their homes. Until recently, those of us who have been fortunate enough not to suffer the debilitating effects of the aging process or the handicaps of physical disability have not understood the transportation problems of the mobility-limited properly. However, the energy crisis has brought back home to each and every one of us the inconvenience, the frustration, and the trauma of transportation deprivation and the crucial role of mobility to the satisfaction of our basic, everyday needs. This heightened sensitivity, I hope, will bring forth more vigorous efforts on the part of all of us to assure older Americans and handicapped Americans their right to equality of mobility. To achieve this goal, transportation specialists can utilize greater empathy and creativity in the development of design and construction concepts; the administration can better implement and enforce existing laws; and lawmakers, Federal, State or local, can effect legislative action wherever needed to strengthen existing statutes.

I have chosen to attack the problem on two fronts. First, I have introduced legislation to combat the physical barriers of existing transportation systems. S. 1105, a bill introduced by Senator Dole and myself, would allow tax deductions in lieu of depreciation or amortization for the cost of accessibility renovations in any facility owned or leased by the taxpayer for use in connection with his trade or business.

I could not help but think of the question of mobility while driving over here this morning. I went around several long lines in which people looked as though they were going to have to wait at least 2 hours to get gasoline. They were willing to sit there and spend 2 hours to get gasoline, knowing that in a few days they would have to spend another 2 hours just for the convenience of a car.

I thought to myself that, somehow, we might get across the message, while they were sitting in line, thinking, knitting, or doing whatever they do, besides cursing, that the mobility that they take so much for granted, just as a part of the American way of life, is a mobility that is deprived to many Americans. For these Americans an every day way of life is an inconvenience that is now far greater than the inconvenience that is now being experienced by most Americans waiting in those gasoline lines.

TRANSPORTATION FOR THE MOBILITY-LIMITED

Second, I have introduced legislation to reduce the cost of transportation for the mobility-limited. S. 1912, a bill introduced by

Senator Hart and myself, would allow the mobility-limited tax deductions to alleviate the excessive transportation costs that they must incur because public transportation is inaccessible to them. Unlike a number of bills that would provide the mobility-limited with work related transportation expenses, S. 1912 would offer justified relief to the elderly and the handicapped for all excessive transportation costs. I firmly believe that the lack of appropriate transportation frustrates the attempts of the mobility-limited to meet their needs in all areas of life, not just in going to and from work. Moreover, the mobility-limited pay or have paid taxes that support public transportation systems.

I do not presume to have all the answers to the transportation problems of the mobility-limited. The most perplexing question remains whether to integrate or segregate transportation services for the individual. If a decision is reached that demand-responsive systems are better suited to the particular needs of the elderly and the handicapped, I hope that conventional, fixed-route transit is not entirely overlooked. I believe that technology to make transit modes virtually barrier-free currently exists. I also believe that the changes necessary to make travel more accessible and convenient to the mobility-limited will also make travel more accessible and convenient for all citizens.

We have used the tax system for years as an incentive. We have used it to make it easier for contributions for private charities, for education, for religious institutions. Certainly, it is in the interest of society to strengthen these private institutions in our society; it is right to use that simple mechanism, that same incentive, that same encouragement in our tax laws.

I cannot help but recall a remark of my own mother who is 4 foot, 10 inches tall, that she just simply hates to get on public transportation, to get on a bus, because the step is so tall. In order to get up the first step, she has to ask someone to help her. She does not feel like doing that. She will do almost anything not to use that bus and yet, she is perfectly well and physically able to do it. But we have not taken into account that all people are not the average size. We are not just talking about physical handicapped. We are talking about a great many others who are deemed to be in good physical condition but for one reason or another, find the present design of public transportation callous and unthinking in its approach.

A major conclusion to come out of this committee's 1971 hearings on a barrier-free environment was that the improvements in design for the elderly and handicapped whether we are dealing with vehicles, buildings or whatever, tend to benefit all other age groups. Moreover, many physical barriers in existing transportation systems are hazardous. The Consumer Product Safety Commission in a survey of the hazards of households and other consumer products, for example, rated stairs as the No. 2 menace, after bicycles. The removal of physical barriers, therefore, would tend to eliminate risks, making travel more comfortable and safer for everyone concerned.

I could not help but think, as Mrs. Percy and I traveled by bicycle a few weeks ago, from Georgetown all the way down to Alexandria, beyond National Airport, that for the first time, because of the

some \$35,000 that was spent to make some barrier free curbsings possible, we were able to make that entire trip by bicycle and only get off once. And it was true because a little piece of cement was put at the curb so that bicyclists would not have to get on and off every single time they get to a street crossing.

It is that kind of thinking that we require also for the mobility-limited. I would like to end my statement with a quote from Louis Gelwicks, a noted architect:

The physical mobility of an aged population is not a minority problem. It is a majority problem. Although there are only 20 million people who can be classified as elderly at this point in time, 71 percent of our total population born in the years 1959-1961 can be expected to live past the age of 60 . . . If there are particular needs, desires, and goals inherent within, or triggered by, the individual's process of aging, it would appear incumbent upon society to focus a greater portion of its efforts toward improving the quality of life for this majority.

I would also like to remind everyone that to deny the aging is really to deny oneself, for we all grow old.

Thank you.

Senator CHILES. Senator, we thank you for your very comprehensive statement. We are delighted to have your statement and have your participation in these endeavors as you have participated in the past.

Senator PERCY. Thank you very much, Mr. Chairman.

Senator CHILES. We might take about a 3-minute recess and then we will continue with our last panel.

AFTER RECESS

Senator CHILES. I think we will go ahead and get started now on the last panel:

Louise B. Gerrard, Ph. D., director, West Virginia Commission on Aging; Hon. Edwin F. Flowers, commissioner, State Department of Welfare, West Virginia.

Senator Randolph wanted to be here. We understand he is en route now from West Virginia and will be in after we get started, so we will go ahead.

STATEMENT OF LOUISE B. GERRARD, PH. D., EXECUTIVE DIRECTOR, WEST VIRGINIA COMMISSION ON AGING

Dr. GERRARD. Senator, I am Louise Gerrard, executive director of the West Virginia Commission on Aging.

I appeared before your committee 3½ years ago when you were having hearings on rural transportation. Senator Randolph came to West Virginia and John Guy Miller was there.

When we got your letter saying you were having hearings again, I went back to some of the same places to see what kind of changes had taken place in the interim.

At the time, you will remember, people said you cannot get from here to anywhere else. In the interim, we have gotten better roads. There has been a definite improvement in transportation for the able bodied in West Virginia but as we heard this morning, many

of the elderly do not drive, or simply do not have the cars to drive.

I attended a meeting a few weeks ago in one of the communities in which we had hearings in 1970. They are finding it more difficult to get a neighbor to take them in because of the gasoline shortage although we do rely very heavily on volunteers to take older people to where they have to go.

I want to remind you, we are talking about a heavily rural population. Our people are either in nonfarm areas or living near small towns, which, themselves, do not have transportation facilities, so that when we talk about a town of 10,000, it may be the largest town in a large area, and require a good many hours drive over mountain roads to get even there.

I also want to emphasize we are talking about not only the low-income elderly but the middle-income elderly. Our people are not looking for free transportation. They would be glad to pay for it if it were available but there simply is no transportation, even if you want to pay for it.

DECLINE IN PUBLIC TRANSPORTATION

We must talk about a decline in public transportation in West Virginia, in the last several years—and we consider this really alarming. This is best illustrated by the single fact that last year alone, there has been a 22-percent reduction in the number of buses and limousines licensed to operate in the State, and we have averaged for the last 5 years a loss of five bus companies a year.

Now, some of these bus companies only had three or four buses on the line but they were the only public transportation available so that since 1970, we are worse off than we were when you had your hearings in West Virginia.

There is no taxi service at all in 10 of our 55 counties. In eight of our counties, we have a single taxicab. I emphasize not a single taxicab company, a single taxicab, although it is called a company and licensed by the Public Service Commission. When that cab is put on call, there goes your public transportation in the whole county.

We have a very intricate railroad system in the State because we are a coal producing State. You can sit at a railroad crossing and watch 100 coal cars pass but you are never going to see a passenger car in many sections of the State because the passenger service is very limited. So we are saying, in reality, for a large proportion of older West Virginians, or younger, there simply is no public transportation.

Mention was made today about the schoolbuses. During our hearings on the White House Conference on Aging, the elderly did say they wanted very much to have permission to use the schoolbuses, uncomfortable or not—again they are the only moving vehicles we have. In 1973, we were able to get a unanimous vote in the State senate to allow the Commission on Aging to work with the county school boards, to get permission to use schoolbuses. We were unable to get it out of the House's Education Committee so the bill failed.

In the 1974 session of the legislature, which is now in session, the same bill passed the Senate. We took a different tactic, paying at-

tention to senior power. We had Senior Citizens' Day at the legislature last week and filled the galleries and the bill passed unanimously in the house of delegates so that we will be able to use the schoolbuses. This will be done at no cost to the school system. We are very pleased about it, particularly for those sections of the State that have minibuses. In the rural areas, the population is so dispersed that it would not pay to use the large schoolbuses. We feel minibuses will be well adapted to the needs of the elderly, so that we feel we have made some progress.

One of the great concerns we have in West Virginia is the possible death of community action programs because, in effect, the only two types of transportation we have for the elderly in West Virginia are through our title III and title VII projects, run by the Commission on Aging, and the community action programs sponsored in some areas by community action agencies.

I would like to enter into the record a listing we have of the funds which community action agencies are putting in senior programs.* As you would expect, their total budgets are much greater than our budget at the Commission on Aging, so that if they went out of business, there is no way we could pick up the programs for older West Virginians which they are running. It is a great concern for us, and we hope the OEO budget will be passed.

"ELUSIVE FIELD KITCHENS"

I refer in my testimony—and I hope you will read it—about our feeling that one other aspect of transportation has not been taken care of. We are hoping for Federal support on that and that is this connection with title VII nutrition projects, where we have tried for 2 years to locate these elusive field kitchens. We were told there were warehouses filled with them because the war had ended. We feel if we cannot get our older people to the kitchens, perhaps we could put the field kitchens in the hollows where the people are.

We talked to everybody and we have yet to get a field kitchen or even a good lead on one. If you all could do anything about it, we feel this would be another step forward.

The bright spot since 1970, when you had your hearings, is the increasing State and local support for aging programs, although when we talk about percentages, we must realize that we started from a very small base.

Since 1970-71, the State appropriation for the Commission on Aging has risen 731 percent and while we are going from very little to over \$300,000, I think it does show the interest of the State in taking care of its own and doing whatever it can.

We also are having good experience in getting revenue sharing money, both from counties and from city governments. In some cases, local governments have purchased vehicles for our senior programs. In other cases, they allow us to fill our vans at city pumps or at the State road department.

Again, I am trying to emphasize that we are trying to get local support and have succeeded in getting local support but this problem is bigger than we can take care of at the State or local level. The most innovative proposal has come as an outgrowth of the

* See p. 214.

White House Conference on Aging programs and the interest of Gov. Arch Moore in transportation for the aged.

The TRIP program, which Commissioner Flowers will describe to you, is, I feel, the single most important advance in transportation for the older men and women and the handicapped in our State. We hope the necessary Federal funds will be secured so that our low income elderly will be able to ride at reduced fares and so that our middle-income elderly will find that there are vehicles there because I repeat, even if one has money, and is not able to drive a car, there are just not any vehicles for them to ride on, so that our middle-income elderly who will be able to pay for the ride will be greatly benefited when they want to shop or go to a doctor's office or to visit friends or to transact business. There will be vehicles to take them.

We worked closely with the department of welfare in the development of the TRIP program. Our senior citizens have collected specific information on transportation needs so that we could be certain we are responding to the current need, not something we found in 1970.

This is all new data that we are relating to. We are continuing to work with the department of welfare because we share their concern and it has been a very real and very welcome concern that they have, making sure that we are serving the most isolated of our people.

I hope that the next time you have hearings on the transportation problems of West Virginians, we will be able to tell you our people are at least on the move.

Thank you, Senator, I appreciate it.

Senator CHILES. Thank you very much. We are glad to have your statement for the record.

[The prepared statement of Dr. Gerrard follows:]

PREPARED STATEMENT OF DR. LOUISE B. GERRARD

I am Dr. Louise B. Gerrard, Executive Director of the West Virginia Commission on Aging, the official state agency for the administration of the Older Americans Act in West Virginia.

It has been almost 3½ years since your committee held field hearings in West Virginia on the special problems of older Americans in rural areas. On October 27 and 28, 1970, Senator Jennings Randolph scheduled sessions in four locations in West Virginia, focusing particularly on the problems elderly West Virginians had in securing transportation.

When I received an invitation from Senator Chiles to appear before you at these new hearings; it gave us at the West Virginia Commission on Aging an opportunity to review what has happened since October 1970.

At that time, I reported on the more than 350 meetings we held in preparation for the White House Conference on Aging. Men and women from every county in West Virginia participated in community forums, with meetings held in many different places: small rural church buildings and the comfortable Sunday school rooms of city churches, volunteer fire departments, community action outposts, senior centers, American Legion halls, Medicare units of two state mental hospitals, public ballrooms, private homes, Welfare conference rooms, porches of houses back in the hollows. Volunteers visited nursing and custodial homes and personal care facilities, so that wherever there were older people, they could be heard.

Lack of transportation was a key problem, expressed over and over again. "You just can't get from here to anywhere else," they told us. Older rural people told us they felt left out of things, for there was little transportation, and what there was, was apt to be expensive and irregular. In town, bus schedules were constantly being cut back; no evenings, no Sundays (even during church hours), perhaps only one bus in the morning and nothing more until

a single bus back late in the afternoon. A trip to town could mean waiting all day—where?—for the only bus home.

Taxis, they told us, were expensive, and operated only in limited areas. They charged more when the customer carried groceries. At one forum, an older man said that although he lived only a little way out of town, it had cost him \$4 to get to the session.

We knew walking was hazardous, but for many of our elderly, this was the only way of getting to the store, the post office, or anywhere else.

For much of their transportation, our older men and women have had to rely on the good will of neighbors. At your 1970 hearing, I told you about a man in one rural area who itemized for us the cost of his trip to the doctor's office, a trip which, with the physician's fee and prescriptions, took one-third of his whole month's Social Security check, that is, \$31.03, none of it covered by Medicare. He left home at 7:30 in the morning and returned, exhausted, at 6 that evening.

A few weeks ago I attended a meeting in one of our rural counties and spoke to the men and women about their transportation arrangements since the White House Conference. For some of them, all the changes were negative. It costs more now for that doctor's visit, it costs more to pay a neighbor to bring them in, and in some cases, no amount of money would help because the neighbor, worried about the difficulty of getting gas for his own transportation, said he could not commit himself to making a special trip for someone else.

Before I review for you what has happened since the White House Conference, let me remind you about the group with which we are concerned.

West Virginia has a steadily increasing older population. A gain in the 65 and over population group has been recorded by the census for every decade since 1900. Even in 1960 and 1970, when the State itself lost population (a trend we believe now has been reversed), the older population increased. Between 1960 and 1970, the number age 65 and over in the State climbed 12½ percent.

In 1970, about 11.1 percent of the State's population was 65 and over, while nationally the figure was 9.9 percent. West Virginians 60 and over numbered 279,178 in 1970, or 16 percent of the State's population. Nationally the over-60 population was 14.1 percent.

Five percent of our older West Virginians are members of minority races. Fewer than 1 percent are foreign born.

The census estimates that most West Virginians 60 and over—57.5 percent—live in rural areas, which are defined generally as places of less than 2,500 population. For the most part, these people live in nonfarm communities. The remaining 42.5 percent live in urban areas, but in West Virginia, "urban" usually means a small town surrounded by nonfarm communities.

We have few suburbs as they are known in urban states. A city of 7,500 or 10,000 people may be the largest populated area in the county and even in surrounding counties. You can see that it is difficult to get a range of services in such communities, much less serve those who try to get there from remote rural areas.

Senator Randolph said at our 1970 hearings that transportation is the glue that holds the services together. In many ways, we are farther behind now, in 1974, than we were when you last heard from us in 1970.

I must remind you that the lack of transportation is a fact of life in West Virginia not only for the low-income elderly, but for the middle-income elderly also, who no longer drive their own cars, and must depend on others. These men and women are not looking for free transportation. They are eager to pay a reasonable charge, but if there is no public transportation, they are every bit as homebound as the low-income elderly.

The decline in public transportation systems in West Virginia has been alarming. This is best illustrated by the single fact that in the last year alone, there has been a 22 percent reduction in the number of buses and limousines licensed to operate in the State. West Virginia averaged a loss of three bus companies per year over the preceding 5 years. Of the presently licensed vehicles, almost two-thirds are concentrated in just 4 of the 55 counties.

Other forms of transportation are also severely limited. There is no taxi service at all in 10 counties; eight counties have only a single taxicab. (Not taxicab company—a single taxicab.) West Virginia has an extensive railroad network, but passenger service is virtually nonexistent. You can wait at the railroad crossing while 100 coal cars pass, but in most sections of the state you will never see a train carrying passengers.

In reality, for a large number of older West Virginians who no longer drive their own cars, there is no transportation.

Your committee has reported in one of its studies that rural elderly in America seem to be in poorer health than their urban counterparts. Obtaining health care is still a problem. Health manpower is limited in rural West Virginia, but even when services are available, the elderly may not be able to get to them. Many are not receiving the benefits to which they are entitled under Medicare. What is the use of being eligible for certain services if the services simply aren't available, or you can't get to them, or the health worker can't get to you?

At a meeting I attended not long ago, some senior citizens were discussing the possibility of suing the Federal Government, to test whether they were being discriminated against by the absence of services which are covered under Medicare elsewhere in the country. "We pay the same premiums," one man said, "but when it comes to services, we're told we're in the wrong place to get them."

At our hearings in 1970, a registered nurse told of driving along the highway and seeing a 74-year old man she knew had a severe heart condition, walking on the narrow berm. She picked him up. He was 20 miles from home, hoping for a ride, but too proud to ask for help. I have had similar experiences, stopping when I saw elderly men and women trudging along with a sack of groceries, or a five-gallon jug of water, or a bucket of coal. They accept the offer of a ride with dignity, but would not stand by the road to ask. On one occasion I stopped to talk to an elderly man in a wheelchair, who was navigating as best he could along a busy highway, on the way to pick up groceries, and to make a telephone call. Certainly we can do better than this.

At your hearing in 1970, one country doctor said he often saw people who had been acutely ill for several days. Sometimes he asked: "Why have you waited so long?" The patient would explain: "Well, where I live, I can get someone to drive me only on Saturday or Sunday, so I had to wait for a ride to your office."

Another witness said that although she was diabetic, she sometimes went without her medicine because she could not get to the drug store to pick up her prescription. In all too many places, this has not changed since 1970.

One of the questions which came up continually in our preparation for the White House Conference was: "Why aren't schoolbuses available for the elderly?" Many of our older people live in places where schoolbuses go, even when no other cars are available in that area. Repeatedly, the elderly reported that the vehicles stood empty most of the day while they themselves were stranded in their homes.

A number of county school boards told us they wanted to cooperate, and would, if it were legal. State law prohibited using the buses for any but school children and school employees, so we undertook a campaign to secure a change in the law.

At the 1973 session of the legislature, the Senate passed a schoolbus transportation bill for the elderly by unanimous vote, but we could not get the bill reported out of the House Education Committee. In between sessions we made this information available to people throughout the State, and concerned citizens made a point of speaking with their delegates. On January 29 of this year, the West Virginia Senate once again passed by unanimous vote a bill which would allow county boards of education to arrange with the Commission on Aging for the use of schoolbuses to transport older men and women. This would be at no cost to the schools, because we have no desire to cut into their already strained budgets.

Then last week, on February 20, on Senior Citizens' Day at the legislature, while all three galleries of the House of Delegates were crowded with senior citizens, the House of Delegates passed the bill, also by unanimous vote. It was a real demonstration of senior power. It is our hope that very soon, schoolbuses will be carrying not only schoolchildren, but our older men and women who have been such faithful supporters of the schools and who, for so long, have shouldered a large part of the burden of financing them.

In each of our title III projects, we attempt to provide at least a minimum basis of transportation for the project director and for the volunteers upon whom our programs rely. We pay 11 cents a mile, the same as the rate the State pays for its own employees. Because our funds are always limited, we cannot pay for as much transportation as we know is needed in the larger or more dispersed counties, but we are putting more funds into transportation each year.

As you would expect, the 11 cents a mile is becoming an unrealistic figure, with the rising costs of gas, oil, and parts. And with the shortage of gasoline, some volunteers are cutting back on the number of miles they will drive, although I am pleased to report that a remarkably large number still carry on their most essential volunteer duties for our title III and title VII programs.

We rely very heavily on the transportation systems developed by various community action programs. Out of the 12 nutrition programs (title VII) now operating in West Virginia, community action agencies are the grantees for 10 of them. All are working on ways to get some of our isolated older men and women out of their homes and into the community buildings for a hot, nutritious meal 5 days a week.

Early in the program, we decided that if we were to carry out the spirit of the program, we would have to get into the rural areas where the problems were greatest, and the difficulties of getting people to the centers were most pronounced. This does not mean that we fail to recognize the very real needs of the people in Charleston, or Huntington, or Wheeling. It does mean that we were determined to see that the men and women who have not been reached in the past, because it was so hard to reach them, would have a special place in this program.

We are extremely concerned—in truth, we are alarmed—when we hear that community action agencies are in danger of being cut off from Federal funds. In West Virginia, it would mean that we would have to develop alternative sources of transportation, at considerable cost to senior West Virginians. In order to spend every possible penny of our allotment on the meals themselves, we used only \$17,800 of the \$90,460 to which we were entitled for administration under title VII. Other administrative costs were covered by money from the State. All the rest was put directly into the meals programs. Our preliminary projections indicate that the community action agencies are putting at least \$250,000 of their own into transportation, staff, and social services, as part of the meals programs. If community action agencies go out of business, we would be forced to pick up these costs ourselves, and would have to cut back on the number of men and women who are serving. And which one of us would tell a 75-year-old woman in rural Lincoln County that she can no longer come for lunch because we are out of money? Or tell the 80-year-old widower from Mingo County, who has been having the first hot balanced meals since the death of his wife 3 years ago, that we no longer have a place for him?

Sometimes we feel that we have all we can do just to keep the gains we have made. Community action agencies in West Virginia spend more each year for senior programs under so-called Section 221 Local Initiative Funds than the Commission on Aging has in title III: \$977,600 for Community Action as opposed to \$815,000 for title III. Many programs for older people would die if 221 funds are stopped, for it would be impossible for the Commission on Aging to pick them up with its own limited funds.

Community action agencies in our State received \$1,350,000 last year for Mainstream. The Comprehensive Employment and Training Act will mean a different system of administration; I hope the effect will not be fewer jobs for older workers. On this, however, we have the assurance of Gov. Arch Moore that he will ask the Commission on Aging to be represented on the advisory council, and will earmark funds for employment of older workers.

I know, from meeting with directors of other State commissions on aging, that West Virginia is by no means unique in its need to reach the elderly who live in isolated rural areas. Perhaps our terrain makes it more difficult than in many states, but the need is there.

The usual way of doing things just doesn't work in these rural areas—in fact, the "usual" way is to ignore these rural citizens. Almost as soon as Congress began consideration of the title VII nutrition program, we began to study ways of delivering services. We are a State with the highest proportion of its young men serving in the Armed Forces, and it was natural for us to think about how the military reaches out. We heard wondrous stories of the military field kitchens, which bring meals even to forward areas, nutritious meals, hygienically prepared. We began to ask how we could get some of these field kitchens. We concur wholeheartedly with the idea that States should have an opportunity to develop their own particular programs, but for some problems which exist on a wide scale, it seemed logical to us that the Federal Government would take the lead. But as no such help was forthcoming, we set out to try to track

down the field kitchens. Time is too short to give you a detailed listing of the places we tried, but try we did, through every military and civilian channel we could. To date, we have not located even one field kitchen which could be made available to us, although we keep hearing about all the equipment that was "in the pipeline" when the war tapered down. Somewhere in this country there may be a warehouse filled with field kitchens, but we haven't found the magic key to locating the equipment. With the field kitchens, we could get into places where there literally is not one public building or church or school with a kitchen. We could bring meals to people who need them, at a cost we could afford if we did not have a heavy outlay for equipment. Perhaps you gentlemen could get a search started for these elusive field kitchens.

Our county and city governments are beginning to look upon aging programs as part of their responsibilities, and are responding well. This year, 10 title III programs have secured a total of \$50,000 from revenue sharing money from county and city governments. In addition, title III projects have received approximately \$82,000 in general funds and in-kind support from county and city governments.

A number of counties have purchased minibuses for use by our senior centers, and at least until the gasoline shortage, some of our programs filled their vehicles at city or state pumps.

Another important step was taken by the Legislature when it established a subcommittee on aging, as part of the special committee which meets during the months when the Senate and House of Delegates are not in session. Composed of leaders of the two houses, the subcommittee meets at least once each month, when it can examine at leisure the needs of our older citizens, and the various programs being developed to meet these needs.

Out of this subcommittee came endorsement of the schoolbus transportation bill, and other proposed legislation dealing with health manpower. You can understand how important it is when the Legislature goes into session to have 10 or 12 key members of the House and the Senate fully versed on aging programs.

There has been a dramatic increase in the state support of Commission on Aging programs: From fiscal year 1970-71, when the State appropriation was \$37,785, to fiscal year 1973-74, when the State appropriation was \$332,997, our agency has had an increase of 781 percent in State funds. We feel this increase in funds has been reflected in programs. We now reach into 52 of the 55 counties, although we are dissatisfied with the quality of the response we can make for certain needs. The incomes of many of our senior citizens are still too low, the services available to them still much too limited. But we are working, and we have a sense of urgency—for we are dealing with the real "NOW" generation, the generation that can't wait three or five more years for a response.

Another bright spot. In 1972 a tax relief program was passed for low-income elderly who own or rent their residences. In November 1973, the voters of West Virginia approved a Homestead Exemption Amendment by a vote of 6-1; the new law will take effect with taxes due on and after July 1, 1974. Both pieces of legislation mean more money in the pockets of our elder citizens, and speak to the concern of West Virginians for their senior citizens.

The TRIP program (transportation tickets) which Commissioner of Welfare Edwin Flowers will be describing to you, is the single most important advance in transportation for the older men and women, and the handicapped, of our State. We hope that the necessary Federal funding will be secured so that our low income elderly will be able to ride at reduced cost, and all our elderly will find that when they want to go somewhere—to shop, to a doctor's office, to visit friends or to transact business—there will be a vehicle to take them.

We have worked closely with the Department of Welfare in the development of the TRIP program. Our senior centers have collected specific information on transportation needs so that we could be certain we were responding to current problems. We will continue to be working with the Department of Welfare to make certain that vehicles reach the most isolated elderly, with service geared to their particular needs. You can understand that this will not be an easy program to administer, but we are assured of strong support of the Governor, the legislature, and public and private agencies.

I hope that the next time you have hearings on the transportation problems of older Americans, we will be able to report to you that the senior citizens of West Virginia are—at last—on the move.

ESTIMATED AMOUNT OF FINANCIAL SUPPORT PROVIDED BY CAA'S IN WEST VIRGINIA FOR SENIOR CITIZEN PROGRAMS AND SERVICES PREPARED BY THE WEST VIRGINIA COMMISSION ON AGING

| (1) | (2) | (3) | (4) | P(5) | (6) | (7) | (8) | (9) |
|-----------------------------|-----------------|-----------------|---------------------------------------|-----------------------|----------------------------------|------------------|--------------------------------|----------------------|
| CAA | Title III funds | State CoA funds | Senior opportunity and services funds | CAA section 221 funds | Emergency fund and medical funds | Mainstream funds | Senior community service funds | Legal services funds |
| Logan ¹ | 14,980 | 0 | 0 | \$ 38,000 | 0 | \$ 230,000 | 0 | 0 |
| McDowell ¹ | 7,888 | 0 | 0 | \$ 87,000 | 10,000 | \$ 230,000 | 0 | 0 |
| Mercer ¹ | 0 | 3,500 | 22,000 | \$ 42,000 | 0 | 0 | 0 | 20,000 |
| Mingo ¹ | 0 | 0 | 0 | \$ 142,000 | 20,000 | \$ 95,000 | 0 | 20,000 |
| Nicholas ¹ | 0 | 0 | 26,000 | 0 | 0 | 0 | 0 | 0 |
| Raleigh ¹ | 10,660 | 0 | 0 | \$ 85,000 | 0 | 0 | 0 | 0 |
| Upshur ¹ | 9,000 | 0 | 13,466 | \$ 50,000 | 0 | 0 | 0 | 0 |
| Wyoming ¹ | 6,224 | 0 | 0 | \$ 75,000 | 0 | 0 | 0 | 0 |
| Central ¹ | 15,000 | 0 | 0 | \$ 30,000 | 0 | 0 | 0 | 0 |
| Eastern ¹ | 3,300 | 0 | 0 | 0 | 35,000 | 0 | 0 | 0 |
| North Central ¹⁰ | 11,115 | 0 | 0 | \$ 150,000 | 0 | \$ 109,000 | ¹¹ 130,000 | 21,780 |
| Southwestern ¹² | 0 | 0 | 0 | ¹³ 117,000 | 45,000 | \$ 230,000 | 195,775 | 0 |
| Multi-Cap ¹⁴ | 11,250 | 0 | 0 | ¹⁵ 108,000 | 0 | \$ 228,000 | 0 | 0 |
| West Central ¹⁶ | 21,206 | 6,400 | 21,000 | \$ 53,600 | 0 | \$ 228,000 | 0 | 0 |
| Webster | 5,000 | 0 | 0 | 0 | ¹⁷ 25,000 | 0 | 0 | 0 |
| Totals | 115,623 | 9,900 | 82,466 | 977,600 | 135,000 | 1,350,000 | 325,775 | 61,780 |

¹ Single County CAA.

² Transportation and Home Repair.

³ Mainstream programs primarily serve older persons through home repair programs and also employ a large number of older workers.

⁴ Senior citizens program (consumer action).

⁵ Senior citizens program, transportation, and home repair.

⁶ Includes \$15,000 direct support for senior citizens program plus transportation and home repair.

⁷ Senior citizens program plus home repair and craft programs.

⁸ Harrison and Lewis Counties.

⁹ Grant, Hardy, Pendleton, Mineral, and Hampshire Counties.

¹⁰ Marion, Monongalia, Barbour, Preston, Taylor, and Tucker Counties.

¹¹ Funded to Family Services of Marion, and Harrison Counties.

¹² Cabell, Lincoln, Mason, and Wayne Counties.

¹³ Senior citizens program, Meals on Wheels, and crafts.

¹⁴ Kanawha, Clay, Boone, and Putnam Counties.

¹⁵ Senior citizens program, transportation, home repair, Meals on Wheels, crafts, and emergency assistance for the four counties.

¹⁶ Calhoun, Doddridge, Gilmer, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt and Wood Counties.

¹⁷ Single purpose OEO grantee for EFMS.

Senator CHILES. Please proceed, Mr. Flowers.

STATEMENT OF HON. EDWIN F. FLOWERS, COMMISSIONER, STATE DEPARTMENT OF WELFARE, WEST VIRGINIA; ACCOMPANIED BY GRACE STRAIN, DIRECTOR, TRIP PROGRAM; AND ROBERT E. BOWLIN, RRC INTERNATIONAL

Mr. FLOWERS. Senator, let me express my appreciation to you for your initiative in inviting our participants to a hearing on the problem of transportation for the elderly and we commend you and the committee for its interest in reopening this very important subject.

I have with me in the committee room Mrs. Grace Strain who is the director of the TRIP program in West Virginia. Mrs. Strain, herself a retired person, agreed to come back in the public service after a distinguished career.

Senator CHILES. Why don't we have her join you at the table?

Mr. FLOWERS. Mrs. Strain was the developer in West Virginia in the pioneer days of the food stamp program, where it was initiated back in 1961 and continued in the capacity as the State director until her own retirement.

I also have Robert E. Bowlin of RRC International, a consultant firm that is participating with the Department of Welfare in planning for the TRIP program implementation.

We think it a paradox that while a major segment of our people go without transportation, we have transportation companies failing in West Virginia each year. Dr. Gerrard has indicated we have had a 22 percent decline simply in the number of vehicles registered for public transportation during this last year.

DETERIORATION OF PUBLIC TRANSPORTATION

To meet the critical need that is in West Virginia and elsewhere in the Nation and to respond to the apparent deterioration in capacity by way of public transportation to meet that need, Gov. Arch A. Moore, Jr., of West Virginia devised the transportation remuneration incentive program, known as TRIP, to cope with this paradoxical situation.

TRIP has two purposes. First, through full fare tickets, sold at a discounted price to elderly and handicapped individuals; the ability to purchase needed transportation is increased.

Second, through increased customers, created by the ticket purchases subsidy and through other incentives for the development of new public transportation, the availability of public transportation is increased.

The transportation remuneration incentive program works this way. Tickets in \$8 books of 25 cent denomination each will be sold to an estimated 133,000 residents throughout West Virginia when the program reaches its peak in 1977. These are low income elderly and handicapped people. The sale price of the tickets will be discounted according to ability to pay, similar to the Federal stamp program. The tickets will be accepted at face value by participating

carriers in payment of their regularly established fares. The tickets can be used at any time, for travel anywhere, as long as the fare is paid in West Virginia.

The TRIP ticket system is administered or will be administered through the statewide offices of the West Virginia Department of Welfare. People can apply either through the mail or at local welfare offices for participation and the eligibility is determined on the local level and this information transmitted by way of computer terminals to the central TRIP data system at our State office.

Now, if an applicant qualifies for the program, he can leave the office immediately with his first book of TRIP tickets. These will be sold to him in \$8 books as I mentioned, at a cost of from \$1 to a maximum of \$5. There are no restrictions on the use of the tickets except that they must be used on approved participating carriers, both public and private, including buses, taxis, and some less formal systems, such as those operated by churches and senior citizen groups or community action agencies.

All providers of transportation are eligible to participate in TRIP when they meet the Public Service Commission motor carrier requirements, for insurance, fares, and safety inspections, and when certified, they can accept TRIP tickets for their services and they will be reimbursed through the Department of Welfare at full face value for the tickets they have accepted.

DEVELOPMENT OF NEW ROUTES

Since public transportation does not exist in some areas, the program provisions for the development of new transportation resources works several ways: First of all, through capital grants and other agencies such as our State Commission on Aging and community action agencies, the development of new routes for transportation would be encouraged. Particular emphasis will be given to bringing individuals to the point where they can gain access to existing public carriers and an effort will be made to develop new routes and schedules where a need can be established and no carrier presently exists.

The object of these project routes, however, is to prove the fiscal feasibility of the route through the paying customers, many of whom will use TRIP tickets and then existing common carriers will be urged to expand their own routes into the project territory. The project will then be moved to other areas of need. The elderly and handicapped will be the principal group that the TRIP program will initially serve, because they have such a very substantial unmet need.

This will mean that individuals over 60 years of age and persons who are handicapped will represent about 8 percent of the State's population that will be participating in TRIP by fiscal 1977 when the program is fully developed. This estimate is based on the number of eligibles under present OEO income guidelines. The coverage of the program will be statewide and the participants will be reached by our statewide system which will utilize the existing structure and

offices of the State Department of Welfare. The staffing resources of several State agencies will participate in the program and include our State Department of Employment Security, the Governor's Office of Manpower Resources, the State Division of Vocational Rehabilitation, and the State Commission on Aging with its many community project groups.

A management information system will enable us to monitor the entire operation and gather data for future planning. Sources of data collection which will be integrated with our State computer system include ticket distribution and collection, monthly authorization cards, transportation provider questionnaires and special surveys. The tickets themselves contain the means to collect valuable information with a maximum of efficiency so that the impact of this new experimental program can be clearly measured and the potential of its application elsewhere readily assessed.

Existing transportation will be integrated into a statewide network of regional transportation systems. A 3-year implementation schedule has been developed based upon the degree of need for services, with top priority going to the regions with no transportation.

URBAN AND RURAL AREAS LINKED

These regional systems will build upon any existing transportation operations and extend their range to the deep rural areas. The systems planned include the use of regularly scheduled buses operating on the primary road network bringing people to major health services, food shopping and social services. Smaller feeder vehicles will cover the secondary roads bringing people from the hollows and remote areas to primary route connections and local destinations. This combined primary-feeder system will provide maximum outreach of transportation services on a cost effective basis. It will link the urban and rural areas and provide a means of transportation not only for our low-income elderly and handicapped people, but for all the citizens of our State.

Over the 4-year period of the project, TRIP participants will purchase an estimated \$25 million worth of tickets for which they will pay \$11.2 million or 45 percent of the face value of the tickets. This will mean that the individual will pay on an average \$42 per year for \$96 worth of transportation. The remaining bonus value of \$13.9 million will be the subsidy provided through the project to eligible participants.

An additional \$5.4 million will be required to develop transportation systems and \$4.2 million has been budgeted for technical expertise for research, engineering, documentation, and administrative costs. A detailed budget is attached as exhibit A.*

Funding sources are divided between user costs, State and local government contributions and Federal agencies' participation. Exhibit B ** shows the breakdown of the proposed funding sources and reveals that State and local funds will amount to 56 percent of the total budget, including the share paid by users of transportation

* See p. 219.

** See p. 219.

tickets, and the Federal share will amount to \$15,614,500 including the initial OEO grant of \$4,039,500.

In June of 1973, a proposal to implement TRIP was submitted to the Federal Office of Economic Opportunity which committed \$4,039,500 for the initial funding of the program. Of this amount, \$240,170 was allocated for the planning period and was released for our use. As a result of this grant, a comprehensive development plan was produced and submitted to a Federal intergovernmental agency in November. Participating in this agency are representatives of the Office of Economic Opportunity, the Appalachian Regional Commission, the Department of Health, Education and Welfare, and the Department of Transportation. On the State level, an advisory council composed of a representative cross section of transportation users, public carriers from all across the State and all affected State government agencies participated in the development of the plan.

THREE-YEAR IMPLEMENTATION SCHEDULE

The development plan is the result of intensive research which included statewide data collection, interviews, and specially conducted surveys. This research clearly showed that people in the TRIP eligible group spend a disproportionate share of their small incomes for minimal transportation service. The results of the planning effort thoroughly documented both the needs and the available transportation resources in each of our 55 counties. Based on this data, the plan sets up systems of administration and information management, and develops a 3-year implementation schedule for the statewide network.

As soon as the Federal Office of Economic Opportunity receives assurances of participation from the Administration on Aging of HEW and from the Department of Transportation, we understand our State will be authorized to proceed. As a result of our planning and preparation, the program is fully ready for implementation. The tickets are printed, the administrative and management procedures have been developed and the staff has been trained. When the remainder of the OEO funds are released to us, we are prepared to begin the program immediately.

The discount ticket system will bring transportation within the financial means of low-income elderly and handicapped people. Transportation systems will benefit from the increased revenues derived from additional customers. New customers will be realized through the projects which reach to unserved rural communities and through attention to the special needs of the elderly rural communities and through attention to the special needs of the elderly and the handicapped. An integrated statewide transportation system will be established which is permanent and serves not only the needs of the elderly and handicapped but the entire population at a time when public transportation is more critically needed than at any time in our Nation's recent history.

The findings of the West Virginia project should provide valuable information to other States as they deal with today's transportation crises.

[Exhibit A]

SUMMARY OF REQUIRED BUDGET THROUGH 1977

| | Fiscal year | | | | Totals |
|--|-------------|-------------|-------------|--------------|--------------|
| | 1974 | 1975 | 1976 | 1977 | |
| Eligible population..... | 166,643 | 156,708 | 156,708 | 156,708 | ----- |
| Participants/monthly average..... | 16,260 | 35,854 | 92,808 | 129,638 | ----- |
| Ticket value..... | \$250,409 | \$3,441,636 | \$8,918,442 | \$12,444,237 | \$25,054,704 |
| User cost..... | \$111,933 | \$1,538,411 | \$3,986,535 | \$5,562,573 | \$11,199,452 |
| Cost of transportation (bonus value)..... | 138,476 | 1,902,225 | 4,931,887 | 6,881,664 | 13,855,252 |
| Project provider support and equipment..... | 350,000 | 1,150,000 | 1,900,000 | 1,950,000 | 5,350,000 |
| Transportation engineering and research..... | 246,000 | 250,000 | 200,000 | 65,000 | 761,000 |
| Project research and documentation..... | 117,500 | 210,000 | 210,000 | 210,000 | 747,500 |
| Project administration..... | 691,123 | 989,836 | 1,033,485 | 1,033,485 | 3,747,929 |
| Total cost..... | 1,655,032 | 6,041,472 | 12,261,907 | 15,702,722 | 35,661,133 |

¹ Based on 5 months issuance for year.

[Exhibit B]

SUMMARY OF PROPOSED FUNDING SOURCES THROUGH 1977

| | Fiscal year | | | | Totals |
|--|-------------|-------------|-------------|-------------|-------------|
| | 1974 | 1975 | 1976 | 1977 | |
| Federal: | | | | | |
| Office of economic opportunity..... | \$148,476 | \$1,986,225 | \$1,904,799 | ----- | \$4,039,500 |
| Department of Transportation..... | 770,000 | 1,660,000 | 2,400,000 | \$2,545,000 | 7,375,000 |
| Department of Health, Education, and Welfare..... | ----- | ----- | 390,000 | 3,810,000 | 4,200,000 |
| Subtotal..... | 918,476 | 3,646,225 | 4,694,799 | 6,355,000 | 15,614,500 |
| State and local: | | | | | |
| State and local funds..... | 624,623 | 856,836 | 3,580,573 | 3,785,149 | 8,847,181 |
| User payments..... | 111,933 | 1,538,411 | 3,986,535 | 5,562,573 | 11,199,452 |
| Subtotal..... | 736,556 | 2,395,247 | 7,567,108 | 9,347,722 | 20,046,633 |
| Totals..... | 1,655,032 | 6,041,472 | 12,261,907 | 15,702,722 | 35,661,133 |

Senator RANDOLPH. Dr. Gerrard and Commissioner Flowers, you have documented, and presented to Senator Chiles and members of this subcommittee, the need for transportation for the elderly people who live not only in West Virginia but throughout the Nation.

You quite properly talk about West Virginia because we have the problem there. You have addressed yourselves to that problem. Both of you will recall that we have had at least one conference in which you participated and in which we have talked together about this problem with the Secretary of Transportation, Mr. Brinegar.

I had the responsibility of talking with him yesterday before going to West Virginia and he has been giving attention to the matter and hopefully, even before this day is over, we will have some indication from him as to how the participation and assistance program from the Federal level can augment the efforts you in the State of West Virginia are able to put into motion.

Now, I think that you will be helpful, Dr. Gerrard, if, as I read your testimony, you say to date we have not located even one field kitchen which could be made available to us, although we keep hearing about all the equipment that was in the pipeline when the war tapered down. Somewhere in this country there may be a

warehouse filled with field kitchens, but we have not been able to find the equipment and then you say: "With the field kitchens, we could get in the places where there is literally not one public building, church, or school with a kitchen. We could bring meals to the people who need them, at a cost we could afford if we did not have a heavy outlay for equipment."

And then you properly place it before us as a challenge: "Perhaps you gentlemen could get a search started for these elusive field kitchens, and that is a challenge that I think the members of the subcommittee would want to accept."

I think for the record, however, it would be helpful, Dr. Gerrard, if you would tell us some of the contacts that you have made in trying to locate these field kitchens and then, we, as members of this subcommittee and I, as a Senator from West Virginia, will be able to pursue the problem which you have presented.

Could you do that, Dr. Gerrard?

FROM ONE AGENCY TO ANOTHER

Dr. GERRARD. Yes. Some people in West Virginia who had recently come back from Vietnam had been involved in some of our planning, said "Why don't you go to the Department of Defense?" and so we did, and we spoke with a number of people there. They said go to the General Services Administration because they have them and you can get them there.

General Services Administration, after a couple of weeks, said go to the State National Guard, so we went there. The National Guard said, go to HEW, so we just have been all around, everywhere, Washington and the various regional offices.

Everybody seems to have heard about the kitchens; everybody said that is really an innovative idea but again, we hear about the warehouses in Mississippi or a warehouse in Alabama some place but nobody really has helped us even get a firm line on them.

One time, they told us there was a warehouse in Mississippi. If we would drive down there, and drive them back we could have them. I talked to the Mississippi Commission on Aging and they said, "if they are here, we will get them before you get them because we need them too, but they are not here," so as far as I know, no one got any.

We talked to six or seven agencies, trying to find them.

Senator RANDOLPH. Now, I do not want to go over the subject matter but recently I had a telephone call and I was talking to a complaining constituent who needed diesel fuel for the operation of a lumber mill—a vital production coming from a mountain county in West Virginia—and he needed an allocation of fuel to keep, say, 50 men employed in the mill and in the forests, he asked for an allocation.

For the moment, I do not want to say whether he was entitled to it or not but he was told to get in touch with Charleston, W. Va.; they told him to get in touch with Philadelphia, Pa.; and Philadelphia, Pa., said get in touch with Washington, D.C.

Now, that is what you are saying here. We have these cycles where apparently we do not have any answers and I think this is discour-

aging to people out in the hills or on the plains or in the cities, wherever they have problems, that we do not—let's say, react as quickly as we hopefully should.

In this particular matter that is of your concern and our concern, we have a member of our staff that we have asked to work on this very problem of running down this equipment that is so very, very much needed. We will do it, I am sure, to find the answers—I think I will just place his name in the record: Michael Baly.

We needed some rail cars, some equipment that was not being used; standing on a siding somewhere, kitchen equipment, kitchen cars that could be used as a mobile unit in the State of West Virginia when a twister swept through a community. I wonder had we had it when Buffalo Creek occurred—which was 3 years yesterday, but there it was, standing on the siding here in the metropolitan Washington area, some 11 cars, just rusting away.

Now, he ferreted this out and he worked on it with others, of course, and those cars, literally that train, Dr. Gerrard, Commissioner Flowers, that equipment is in the State of West Virginia now and it is valuable for many purposes and we use it. So it is only a further indication that we just have to continue and we are continuing in our office and I am sure other Members of the Senate and House have the same problem to which they address themselves.

SCHOOLBUS SITUATION IN WEST VIRGINIA

I believe we might profitably turn, Dr. Gerrard, to the schoolbus situation as it exists in West Virginia. It would help us better understand—the members of the subcommittee and the staff of the subcommittee—to know exactly what we face and how you are thinking in terms of doing something about it. Your testimony will be a valuable part of the hearing that attempts to develop a transportation program for the elderly wherever the need exists.

Dr. GERRARD. I am pleased, Senator, to say the bill has now passed both the Senate and the House. There is one detail they are working out in committee but we will have immediate use of schoolbuses in those counties where the board of education already has expressed an eagerness to participate, and we will be working on plans for other parts of the State.

The question will be costs because we are committed to having this at no cost to the county school boards, because we do not want to interfere with their budgets so we are working it out and our county committees on aging are working. It is a real fine thing that the legislature did.

Senator RANDOLPH. That is encouraging. I remember at our hearing on Monday, we were discussing the possibility of the use of schoolbuses to transport elderly persons. We talked about use of those schoolbuses in the morning and afternoon hours, and then the buses remained idle during a period of the day. Public schoolbuses, usually handled within the districts or counties in some States in connection with transportation of children; in West Virginia, for instance, to consolidate the schools.

Now, I told the hearing, as I recall, about the measures that are pending in the senate and the house of delegates in the legislature in West Virginia about the possible use of schoolbuses. One of the women testifying who came from Colorado, a very dynamic witness—what was her name, Emma Baker—said that such a law had been passed in Colorado. That was encouraging to me and I do not know what we are doing about letting the West Virginia sponsors know about what happened in Colorado but it does give us an opportunity—not perhaps be a pacemaker but if in the validity of doing this, if the mechanism can be worked out, if fuel can be supplied and who is to pay for it—all of these are matters of concern.

I wonder what you feel about the schoolbuses, if they are available; how soon could you crank this program into being? Would you have to have a survey in certain locations of the elderly, or not?

COUNTIES EAGER TO COOPERATE

Dr. GERRARD. Actually, we are ready to go in some places. County boards of education said get the legislation passed so it will be legal. A number of counties are eager to participate and our county committees on aging have been very active in developing the program.

As you know, Senator, we have a very active camping program for senior citizens and one reason we have not been able to make it more active is because of the prohibitive cost of getting chartered bus to take our people from say, Elkins to Cedar Lakes. So we are hoping now with proper scheduling, we will be able to use the schoolbuses at much less expense so we can accelerate the programs we have. We are very enthusiastic about the possibility and we are ready to go just as soon as we get the money worked out.

Senator RANDOLPH. What would it cost the commission and where do you think you would obtain the money?

Dr. GERRARD. We have some State money for it. We have been told by certain county courts and this is the reason why we are in the conference now, between the Senate and the House, we have been told that they will be very glad to use revenue sharing money for it in some counties and if the bill allows us to use local funds, we will be able to go into many more counties than we are now.

We are using a good part of our appropriation for the TRIP program and using it gladly but if we are forced to pay for all of the cost of the schoolbus transportation bill, it will require a restudy of our own appropriations. People are eager to come up with money at a local level so they can use the buses.

Senator RANDOLPH. It is complicated, today, with the shortage of fuel. We recognize that. Today, we have about 8,000 coal miners that are not on the job in West Virginia, particularly in southern West Virginia, and they are not on the job because they are striking, really, they have no gasoline to go to and from the mines.

People do not realize, you know, the problems that exist. We hear about this and that and we know the conditions of those miners who oftentimes are driving 50 and 60 miles to the mines for employment and so they are off the job. I am not saying they should go off the job but they are trying to focus attention on their prob-

lems. In fact, I am against wildcat strikes and whatnot but they do have a problem and yet, when that happens, our production of fossil fuel and abatement of the energy problem is an accumulation of problems we face.

I know there is a program for the Charleston area which we set for this Sunday evening. Earlier today we canceled that out because of the problem of the people having, in a sense, to husband their gasoline, because they have to be very careful for what they use it. Coming out to a dinner, as delightful as it would be and important as it would be, is taking gasoline from a necessary trip to a place of employment so we have canceled that and we will reschedule it whenever the situation is better and it would be appropriate. We feel it would be inappropriate now so at the last minute we have had to cancel it.

Now, if you have a plan to incorporate the schoolbus in the TRIP program—and you may have it—will you explain that, please, Commissioner Flowers?

INCORPORATING SCHOOLBUSES IN TRIP PROGRAM

Mr. FLOWERS. Senator, the schoolbuses could be incorporated into the TRIP program the same as church buses or any other available vehicles but to fulfill the second purpose of the TRIP program, they would have to be utilized in a manner that would demonstrate the feasibility at a later date, of private transportation systems filling in that need. This would mean that we could move the schoolbuses to another area of need and as long as there was approval through the local sponsoring organization, of a fare system—by that I mean a rate that would be charged and would be approved by our State regulatory agency—then TRIP tickets could be collected by that sponsor for any transportation furnished.

Senator RANDOLPH. Commissioner Flowers, I am sure you can help the subcommittee. Is there any similar program, such as TRIP, that perhaps even now is in the planning on a large scale or even a limited scale in this country?

Mr. FLOWERS. We are not aware of any, Senator. There are certain aspects of the TRIP program that have been explored elsewhere, such as adaptations that would facilitate use of vehicles by the handicapped. We intend to take advantage of these studies so that through the use of our special tickets, we can monitor whether or not these adaptations do help usership but we know of no statewide integrated system where subsidies are furnished to help people use the mobility that they need and at the same time, lead toward the development of permanent transportation for all of the people.

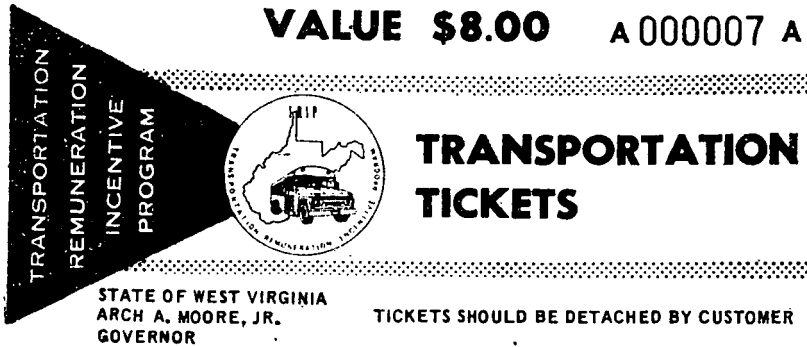
Senator RANDOLPH. Commissioner Flowers, you and Dr. Gerrard have, in fact, said that you are ready to move. It will not take a long study period and further canvassing of the needs and so forth. You know that it is there and so if you are ready to move, and your commitment indicates you are ready, you are really waiting on funding. Is not that right?

Mr. FLOWERS. Yes, sir.

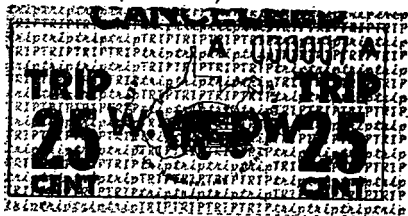
Senator RANDOLPH. You say you have some money from the State of West Virginia?

Mr. FLOWERS. From the State of West Virginia and from the Federal Office of Economic Opportunity, which is waiting only on assurance of participation by the Department of Transportation and the Administration on Aging before they release their funds for immediate use.

As a matter of fact, Senator, we have the ticket books printed, they are ready to be sold. They could be sold tomorrow morning if we had the approval to proceed.



(Front)



(Back)

CHECK TRIP PURPOSE

- ☐ Health
 - ☐ Food Shopping
 - ☐ Other Shopping
 - ☐ Work
 - ☐ Church
 - ☐ Social
- Thank you

Senator RANDOLPH. Well, ration tickets were also printed 8 months ago and I said that is what we ought to be doing, but I am not attempting to bring that into the picture, but a man and his family, the wife, the husband and their children, have a reason to have gasoline in their car each day. Commissioner Flowers and Dr. Gerrard, it might be good to take a trip with those children into West Virginia, along the side of one of our streams, or around one of our lakes, and they might want to use the gasoline that way.

I would like to think they could use it that way if they want to. I think there has to be a vital determination of these matters, and today we are not only in a hodgepodge, we are in a chaotic condition from the standpoint of distribution of gasoline.

FAVORABLE REACTION TO PROGRAM

Now, of course, a program of this kind which we hope will come to fruition—I know its plusses and its negatives but have you had criticism of this proposal for the use of the coupon through TRIP.

I know that they have reacted, generally, in a favorable way, isn't that true, the people that you have contacted, who have a need for this sort of transportation?

Mr. FLOWERS. Yes, Senator, and I would say they were enthusiastic and the main distress expressed has been the lack of our ability to proceed immediately with the test.

Of course, there is the very significant question that we are wrestling with nationally, about the appropriate method of subsidizing transportation. We think that this solution is a very viable one, that deserves the kind of test that the TRIP program can give.

Dr. GERRARD. I think, Senator, people will be surprised at how many people will be riding those vehicles. Again, it is the whole problem of just having a vehicle available. We found it is very tragic in line with your reference to the fuel shortage. As you know, we have a program "In Touch and Concerned". The other morning, I got a call from the director—this is a program going on for 6 years—saying that for the first time in the experience of this group, they have been unable to respond to a call from somebody living in a hollow because nobody in the office had any gas, and she called and she was in tears. Well, luckily, the State Police were going to help out but you cannot call them all the time so, as far as our homebound elderly are concerned, we are really in a tragic situation. With the TRIP program, if there is assured transportation, our people will be able to board that vehicle and get to the doctor's and not have to neglect themselves.

Senator RANDOLPH. They would be paying, would they not?

Dr. GERRARD. Surely.

Senator RANDOLPH. Yes, paying for their transportation on the so-called vehicle under the TRIP program.

Dr. GERRARD. And the elderly get out and back at a reasonable time so they do not come back sicker than when they started out because it takes them 12 hours to make what should be a half hour trip. In some counties, there is one bus early in the morning, and one bus back early in the evening, and that is all.

Senator RANDOLPH. I do not know how many you estimate would be paying passengers but it is a considerable number. I think we have to be careful not to have the fares too high, that would be self-defeating in our efforts to help these people.

Is that right?

Dr. GERRARD. Exactly.

Mr. FLOWERS. Yes, sir, Senator. The fares are set by the State Public Service Commission on the basis of assuring that the transportation system can continue to operate and we attempt to meet the established fare by subsidizing it through the discounted price at which we sell the tickets.

DISCOUNT OR REDUCED FARE?

Senator RANDOLPH. Do you think the discount is better than the reduced system?

Mr. FLOWERS. Yes, I do.

Senator RANDOLPH. I think the Secretary of Transportation perhaps believes that is true. I am not certain about that but I think that was—yes, I believe the statement to that effect was made by Secretary Brinegar.

Dr. GERRARD. It is much more flexible. Some of our people would be embarrassed by not having to pay a fare. But with TRIP, if he could only put in a little bit according to his income, he would still have the same ticket that looks exactly the same as everybody else's ticket.

Senator RANDOLPH. I think it is a program that holds promise. I am not sure that this is the correct word but I think it is a program which the elderly and the Federal Government, in partnership, can move forward with dignity for the user, the elderly person who is participating.

I am constantly sustained by the attitude of these elderly people who do not want to be charges on Federal or State governments. They want to feel that people are cognizant of the fact that they are alive, that they have to go to the store for groceries and they have to be in a doctor's office and having no transportation, and knowing the complexity of our society, they feel they do not want to be shoved aside. They only want to feel they are a part of living and we must do everything possible to keep them active because I think that is the way they make a contribution, a continuing one to those about them.

I think our system must have built-in aids for elderly, the handicapped. And this funding now, you are going to have to press hard for it, aren't you?

Mr. FLOWERS. Yes, indeed.

Senator RANDOLPH. Commissioner, do you want to make a comment before we close?

Mr. FLOWERS. Senator, we feel the funds represent not only a modest commitment for a national survey, the dimensions which we have here on the Federal level, but we think from the standpoint of the State and local government of West Virginia, it represents a substantial commitment of funds and they are supporting our belief that this program is worthy of the strongest kind of support that we know how to give it.

We only plead for the cooperation and the rather modest funds that are necessary from the remaining two Federal agencies so that we might be permitted to proceed.

Senator RANDOLPH. Well, Dr. Gerrard and Commissioner Flowers, I think you know that we are having testimony from the administration, the Federal officials will be testifying. We will not be attempting to put them on the spot but we will certainly be in the process of impressing them with the need for having more than compassion, realism in carrying out programs to help the mobility of the elderly population.

I am sure your contributions, your testimony and the questions I have had with you will help us to impress them to the need, not to just talk about it, you know. That is a necessary ingredient.

We talk too much, perhaps, in a colloquy of this kind but I feel it is important now that if the project is well reasoned and can

meet the need, the time, the talk about it is over. The time is to say we have the funds or we do not have the funds and if we do not have the funds, we try to make provisions for the funds. Just to allow someone to remain in limbo, regardless of who they are, their level of life, the level of mobility, they appreciate the government that stands by and says we recognize the problem. It is so easy to say that and then time passes and the problem is not addressed through the necessary funding or facilities in which we placed it into being.

I thank you for the opportunity—especially—of talking with you, based on your experiences and your services, your innovations, and your resourcefulness in the State of West Virginia in these matters.

Is this the close of the hearing?

Mr. ORIOL. We resume here tomorrow, Senator.

Senator RANDOLPH. Thank you very much. Until tomorrow, we are recessed.

[Whereupon, the committee was recessed at 1:05 p.m.]

APPENDIXES

Appendix 1

ADDITIONAL MATERIAL SUBMITTED BY WITNESSES

PREPARED STATEMENT OF WILLIAM K. FOWLER, DIRECTOR, DIVISION OF MASS TRANSIT OPERATIONS, FLORIDA DEPARTMENT OF TRANSPORTATION

I consider it a great opportunity to be able to present the Florida Department of Transportation's viewpoints on transportation for the transit dependent and to explain our action program.

The Florida Department of Transportation began to work systematically on the transportation problems of the elderly as a result of our participation in the regional and national White House Conference on Aging. As our understanding of the transportation problems faced by the elderly increased, we arrived at the realization that we had to concern ourselves with the particular problems of all those dependent on public transportation—the transit dependent. This group includes the elderly, handicapped, young, poor, unemployed and careless members of suburban families where mass transit is totally nonexistent. The transportation problems of these groups are as difficult to separate as the groups themselves.

Being deprived of transportation causes severe handicaps for these people in their day-to-day living—difficulty in obtaining food and clothing; difficulty in obtaining medical care; difficulty in taking advantage of the social services provided; difficulty in obtaining employment; difficulty in enjoying the good things in life such as recreation and visiting family and friends. In Florida, all too many live in isolation and loneliness. This, then, is the problem to which we are addressing our efforts. How to achieve freedom of movement for all. Let me state the high priority goal of the Florida Department of Transportation. We are committed to insure that no citizen in Florida, merely because of age, income or physical disability, is deprived of the freedom of movement so necessary in our mobile society.

I am proud to be able to say that we have made progress. Our overall transit improvement programs provide and include some essential elements, which are advancements toward removing many of the transportation barriers faced by the transit dependent. We are participating with local public agencies in the modernization of the existing transit systems, extension of existing routes and service, establishment of new systems, development of specifications for buses, addressing the problems faced by the elderly and handicapped, and addressing the problems faced by the transit dependent in small urban and rural areas.

As our transit program development efforts evolved we attained an even greater understanding of rider characteristics, knowledge of transit operations and the design and specifications of vehicles, and cognizance of the transportation problem faced by the local and State agencies. Accordingly, we have utilized every resource available to insure that our program was complete and that it could be continually improved and broadened. Utilization of the UMTA resources and the capability of Florida's University system have been beneficial. As is true in any program, continuing coordination at all levels has proven to be essential.

In the development of our program we have maintained a statewide viewpoint. Each project is designed to insure detailed analysis to enable us to determine its applicability in other areas of the State. Our research agree-

ments with Florida State University over the past 3 years have included the requirement to perform detailed and critical analysis of each project implemented addressing the transit dependent.

Wherever a transit system exists it is included in the system design to insure that we adequately cover all operational aspects. Our entire program is founded on a partnership arrangement which includes the Florida DOT, the local public agencies, the appropriate community action and social service groups or organizations in the area and the Federal DOT. Annual conferences, addressing the transit problems of the disadvantaged, are scheduled to further this necessary partnership understanding. Each conference has attracted greater participation from agencies in the State and from other States. Extensive participation by Federal agencies proved very beneficial to the success of our third annual conference last November.

Let me briefly summarize our program to date to provide the foundation for my presentation of the problems we face in implementing our program. As you know, the DOT operated a bus system in Clearwater which was very successful. The public system now operating in the central Pinellas area is basically designed from the experience we obtained from our demonstration project. We did obtain operational experience but, equally important, we attained additional insight into the transportation problems faced by the disadvantaged.

The Comprehensive Services Delivery System (CSDS) project in Palm Beach County is unique in that it underlined what could be accomplished by joint funding. The Department of Health and Rehabilitative Services through Federal funding sources available to them is covering the operational costs. In this case it is DHEW funding. The Florida DOT provided \$100,000 for the purchase of the capital equipment. I would like to mention that the program almost didn't get off the ground because of the difficulty of obtaining DHEW approval of the proposed Florida DOT grant. Continuation of this service is now under consideration.

In both St. Petersburg and Orlando we aided in the preparation of applications for demonstration grants for Dial-A-Bus service for the elderly. The Orlando application for a system covering the three-county area of Orange, Seminole, and Osceola is still pending in UMTA. The St. Petersburg project "Transportation of the Elderly" (TOTE) is operational in a 12-square-mile area of St. Petersburg. Federal, State, and local funding is involved. However, because of institutional restrictions it serves only those over 60 years old and all handicapped residing in the area. As planned, at the conclusion of the 20-month demonstration phase of the system we hope to be able to assist St. Petersburg in continuing the service. Again may I point out that because of institutional issues—service is not available to all of the disadvantaged or transit dependent.

Similar projects were designed for Putnam County and Sarasota County. Neither project has been approved by UMTA.

There are many social service transit projects operational throughout Florida. These are usually private nonprofit organization systems. A Suwannee Valley Transit System is an example. This system is an OEO funded project operated by the Suwannee River Economic Council, Inc. This is a 21-month special grant and the project is scheduled to terminate by June 1974. The system covers the four counties of Suwannee, Columbia, Lafayette, and Hamilton. The DOT, in this case, could not assist in funding the project but assisted in the planning and systems development. We utilized personnel from the Department of Urban and Regional Planning of Florida State University to aid the Suwannee River Economic Council in the planning and systems development. Where this system is a success, a previous OEO funded project in Lake County failed. The difference was our technical assistance provided early in the project. The lack of such coordination with DOT is being addressed and we have every hope that it can be corrected.

Where no mass transit system exists, or it is not possible for the mass transit service to meet the special need of particular groups or the client criteria established under specific Federal programs, a range of microsystems have been implemented. Many such systems exist in Florida. In Miami alone, there are over 200 small vehicles being operated by over 100 social service agencies. All these microsystems, using what we refer to as "throwaway" vehicles, are operating in the middle of Florida's largest public transit system.

We have taken the total systems approach in developing our transit improvement program. In our view, Florida's transit systems must be designed to meet the needs of all groups. To insure that we attain this objective we coordinate our transit improvement projects with the Department of Health and Rehabilitative Services. By this means we can maintain current knowledge of the social service programs and include the requirements within our systems design. The possibility of joint funding has been explored over the past two years with HRS. The benefits which could be realized by joint funding is beyond measure at this point in time since the CSDS project is the only success we have had.

Each of the numerous Federal programs addressing the various social service areas, such as health, nutrition, heart care, child care, etc., include funding for the transportation support of the program. These funds are for the clients of the specific program. As utilized today the agencies buy small vehicles to provide the necessary service. Only the clients of these programs can utilize the transportation provided and joint use of these vehicles among the social service agencies is precluded because of the different client criteria established in each Federal program. The same client criteria has precluded our efforts to initiate transit service which could serve all the groups. Mr. Peter Andolina can recount the experiences that MTA has had in attempting to resolve this conflict of criteria. We will continue to resolve this problem. I have provided each member of the committee with a copy of the resolution passed at the conclusion of our November conference.¹ We hope that the task force can find the solution.

What I would like to propose is simple in design but, as a result of our experience, is very difficult to implement. The basic objective is to obtain the maximum possible benefit from the Federal and State funds available and through joint funding provide the flexible transit service responsive to the need of all citizens in an area.

To attain this objective we believe the following principles should be employed:

(1) All Social Service Program funds should be utilized to subsidize the clients of that program, in other words rider subsidy.

(2) All capital investment in equipment should be accomplished utilizing Federal, State, and local funds.

(3) All operation and maintenance of the equipment should be accomplished by an established transit operator.

(4) Service schedules and routes must be designed to respond to the clients of these programs.

(5) Social Service funds should be utilized to provide the various client with tokens, or the fares in some form to facilitate accounting and which will enable the transit system to bill and collect from the appropriate agency for clients carried.

The program is comprised of the following elements:

(1) Maximum utilization of Federal funding available under the Urban Mass Transit Act of 1970 and the Federal Aid Highway Act of 1973 and the various Federal Social Service Acts.

(2) The continuing availability of State matching funds to share the local portion of the total capital cost of a transit improvement project.

(3) The provisions of technical assistance by the Florida DOT to aid local public agencies and social service groups in the planning and design of supporting transportation service.

(4) Coordination of all transportation plans and applications for Federal grants utilizing the existing A-95 clearinghouse procedure.

It appears to us at the present time that such a program can only be possible as a result of Federal legislation which would specify this joint funding concept and remove the client criteria.

I hope that I have been responsive to the Committee's request for information. I can assure you that the Florida Department of Transportation will provide every possible assistance that you may need.

Again I would like to thank you for this opportunity. With your support and assistance I know we can resolve the transportation problem faced by the disadvantaged.

¹ See p. 232.

[Attachment.]

December 12, 1973.

RESOLUTION

RECOMMENDING ESTABLISHMENT OF A TRANSPORTATION TASK FORCE TO ADDRESS PROBLEMS INVOLVED IN PROVIDING TRANSPORTATION FOR THE TRANSIT DEPENDENT

Presented before the attendees at the third annual Conference on Transportation for the Disadvantaged on November 30, 1973.

Addressed To: Walter Revell, Secretary of Transportation; Oliver Keller, Secretary of Health and Rehabilitative Services; L. K. Ireland, Secretary of Administration; and Edward Trombetta, Secretary of Community Affairs.

Whereas: The Departments of Health and Rehabilitative Services, Transportation, and Community Affairs have recognized their responsibility in the development of transportation systems and methodologies that concentrate on providing for the needs of the transit disadvantaged.

Whereas: The Department of Health and Rehabilitative Services recognizes that attempts by social service agencies to provide transportation for agency clients have been fragmented, uncoordinated, and costly in terms of resources, worker hours, and exposure to liability for unauthorized travel.

Whereas: The Department of Health and Rehabilitative Services is interested in having demonstration transit projects and the lessons learned from them incorporated into regular on-going mass transit systems.

Whereas: Participants in this Conference have recognized the need to seek alternatives to categorical federal funding of transit program operational costs.

Whereas: These problems have been recognized by participants in this Conference and have urged corrective action.

Therefore, be it resolved that: The Secretaries of the Department of Health and Rehabilitative Services, the Department of Transportation, and the Department of Community Affairs take the steps necessary to focus attention at the State and Federal levels on the need for corrective action, and

Be it further resolved that: The Secretaries establish a Transportation Task Force to address itself to these matters.

WILLIAM K. FOWLER,
Conference Chairman.

Appendix 2

FREE RIDES IN SEARCH OF RIDERS

[From the New York Times, Sunday, Feb. 24, 1974]

(By Robert Lindsey)

It's called the "Rush" bus in Nashville; the "Dash" bus in Duluth; the "Dart" bus in Akron; the "Magic Carpet" in Seattle. The names are different, but the buses have something in common: A free ride.

Cities around the nation are experimenting with new ways to re-introduce gasoline-short citizens to public transportation, and one of the fastest growing trends is free downtown bus service. The idea started in Dayton, Ohio, last August, and by the end of the year had spread to Seattle, Birmingham, Chattanooga, Nashville and Duluth. The program began in Akron this month and a number of other cities are considering such a service.

The origin and operation of the free-bus system in Dayton is fairly typical. Last summer, merchants pressed the local transit authority to establish a low-fare downtown shuttle service for shoppers. But transit officials decided it would be cheaper to allow passengers to ride free on their buses that regularly move through the downtown area. Now, a passenger who boards a bus within a 66-square-block zone of downtown Dayton rides without charge to any other point in the area. If he goes beyond the central business district, he must pay the regular 40-cent fare.

Who pays for the free ride? All transit operations are subsidized by the local governments. In Seattle, the new system is financed by an additional \$60,000 grant from the city. Elsewhere, however, little or no extra subsidy is needed. Transit operators say that for the most part people are riding on buses that must make the runs through center city and normally would be nearly empty.

The free ride is only one of several innovations being implemented around the country in hopes of enhancing public transportation. And the innovations appear to have contributed last year to a small but historic turn-around for public transit.

For the first time in more than a decade, the total number of people riding on public transit systems was higher than in the preceding year. The increase was 1 per cent on a national basis and 4 per cent if New York City is excluded. New York accounts for 40 per cent of the country's mass transit ridership, and transit travel here declined, by about 2 per cent.

According to most transit specialists, there are two main reasons for the turn-around, which began before the energy shortage, but has been accelerated by it.

Legislation passed in 1970 that provided up to \$1 billion a year in Federal aid to help communities buy failing private bus lines, acquire modern buses, and improve service.

A growing willingness of local governments to subsidize day-to-day deficits of transit lines through sales, property and income taxes. New transit authorities have been created to run formerly private bus lines.

STATE AND FEDERAL HELP

Some states are moving to subsidize transit lines and the Federal Government is extending its program. The Nixon Administration, long opposed to Federal operating subsidies, recently opened the door to such assistance as part of a legislative package that also recommended a substantial increase in capital transit aid to buy buses and build rail systems.

The common denominator of mass transit in the United States, indeed in most of the world, is red ink. Nationally, transit deficits—the gap between the cost

of running transit lines and revenue in the fare box—are expected to approach \$600 million this year, half of it in New York, and most of the balance in other big cities with rail transit systems.

Transit has been helped too by growing numbers of “low fare” operations. These include, for example, a reduction in the bus fare from 40 cents to 15 cents in Atlanta and a 10-cent day fare in Boston, a reduction on the average of more than 60 per cent.

The innovations also include the establishment over the past two years of more than 25 so-called “Dial-A-Ride” services, in which a person is picked up at home, and is taken to his destination. Other persons may be picked up along the way. Thus the concept combines many of the advantages of a taxi and a bus system. But so far, Dial-A-Ride operations have proved to be highly expensive. Typically, the 50-cent fare costs about \$1 to provide.

Much of the original impetus behind the no-fare bus zones in central cities was to decongest crowded downtown streets and relieve air pollution. Several cities were under pressure last summer from the Environmental Protection Agency to reduce auto traffic. Subsequently, the gasoline shortage and higher gasoline prices have provided a new rationale.

The concept has been attacked in Seattle and elsewhere as a little disguised effort of local politicians to placate downtown merchants, who constitute a power base in many cities and are worried about losing shoppers to suburban malls. But defenders of the idea, such as Seattle Mayor Wesley Uhlman, who has predicted that most major cities will offer free service within two years, argue that transit service ought to be provided as an essential public, tax-supported service.

TRAFFIC INCREASE EXPECTED

Advocates of the concept also favor it under the “free sample” theory and expect it to increase transit passenger traffic in general.

“The reasoning is that once a secretary, a lawyer or business person realizes that he doesn’t have to have an automobile for getting around downtown, they may be enticed to leave their cars at home and use the bus to get to and from home,” said Ernie Miller, who heads Akron’s transit authority.

Where the service has been inaugurated, transit officials say there’s been a sharp rise in bus usage, although none as yet completed a scientifically controlled study to assess the impact. In Seattle, transit officials estimate mid-day passenger traffic has jumped 31 per cent under the program; Birmingham officials estimate they have attracted about 250 new riders daily and forecast 1,000 by summer. A similar pattern is reported in the other cities.

In New York City free transit has been suggested by a number of politicians, but has never been acted upon.

The Metropolitan Transportation Authority half-fare plan for senior citizens and, recently, for all riders on Sundays have been steps in this direction. Political observers here say some type of off-peak-hour no-fare service may someday be developed. But most say it is doubtful that the financially pressed M. T. A. could afford a scheme that would cost it more than \$535-million in fare revenues a year—especially now that the energy crisis has made a 35-cent subway ride far more competitive with an automobile, burning hard-to-get 65-cent a gallon gasoline than it used to be.

Appendix 3

LETTER FROM WILLIAM S. EARLE, JR., REGIONAL ADMINISTRATOR,
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES, LAN-
TANA, FLA., TO SENATOR LAWTON CHILES, DATED FEBRUARY 15,
1974

DEAR SENATOR CHILES: Please convey our greetings from the State of Florida, Department of Health and Rehabilitative Services to the Senate Special Committee on Aging. We are cognizant of your efforts and those of the Committee to provide services that will lead to the fuller enjoyment of life for our older Americans.

Since I am unable to attend the committee hearings, I would like to make a statement concerning the provision of transportation services for older people, as well as other people.

The Florida Department of Health and Rehabilitative Services established the Comprehensive Services Delivery System Project in Palm Beach County to efficiently and effectively coordinate social services at the local level, including the development of services in response to identified current needs.

The greatest need singled out was access to available facilities, coupled with the lack of mobility of the transit disadvantaged. To meet this need, we developed the "Lift Line," a social services mass transit system to help secure necessary human services for clients. We appreciated your visit last year to Palm Beach to see this system in operation and your offer to be of assistance in its improvement and continuation.

After a year's operation of Lift Line, we have experienced a number of problems; ones that can be partially solved through legislative measures. Our most urgent problem is the result of federal legislation and administrative interpretation which continue the categorical assistance formula.

Since the Lift Line is funded under titles IV-A and XVI of the 1965 Social Security Act, we are permitted to carry only a limited part of the total spectrum of transit disadvantaged in Palm Beach County. Disabled veterans who needed the services of our hydraulic lift are technically ineligible because their disability pension put them in a higher income category. Broad sectors of elderly people, unable to physically cope with the present inadequate public transit system with its architectural barriers and inflexible routes, cannot be transported because of income restrictions. Requirements of individual screening of all applicants to insure eligibility cancels the efficiency of a mass transit system.

This results in gross inefficiency. It costs as much to run a bus carrying two people as it does to run with a capacity load, since overhead expenses remain fairly constant. Each successive legislative and administrative restriction of our passenger population increases the cost per passenger mile. Additionally, because of these categorical restrictions other transportation projects have been funded under Titles III and VII of the Older American's Act; an obvious duplication of services.

We realize that Congress has already recognized the inefficiencies caused by the categorical funding process in *all* aspects of the service delivery system. However, we find no social service program that treats lack of mobility, by itself, as a barrier to independence and self-sufficiency. Instead, each category of domestic assistance lists transportation as *one* of the services that can be purchased under a particular program for *that* particular program's service population. To this end, the Secretaries of the State of Florida, Departments of Health and Rehabilitative Services, Transportation, and Community Affairs, have created a joint task force to focus on the problem of developing multi-purpose transportation systems.

We present this letter in hopes of bringing National attention to the effects of the categorical funding process on all programs at the local level including transportation services.

We appreciate this opportunity to bring this to your attention. If we can provide you with any further information, please let us know.

Sincerely,

WILLIAM S. EARLE, JR.
Regional Administrator.