

## **EO530 – Boston Meeting**

**Catherine Mick:** We have a Spanish language interpreter. Does anyone need that service? We have assistive listening devices if anyone needs those. If you do, please raise your hand and someone on staff will come up and help you out. All staff is wearing a “How can I help you today?” blue button. Please seek these individuals out if you require any assistance during this event. In case of emergency, members of security as well as first responders will help assist individuals from the room. Please remain calm and remain in your seat until you receive further instructions from staff. If you require assistance, please let one of our support staff know, and we will be happy to help you. There are members here in the room as well as outside of this room at the sign-in table. Building security will be on hand to call if necessary. Those folks in the room self-identify so people can see where you are. Stand up. Thanks. Thank you.

Bathrooms are located right outside the doors. Additional bathrooms are located in the hallway on the left past the elevators. The elevators are located directly after the first set of restrooms on the left.

Please keep all paths of travel clear. Please note that around 5:00 PM today, as this session has been scheduled from 3:00 PM through 7:00 PM, we will take a 20-minute break for folks.

Before we open the meeting, we just want to take the opportunity for each of the Commission members here today to identify themselves, say hello, and identify from where they are coming. I am Catherine Mick, Chief Administrative Officer for the Executive Office of Health and Human Services. I am here representing Secretary JudyAnn Bigby.

**Thomas Dugan:** My name is Thom Dugan. I am Deputy Chief of Staff for the Massachusetts Department of Transportation. I am here today on behalf of Secretary and CEO Richard Davey. Echoing Catherine’s comment, we want to say thank you to everyone for attending today. We look forward to hearing from you as this very important dialogue continues.

**Jonathan Davis:** I am Jonathan Davis, Acting General Manager of the MBTA. Again I would like to welcome everyone here today . I look forward to hearing from you at this particular forum. Thank you.

**Paula George:** My name is Paula George. I am Deputy Administrator of the Cape Cod Regional Transit Authority. I am here today representing Thomas Cahir.

**Mohammed Khan:** I am Mohammed Khan and I am from the Montachusett Regional Transit Authority in Fitchburg.

**Jini Fairley:** I am Jini Fairley, one of two consumer members of the Commission. I use both the MBTA RIDE and the paratransit service of the MetroWest Regional Transit Authority.

**Denise Karuth:** My name is Denise Karuth. I am also a consumer member of the Commission. In addition to the paratransit system, I use fixed-route. This used to be my old stomping ground. It's nice to be back.

**James Flanagan:** I am Jim Flanagan. I am the Director of the Human Services Transportation Office.

**Sandra Albright:** I am Sandy Albright, Deputy Secretary of the Executive Office of Elder Affairs.

**Linda Guidod:** I am Linda Guidod. I represent the Greater New England Chapter of the Multiple Sclerosis Association. I represent people with multiple sclerosis as well as other adult disabilities.

**Will Rodman:** Good afternoon. I am Will Rodman with Nelson Nygaard, a consulting firm here in Boston.

**Maria Gonzales:** Good afternoon. I am Maria Gonzales from the Executive Office of Administration and Finance.

**Judith O'Connor:** Hello. I am Judith O'Connor, and I am the Executive Director of the Millbury Council on Aging, which is just outside of Worcester.

**Francis Gay:** Hello. I am Francis Gay, Administrator of the Greater Attleboro-Taunton Regional Transit Authority.

**Ann Hartstein:** I am Ann Hartstein, Secretary of the Executive Office of Elder Affairs.

**Catherine Mick:** Thank you. Let's go over why we are here today. This Commission was created by Governor Deval Patrick. The purpose of the Commission is to conduct a comprehensive review of all paratransit, community, human and social service transportation in the Commonwealth and to gather the public's critical input regarding the services, and then provide detailed recommendations to the Governor in a report. Public outreach, public input is critical to the Commission's work. It is really important for us to understand citizens' transportation needs and concerns and to gather ideas for improvement. For this reason, we really look forward to all of what you have to say here today. Frankly, the fact is that we have been traveling across the Commonwealth over the last couple of months. The stories that we have heard, I think, have really served to further enlighten our understanding of what the real needs are and will be important to our developing actionable recommendations in the coming months.

I'd like to talk a little about the ground rules, as far as how we are going to proceed today. In order for everybody who wishes to speak to be able to do so, and so that the session is run smoothly, there are some ground rules that we set forth. We have a sign-in sheet located along the wall outside this room. Anyone wishing to speak should have signed in as well as received a numbered ticket. Individuals who wish to speak to the Commission today must have a numbered ticket as we will be calling on you in numeric order. The reason we gave out numbered tickets today is that we expected a large turnout, and thankfully that is the case. It will help us continue to make this meeting run smoothly and to ensure that everyone who is present has the opportunity to speak. If you wish to

Speak but you do not have a ticket, please raise your hand and someone on staff can assist you, or you can go back out to the sign-in desk and receive a ticket. If for some reason you need to leave the room and your number is called, please let one of our staff know, so that we can bring the microphone to you as soon as possible.

We are aware that there are a great number of you here today and you may not be able to wait for your number to speak. If you are unable to stay until your number is called, and you wish to leave comments for the Commission, please bring your ticket to the staff available at the sign-in desk and they can take your comments there. If you have brought any written testimony, please feel free to bring this to the sign-in desk and it will be distributed to the members of the Commission. We ask that only one person speak at a time; no person will have an opportunity to speak again until everyone has had a chance to speak. This is to ensure that everybody's voice is heard.

At other sessions we have had the opportunity to loop back in with folks in the audience and to take additional commentary. So please be assured that if we are able to do so, we would value that opportunity.

We ask that everyone use the microphone, even if you think your voice will carry over the crowd. And we ask that given the number of folks that are here today, that you limit comments to a maximum of two minutes per comment. Commission staff will indicate when the time is up and will sound a one minute sound so that folks have an understanding of the time.

We ask that you try to keep your comments focused on the overarching goals of the Commission. If you are not able to make a comment, or do not wish to make a comment at this time, but something occurs to you based on what you hear here today or other thoughts, we have platforms for you to do so. I will read them to you right now. They are also listed on the flyer that is available at the sign-in desk. You may send e-mail to: [execorder530@mbta.com](mailto:execorder530@mbta.com). You can call (617)222-6260 or (617) 222-5415 (TTY). This is a dedicated voice mail system for this Commission. You can send mail to MBTA, 45 High Street, 5<sup>th</sup> floor, c/o EO530, Boston, MA 02110.

Again, all of this information is available on a flyer at the sign-in desk. So, on your way out, if you have additional comments or think you might want to provide further feedback, please grab one of those.

Finally, for those with speech disabilities, we will allow extra time for commentary. Staff is available to support you in whatever way is needed. We will turn the rest of the meeting over to you, so that we can hear from you – your concerns, your ideas, and your thoughts. Just to orient what we are here to learn about – we are trying to find opportunities and ways in which we can use our resources more efficiently. If you have comments about ways to enhance delivery methods while achieving efficiencies in cost savings, please describe those to us. If you have ideas for any reforms, initiatives, or improvements to paratransit services that will enhance the quality, customer service, or efficiency of those services, please describe those. Finally, if you have any ideas regarding modifications to existing eligibility processes that are utilized by The RIDE, the regional transit authorities, and/or

human service agencies, please describe those. Thank you very much. I believe we will start with the first ticket.

**Speaker No. 1:** I am John Robinson. I am a RIDE user. Over the years that I have used The RIDE, some of the early problems have been resolved and the service has been greatly improved. There are areas in which it could improve even more. It could work on being on time and not always running late. And that's it.

**Catherine Mick:** Thank you very much. **Speaker No. 2 . . .**

**Speaker No. 2:** I am Linda, the Legal Defense Fund Coordinator for Rhode Island, New Hampshire, and Maine. Epilepsy is not a disease, it is a disturbance in the electrical activity of the brain. National statistics show that epilepsy is the third most common neurological disorder in the United States after Alzheimer's Disease and strokes. More people have epilepsy than Parkinson's, multiple sclerosis and cerebral palsy combined. Epilepsy affects more than 68,000 people here in Massachusetts.

People diagnosed with epilepsy may experience seizures while riding on public transportation. Seizures may result in physical injury requiring special attention from staff, local police, and may alter scheduling of transportation services and increased financial costs.

The Epilepsy Foundation staff made a presentation and we provided information about epilepsy and how people rely on the paratransit service. At the meeting the Commission members requested further information about epilepsy and how it relates to transit and paratransit services. Epilepsy specialists at the Beth Israel Neurological Unit reviewed the draft of the Form B (RIDE application) which is a specific form requiring a statement from a doctor with epilepsy specialty. The specialists who would ultimately complete the application recommended that Form B be simplified in an attestation from the physician or health care provider regarding regular transportation services.

The recommendation is that the application should simplify the list following for expert's descriptions. (1) the types of seizures that alter consciousness; (2) cognitive dysfunction; and (3) excessive medication side effects limiting ability and unreliably managed symptoms. The overall response from epilepsy experts is that the current form is too complex and contains questions that require medical experts who may not answer without violating HIPPA regulations. The epilepsy experts believe that Form B infringes on an individual's right to privacy and medical information is not necessarily required for transportation.

We recognize that the Commission is addressing current transportation problems, and we agree that things have to be changed. We ask the Commission members to consider the epilepsy medical experts' recommendations that Form B questions be minimized. Additionally, I want to note how the Epilepsy Foundation has a variety of education programs and we would like to collaborate with the Commission to develop beneficial programs for staff training regarding the application process. Thank you.

**Catherine Mick:** Thank you very much. **Speaker #3 . . .**

**Speaker No. 3: My name is Carlton. I am a resident of Quincy. I am a person with epilepsy which is not completely controlled by medication. I have, on more than one occasion, experienced a seizure during rush hour. As a result, I make use of the MBTA paratransit services, also known as The RIDE.**

**The mandate of the Governor's Executive Order 530 is to, among other things, improve services for all. By being overly invasive in its request for applicant information, the application process becomes intrusive and increases anxiety levels. I understand the need for scrutiny in determining service eligibility, but marginalized populations would not be served better by an overly complex and invasive application process. This is especially true for those who endure chronic and long-term conditions.**

**The proposed application requires a RIDE applicant, through his/her physician, to divulge not only medical information, but also speculative and purely subjective information regarding frequent destinations and the purpose of the applicant's travel. Such requests are highly suggestive that destination choice may be deemed unworthy of paratransit services.**

**This is not only outside the mandate and spirit of Executive Order 530, but violates the Americans with Disabilities Act as well. The proposed application supplementary form for epilepsy is on Page 8. It requires information that is not necessary for the determination of eligibility and again highly intrusive upon personal privacy. The form demonstrates a fundamental lack of understanding of epilepsy and its effects on those who endure it on a daily basis. There is no cure for epilepsy, and between 20 and 40 percent of all epilepsy patients experience seizures which are uncontrolled by medication. Among contributing factors are such ubiquitous things as florescent lighting and stress. The proposed form should be reconsidered to simplify the process rather than increasing its complexity.**

**Catherine Mick: Thank you for your input. Speaker No. 4 . .**

**Speaker No. 4: My name is John. I am a board member of the Disability Policy Consortium, the largest statewide organization representing individuals with disabilities in the State, with over 2,000 members across the State. I want to thank you for being so open and having so many hearings across the State. We have some very fast recommendations. We will be expanding on these recommendations in our written testimony that will be submitted over the next couple of days. (1) You need to have greater coordination among all the vehicles out there in the state. The fact that some vehicles only serve elders or only serve certain populations while excluding others is a waste of public resources. (2) We must recognize mainline transit has improved and encourage people with disabilities to use the transportation. But, we must not mandate it. We must encourage through innovations for the RIDE providing PCA trips as a means of encouraging people to use fixed route.**

**One of the barriers, however, is a lack of staffing. The MBTA, while increasing the number of riders in the past two years, has cut the number of CSAs markedly and it is now not uncommon to not find staff in MBTA stations. I, for one, found no one on either platform at 8:00 PM recently at Downtown Crossing. The MBTA should commit immediately to having one CSA at all stations during all operating hours. If someone has a bad experience they will be forever steered away from using fixed route. The one bad experience will make them want to continue to use The RIDE.**

Finally, we urge this Commission to take a hard look at the use of taxi service for all trips under ten miles. Our estimate is that this would cut the cost to under \$35 a trip from the current \$50 that we hear bandied about. It's would be an optional program. It could not be a scheduled trip. Another words, I would call up and say that I needed a trip from A to B. If A and B are not on mainline transit, and it is an authorized trip, I could be given a certification number and told at any time the next day that I could use the trip. We think that will allow the flexibility that would encourage people to use a more integrated form of transportation – a taxi service. We also think it would cause private investors to invest in accessible taxis that would be beneficial to the Commonwealth and help lower the cost of providing transportation. We thank you and we will be submitting more written testimony. Thank you for your time.

Catherine Mick: Thank you. We look forward to reading the rest of your testimony. Speaker No. 5 . .

Speaker No. 5: Hello. My name is Richard O'Flaherty. I represent Local 1547 based out of Brockton. I represent paratransit workers that work for two regional transit authorities – Brockton Area Transit Authority and Greater Attleboro-Taunton Regional Transit Authority. I just want to take a few minutes to inform the Commission on some of what we do as paratransit workers and what we think is efficient, I can say, based on information that the National Transit Database provides out of Washington. The current two that I am talking about run efficiently. The workers do a great job and show compassion for the people that they transport. And, certainly as we are going forward, we will need more service. There is going to be an increased demand for more paratransit as people age and live longer. In tough economic times, the public need for transportation is more, not less. It is usually the first thing to go, however. We must maintain at least the current level of service, it is essential.

Councils on Aging have some of the most direct access to the elderly and disabled in the community. They promote a variety of programs to enhance the quality of life, but it comes down to money, money for the purchase vehicles, operation of vehicles, and maintenance and repair of those vehicles. This puts additional pressure on other transportation resources to provide the services for those in need. Councils on Aging, in tough economic climates like this, are the first to receive reductions in funding when communities have to reconcile their annual budgets. I never like to speak about reforms, because to me, reforms mean giving things up. No one likes to give things up.

I can certainly make some recommendations, and that's what I would like to do. Support additional service for paratransit. Seek additional federal funding for operating assistance. Support the development of a human services coordinated plan for the region (this is a requirement under the Federal SAFETEA-LU legislation and this coordinated effort can enhance and support alternative means of funding mass transit, support initiatives to determine dedicated sources of revenue like the fuel tax. I don't know a congressman that would not embrace that right now. As well as a Senate Bill which would fund transit operations throughout the Commonwealth. We need to increase paratransit service hours. There is a great challenge to develop a schedule around limited hours of service. And, in southeastern Massachusetts, after 6:00 at night, you have nowhere to go.

I would also like to say that we have a number of RTA Administrators represented on this Commission. If motor vehicle accidents raise the cost of operating, then maybe having training, coordinated effort on training and training drivers to improve their skill as drivers, you could probably reduce your operating cost this way. A true coordinated effort would enhance the ability of the community to provide more and better service.

I want to thank you for your time and effort.

Catherine Mick: Thank you. The next speaker is No. 6.

Speaker No. 6: Good afternoon. I am here on behalf of the Epilepsy Association Board. My name is Denise Taylor. I have a comment on Question 1 of the new RIDE application regarding frequency of seizures. I want you to know that neither a person with a seizure disorder or their doctor can provide you with a solid answer as to when they are going to be having a seizure because epilepsy doesn't provide scheduled or cancelled appointment dates. You have to take it one day at a time.

The application also questions the type of seizures. In my case, they have never been consistent. I have had petite mal and others have been grand mal, with or without medication. I have had seizures while traveling alone as well as when I was accompanied. I want to point out three very, very important facts. I need to stand somewhere where someone can see me. When experiencing a seizure, I try to stand against a wall because I lose my equilibrium. Once, when I was on The RIDE and had a seizure, after seizing, I was still in my seat. It was apparent that I had struggled to get up as my seatbelt was inside out, but because it was locked, I couldn't get out. That's number one.

When I was on the MBTA, prior to being made eligible for The RIDE, I went into a seizure at Ruggles Station and I can only tell you what people told me after it was over. Shortly after the bus pulled out of Ruggles Station (and the MBTA has this on record), I was told that I was walking back and forth, just back and forth. The driver asked other passengers to keep an eye on me, as he could tell that I was having a seizure. When the bus pulled into Dudley Station, everyone was made to get off and an ambulance was called. When I came to myself, I was in the Boston Medical Center. I could have fallen and hit my head, as I wasn't secure like I am on The RIDE.

The scariest one though, before I got accepted for The RIDE that is, happened at the Orange Line, Downtown Crossing Station. I began to feel the symptoms of a seizure. I get a feeling of intense anxiety. As the train was pulling in, I began to move backward toward the wall. In those days, I had the kind of seizures where sometimes I would just walk. It's a different kind of seizure. So as I began to feel scared and anxious in my stomach, I panicked because nobody was with me. I began to go back until I felt my body touch the wall because usually I walk real fast when I seize before falling on the floor. When I came to myself, I was very spacey. I was looking back and forth, but to my surprise, when I looked down, my shoes were on the yellow line at the edge of the platform. I looked to my left and could see a train coming in from State Street. If I had just taken one more step while unconscious, that train would have crushed me to death.

My body was shaking and trembling as the train pulled in, and when I realized I was at the edge, but something was holding me there until the train came in, I realized that that force was God. I am sorry if I offend any people that don't believe in Him, but I know that was God. Something was holding me there while the train came in and then when the doors opened and I stepped inside and sat down, my body was shaking because I realized what had happened.

Put yourself in my place – all of you. You are waiting for a train, when you come to yourself, you are at the edge of the platform. Nobody is with you, but something is holding you there. You are looking left and right, but something is holding you there. Now, this new application is asking us all these different questions. But I am going to tell you something. I was on disability for ten long years. But, because you allowed me to get The RIDE in the beginning, I was able to get out of the house again. Now I have been working for 18 years. All because of The RIDE.

I did have a seizure on The RIDE one time, but the seatbelt kept me in my seat. The fixed route doesn't have seatbelts. The train doesn't have seatbelts. One of the women on staff at the MBTA told me, while I was applying for The RIDE, that she takes Dilantin, but it doesn't stop her from taking the T. Everybody's condition is not the same. Everybody's seizures are not the same. My doctor got tired of writing back and forth to the MBTA. Please consider that our doctors know what we have and they shouldn't have to keep writing back and forth to convince you of something. Wouldn't you rather that I take The RIDE than get crushed to death?

And last but not least, would you rather provide me with a RIDE so I can continue to work in spite of my disability, or would you rather pay for me to get back on disability? I will leave that up to you.

Catherine Mick: Thank you very much. And thank you for sharing such a personal story. We have heard so many really deeply personal stories in all of these sessions, and they do resonate with all of us. I thank you for sharing that and ensure you that we are taking what you say very seriously.

Speaker No. 7.

Speaker No. 7: Hello. My name is Laura. I use The RIDE as well as BAT and the Worcester Transit Authority. What I wanted to comment on was equal access. As citizens, we should be able to go where our fellow citizens can go. I have found The RIDE is awesome. In riding with the other transit systems, my experiences have not been as good. I just can't imagine only being able to leave my house to go to a medical appointment or church. It would be like being a prisoner.

I wanted to say that The RIDE accomplishes equal access by allowing citizens who cannot use traditional transportation – buses, trains, cars – to go to work. They are people like me who need to go not only to medical appointments, but all kinds of activities. Please don't change the service or the breadth of the service. And, please don't alter the medical need criteria for using The RIDE. I think you will hear a lot about that today.

When it comes to reform, I wanted to express that as I said before, if the MBTA can put more staff on, I personally would prefer to use the MBTA services – the subway, buses, trains, than The RIDE. It's more convenient. For safety reasons, I must continue to use The RIDE. Envision yourself in a

wheelchair or using a walker and trying to access the bus stop with the snow piled high; or trying to get onto a subway or commuter rail car using a wheelchair and having your wheels fall through the crevasse. It is not a very secure feeling.

One of my ideas would be that the MBTA would have sufficient staff to ensure that there was help available at every stop. Perhaps the consumer could call ahead and provide an estimated arrival time, and ask to have someone available to help them get off or on safely. The commuter rail is pretty good because they have a conductor that goes on the train so he usually takes care of all of your access needs at the time. But again, the subways and the buses don't have such a service. If your way to address the concern of large increases in ridership is to have a medical panel, I ask you to carefully consider what you are doing in adding another layer of bureaucracy and expense to what this might – the unintended cost – might be, such as waiting lists, the cost of paying the panel, and the appeals process cost. And, lest you forget, the human cost of people being basically stuck and isolated in their homes or in institutions.

I ask you to move forward responsibly and give people freedom of movement. Thank you.

Catherine Mick: Thank you. Speaker Number 8 . . .

Speakers 8 and 9: I am Dr. \_\_\_\_\_ Smith and I am here with Darlene Perkins to describe some of our work on Cape Cod with respect to our elder residents. We are talking Cape Cod and seniors. I am here representing the Senior Mobility Initiative of Cape Cod and the Family Center Institute. Darlene represents the Power in Aging collaborative. Cape Cod, Barnstable County, is one of the oldest populations in the United States That is, they are proportionally a large group of those over 65 compared to the general population. We are the oldest population in Massachusetts and New England and the oldest on the eastern seaboard, with the exception of counties in Florida.

Others may look to us for guidance as they look at their seniors capable of mobility, especially transportation of critical importance to our older population, especially those who find that they must give up the keys or for some other reason are no longer able to drive themselves. It is for these reasons that our research and local efforts have been focused on identifying the transportation needs of seniors and making our transportation as a whole more senior friendly. In doing so, we get to work in partnership with our public transportation, RTA. I see Paula (George) here now. In addition to the RTAs, we are looking at private transportation systems, volunteer drivers, private conveyers and taxis. We are trying to take a holistic approach.

I am Darlene Perkins and I also work with Community Action, working as a senior volunteer and community organizer. Initially we focused our efforts on services to reduce the isolation of the senior population. More recently, over the past year, we have highlighted what transportation options actually exist that keep seniors mentally and physically healthy and engaged in their communities. Over the course of this last year, utilizing a community focus, evidence based and data driven processes, we have held four community forums. During the last of these forums, held October 22, 2011, we presented our recommendations and action steps based on four objectives. That Cape Cod as a community become fully aware and appreciative of the need for comprehensive, senior-friendly

transportation environment; that Cape Cod as a community come together around this subject of a senior-friendly transportation environment and take the necessary steps to make that a reality; improve the Cape's transportation options, such that they are efficiently senior friendly to meet more of the safety, comfort, and diverse requirements of today's seniors, elders and those of our baby boomer generation as they age; for expanding and enhancing senior friendly structure to accomplish objective No. 3, improving the transportation environment. Assure travel-training for seniors and providers on both public and private transportation; develop and expand transportation objectives that focus on life-enriching opportunities so seniors are less socially isolated; make senior transportation options more affordable through subsidization through public and private transportation service; expand to include transportation to religious services and other life-enriching experiences; expand volunteer driving capacity Capewide.

We are here to deliver a copy of our one-year summary report and to answer any questions you may have about our work on Cape Cod. Thank you all for your time and being here for us to express our findings.

Catherine Mick: Thank you both. Would you please leave us a copy of that report at the front desk? Thanks. Speaker No. 10 . . .

Meg Robertson: Hi. I am Meg Robertson. I am guardian of someone who uses The RIDE service. I am not sure; I have been to one other presentation and I don't think this has been discussed. When paratransit was envisioned, whenever it started, it was for wheelchair users. It wasn't for the population using it now. The people using it now were people who never envisioned being able to use the system; people never envisioned to use this paratransit service and most were in institutions and not in the community.

As a woman mentioned earlier, people use The RIDE for work. There are a lot of people doing that. We are concerned about the eligibility requirements. What are the issues to reapply for eligibility? In regards to training, what programs do you have in place to help someone with mobility training? Going back to the  $\frac{3}{4}$  of a mile rule and the hours of operation – that has a very large impact. Also, my neighbor has a child with some disabilities. The family wanted to retire to Cape Cod and have their daughter travel from Plymouth. I told them not to go to Plymouth because she won't be able to get from Plymouth to Cape Cod Community College on paratransit because I don't think they connect. I could be wrong, I have to do research on that. It would be also nice, within this group, to figure out that there is a place that you can go and find out if you are within the  $\frac{3}{4}$  mile and would paratransit be able to accommodate your schedule

We are very concerned about the details regarding proposed RIDE application, and also about the application itself as it pertains to people with vision impairments. It appears that The RIDE did a very good job of removing requests for information that are not necessarily important to the decision of eligibility. I am aware that The RIDE is trying to make the application as uniform as is possible. Thank you.

Catherine Mick: Thank you Meg. Speaker No. 10 . . .

**Speaker No. 10:** Good afternoon. My name is Jonathan Gale. What I am going to focus on for my two plus minutes is that there is going to be a lot of discussion this afternoon, has been and will be, about things that can be done to enhance the services and resources. But, what I am going suggest is that besides looking at what can enhance the services and resources for all of us, on an external basis, that you also look inwardly. And, by that, I mean focus on a couple of things that I think need to have some type of reform to them. I think most people here know “no-shows” is a big concern. We have all been on The RIDE paratransit when there are no-shows. I am suggesting you consider looking at the penalty system for that or methodology when a person needs to be warned or charged. People are on fixed-incomes and we all understand that. I think that there is a lot of concern there that internally can save, I would imagine, millions of dollars to the State. The second mechanism needing attention is the routing system. Even though yours is a shared ride system, we have all been on rides where basically you are going around the world to Boston, and maybe Worcester or Springfield before you get home. The bottom line is, if you had a system which was more direct, had a more direct approach, even when you have to have cancellations because of issues and things happen, you would also save enormous amount of money.

Another concern I have is the training of the drivers, and I don't mean to train them to drive. I mean to understand how to work with a person who has a disability. In my case, I am visually impaired. I had drivers grab my elbows. I had drivers put their hands on my shoulder like I am a steering wheel. Drivers need to be better trained. Along with that, and this is not disrespectful to anyone at all, I think drivers need to meet certain qualifications. If a driver can't read or write, or speak English, how will he communicate with the passenger. Someone said that might be a violation of civil rights. What if there was an emergency? So the driver can't read or write English – how are they going to follow the GPS? How will they be able to talk to the dispatcher? How will they be able to text and how will they be able to communicate with the passengers? What I am simply saying – and I could go on with a big list but I hear the little beeper – before you look at everything you need to do externally to change it, to cut resources, to cut services, to trim the fat from those of us who desperately rely on it, you have to look internally. Thank you.

**Catherine Mick:** Thank you. Those are very thoughtful comments. **Speaker No. 11 . . .**

**Speaker No. 11:** Hi. I am Ron Eisner. I am a low vision individual who depends on The RIDE in some key instances. My main concern is safety and danger issues. Let us look briefly at the situation of a low-vision person who is expected to get off a bus and walk to a location. Now, they may be able to physically get on and off the bus and walk on the street, but what about the context here? If I am walking on the street, and guess what, there is no sidewalk, the sidewalk is all dug up, the sidewalk is overgrown, it's really tough to walk along that road and stay on the edge. I have had cases before being on The RIDE where I attempted to do that as best I could, but I would wander into the middle of the busy road. The drivers would call the police, and they would come up and say, “What are you doing walking down the middle of the road?” Well, you know there's just no transportation to this location. And I am doing the best I can. So it's not very safe because I can be hit. I could end up causing injury to a driver if they swerve to get out of my way, you know and so forth and so on. Also, The RIDE goes door-to-door.

Now, I am told to go to a meeting at 50 Pleasant Street. If the policy is you got to go on the fixed transportation, you get the bus and start walking down the street. How do you find that address? What do you do? Knock on all the doors and ask the street numbers? It is very difficult for a low-vision person to do that. So I do not think that a contract person who is an administrator with no medical background will be able to assess those kinds of needs of a low-vision person very well. And I would support some increase in RIDE price if the people who really need The RIDE are not harassed about using The RIDE and that there were more flexibility in the scheduling process. Thank you.

Catherine Mick: Thank you Mr. Eisner. Speaker No. 12 . . .

Speaker No. 12: Thank you very much, ladies and gentlemen and members of the Commission for allowing us all to present on this most important issue today. My name is Bob –I am president of the Baystate Council of the Blind. I am sure a lot of the members of the Commission are already familiar with our point man for transportation sitting beside me, Rick Warren, who did a lot of work putting together a position paper for us all on this.

I think one of my biggest fears is that The RIDE service is going to be what I called “dumbed down” where it closes at 6:00 PM or strictly adheres to the ¾ mile radius and all of that kind of thing. While it’s within the law that the MBTA and the Commission could opt to do that, I don’t think it meets the laws of morality or justice. I know members of our membership and people in general pick their location to live based on the high level of paratransit service that we receive here in Metropolitan Boston and I would venture to say that a diminution of that service would result in situations where people with disabilities who have employment now may not have it in the future.

I agree very much with my colleague, John Winske. I am also formerly a member of the DPC as well as former chair of that organization. I think coordination with other services, including taxis and other types of transit, is a wonderful idea. One of the things that really bugs me as a president of an organization like Bay State, is what happens when I get calls from elders who are very concerned and may live outside of the Boston area. I remember one in particular that I got a year or so ago from a lady out in Rehoboth who was just about to lose her driver’s license. She had multiple medical appointments that she had to go to. The community of Rehoboth had little in the way of transportation for seniors. She had very few options. She asked me to look into options for her and about a week later I called her back with very sad news that I was not able to find very much. So, we need to increase service I think.

One of the things I said when I saw the increase in service and the number of people applying for The RIDE was, “What do you expect?” We have an aging population of people who have increasing disabilities, a lot of it due to aging. I want to end with a very interesting note. In Washington, DC, the other week, the Republican-dominated House of Representatives reaffirmed the motto of the United States of America. That motto is “In God We Trust.” Whether or not we believe in God, we must recognize that it is immoral to do some of what some people want to do such as decrease services whether it’s transportation, whether it’s teachers, whether it’s police officers, and allow resources to

continue to accumulate in the hands of fewer and fewer people at the top end of our society. I believe those folks out in Dewey Square are making a fair point and we do need to seek Federal funds.

One final thing, and this will get the Commission very angry because you need to reduce costs. It's totally immoral that folks that drive around packages for UPS and FedEx are getting paid more than RIDE drivers. We need to take a close look at that and close look at ourselves, morally. Thank you very much.

Catherine Mick: Thank you Mr. Hache and thank you for the materials that your organization has already sent to the Commission members. Those items are already under review. Speaker No. 13 . . .

Speaker No. 13: Thank you. Good afternoon. My name is Judy Young, and I have a couple of points. I would really like to recommend checking the seats that are broken on some of the RIDE vehicles, especially the RIDE vans. I have been taking The RIDE for three or four years. I have multiple physical disabilities, so there are slippages of neck and spine with osteoarthritis and I recommend that people consider whether we could have head support on the seats on those vehicles. I was in a RIDE accident at the end of December of 2009. It wasn't The RIDE driver's fault. We got rear-ended. The RIDE driver was fine because he had a little head support. I shouldn't have had a forward or backward movement. Due to such movement, I had to go to the hospital. My jaw now slips out. In addition I have upper spine (C2) impinging on the nerve frequently. The RIDE insurance company knew that it was connected. It's still a big problem in terms of the at-fault driver whose radiator was broken. But I would just recommend that there are things that you can do, it wasn't the driver's fault, but if there is a way that broken pieces could be fixed, or there could be a head support, it's a real problem if there is an accident because what they are saying is that you had a problem in the beginning, which is true, but anybody who is on The RIDE would have had a previous disability and if there is some kind of accident, will have problems justifying or differentiating that.

The other thing that I am concerned about is the in-person assessment. My arthritis comes and goes. There are things that may not show. There may be emergency situations where I really can't walk on the ground for long distances on one day, which may be different from another day. I hope that some of things that aren't visible can be anticipated and factored in.

Thank you.

Catherine Mick: Thank you Ms. Young. Speaker No. 14 . . .

Speaker No. 14: Excuse me for not getting up. I have difficulty getting up. My name is Jim Oliver. I am from Foxboro. I have two subjects that I want to touch on. The first one is The RIDE. I have been very active in The RIDE for probably 25 years in one way or another and I have seen great improvement in The RIDE, except yesterday, when I made a reservation for today I was told that I have to have a van instead of a sedan I have a severe spine problem, and I did everything possible to get a sedan and I was successful. Thanks to my vendor who will probably be upset when they find out.

The next item is the RTAs. Can the RTAs get together and have a meeting to make it possible to transfer from one RTA to another RTA without waiting for hours. I mean, hours if at all you get it.

Did I hear Mr. Gay's name as being here? When I call – or I don't care who knows it, medical transportation to a doctor or a hospital, I wait 15 or 20 minutes for somebody to answer the phone and that's unbelievable. The medical transportation manager and I do not get along because of that long wait, but I don't care. I will keep calling back and calling back and calling back. I have even tried to get Mr. Gay, and he doesn't respond to my calls. I bet he does tomorrow.

And Mr. Davis, when they handed me the number and said you have two minutes, when I was very active in the Access Advisory Committee, and Mr. Davis was up at the Board of Directors meeting of the MBTA, he knew that they couldn't shut me up in two minutes, no matter how hard they tried. I want to thank you for letting me speak, and I do hope the RTAs get together. Oh, and one last thing: GATRA has ridiculous office hours. The first pick-up is at 8:00 in the morning. You have to be home by 3:00 because their vans are out of the Norfolk office and have to be off the road by 4:00. And maybe the RTAs and the MBTA can together and get their hours together. Thank you very much.

Catherine Mick: Thank you Mr. Oliver. Glad that you were able to make it here today.

Jim Flanagan: We really are.

Catherine Mick: Speaker No. 15.

Speaker No. 15: Good afternoon Commission members. I am Barbara. I am a member of ACT, and I don't know how many seniors in here take the MBTA, the buses. I know at the last meeting it was suggested that those of us who had access to the fixed-route were unable to continue on The RIDE, we had to take the bus. Riding the bus for senior citizens is brutal. I don't know if anyone in here has experience, but I am deathly afraid of bus drivers that are not senior friendly. You get on the bus. They don't have enough consideration to wait until you are seated before they begin to lurch into this demon-driven way of starting up that bus. I apologize if I called anybody demon, but that was just a figure of speech when I am on that bus. It was suggested at that last meeting, also, that you ask the drivers to level the platform. Well, unlike The RIDE, the platform on the MBTA does not go all the way to the street. I have osteoarthritis in both knees. It's a struggle to get off of that bus frantically clutching on the side of the bus, hoping that I don't fall in order to safely remove myself from the bus. The other thing is, if you have packages, tell me, how do you alight from a bus when you have packages in your hand? Do you throw them out in the street first and then get off the bus? You know, I wonder about that.

And then if you are unsteady and please, you might have to knock somebody over just to get a hanging strap so that you don't fall because that's another issue and lastly, if you are a senior citizen – if you are any person and you fall, God forbid, on the bus and you break your hip, that is a death knell to a senior citizen. Are you ready to take on the hospitalization of that senior citizen or are you ready to pay for the final expenses? Because this is really truly an issue. So some of us really do need The RIDE. I am a recent widow. My husband died last year. He and I were both PCAs to each other. I am

alone. I live by myself. I depend on that ride to take me to places that I need to go. It is not something that I am using and abusing. I truly need The RIDE. So when you make your considerations, please, take into consideration the testimony that you have heard here today and make the right decision in keeping The RIDE, not someone telling you, "Oh, you should do this or that." Make up your mind yourself, and I certainly do appreciate your giving me the opportunity to stand before this Commission and make my point. Thank you.

Catherine Mick: Thank you. Thank you very much. Speaker No. 16 . . .

Speaker No. 16: Thank you. My name is Barbara Harrison. My service provider is GLSS and I live in Winthrop. First of all, we would like to thank the panel for having this meeting as well as most importantly, your facilitator and your choreographer, because they have done an excellent job from sidewalk to door in getting us in with minimal confusion, so you need an "atta boy" there.

Folks have so far been talking about physical disabilities. I have both physical disability and a non-visual disability. Due to dissemination or lack of dissemination of information, down to me I am wiggling out. My psychiatrist asked me what my anxiety level was – 0 to 10. I told her 25. It's just not a joke. I am really confused, scared whether I take this, I have to transfer twice a week to Vets. I have done Joint Venture and back. You hear many people talking about the first to go are those with the non-visible disabilities or those psychiatric crazy nuts amongst us and I am saying that I have heard that and that of course is increasing my anxiety. I would appreciate if someone could lessen my anxiety by giving me information on how the process will be and who the point of contact will be. Mr. Davis, Orient Heights T Station has not yet been upgraded to make it handicapped accessible. How in the world am I supposed to get anywhere?

I did sign in. You have my contact information. I really would appreciate it because I came here thinking I could ask a question and someone could answer it. And I am in the wrong. So your facility person did not quite get the information disseminated to me correctly. I apologize here. I am getting more anxious as I talk and I guess a question in my head would be, "Why would someone take The RIDE?" And from my point of view, it's to get out of bed in the morning, to leave the house.

There is a psychiatrist who has done a series on changing one's behavior in coping with their disability. Her name is Dr. Marcia Linehan, and she references a life worth living and that's what I have been trying to achieve for about five years now –pretty darn successfully. But, if you take away my means of leaving my house to a station that is not accessible to end points that are not accessible, I have an issue.

Thank you for listening. I apologize if I insulted anyone.

Catherine Mick: No. Thank you very much. Actually I believe that there will be a staff person coming over to take your questions and see if your questions can be answered this evening. But, just to clarify, I apologize if you thought this would be more of an interactive session. But, really, given the fact that there are so many people here today, we are looking at this as an opportunity for us to listen to you and for us to make sure that we hear everything that you have to say to us as we take into

consideration potential recommendations around improving, streamlining efficiencies regarding all of the vast range of services that we are talking about here – paratransit, community transportation, human services transportation. We will have someone come over and connect with you directly. Thank you. Speaker No. 17 . . .

Speaker No. 17: My name is Bonnie, and I have a number of suggestions I am going to put in writing but I want to make a couple of quick comments. One has to do with improvements that can be made to what we have now so I want to support the idea that the various providers look at the internal systems and ways that they can improve the services. For instance, one of my biggest complaints has been instances when I have called to cancel a ride and had to wait for a customer service pick-up. It's like if all I am doing is trying to cancel a ride, why should I have to wait five, ten minutes to have that done? I mean if it's within the hour, the system says a dispatcher has to do it. But I would like to think there should be a way where I, for instance, could be transferred, my call could be transferred into a voice mail system so I can leave a message with the relevant information and have someone within the dispatch office access that information and cancel the ride without me having to wait that long. This is true especially in a situation where there are no penalties for folks not bothering to cancel rides, which then affects everyone else. So I really think that someone needs to look into ways to make sure that cancellations are addressed quickly, even if it's five minutes before a pick-up, it still can make a difference. So that's one.

And then the other issue that I feel needs to be addressed is in most cases they ask people to provide contact information, your phone number, home phone number, cell phone number, and then there will be instances when somebody ought to know that you are not home and yet they want to reach you at home to tell you something about your ride. That's like, well, people should know I am not home. They have that information and there have been multiple instances when dispatchers have gotten into arguments with me because they are absolutely insistent they don't have my cell phone number, and I tell them, "Look, I provided it and therefore I know you have it." And, then after a few back and forth comments, they will look more closely and they say, "Oh yes. I am sorry. It doesn't show up." And I wish that they would have looked a little closer before they insisted that they did not have it. And these are the little things that I think could be addressed to bring about a lot of improvement. Sure, there may be external ways, but I would first look at the internal mechanisms to make it work better. Thank you.

Catherine Mick: Thank you for your thoughts on improvements as well. Speaker No. 18 . . .

Speaker No. 18: Hello. My name is Mary Dennison. I believe I started using The RIDE in 2004. Lately, I have been hearing that there are going to be a lot of cuts in The RIDE program because of abuses. I can only speak on my own behalf. I am sorry. I am sure there are a lot of other people that have a lot of commonalities – we would not be using The RIDE if we didn't need to use The RIDE.

I came into a situation where I was no longer able to take public transportation, and that caused me to become isolated. I wasn't able to use the transportation even though it was within the  $\frac{3}{4}$  of a mile within my house, because I was on a hill and there were cobblestones. The train station where I could

have taken a taxi to get to me, the platform is on the total opposite end and it's not within the ADA requirements. It's an open area that is not sheltered. And there was no way to get to where that area was.

What I am worried about, if someone is going to come out and evaluate a person, do they have a medical background or not? And they don't live within the people's bodies and they don't know good days, bad days. And lots of times, when you take the public transportation, they do not wait for you to be situated and it just about causes you more physical harm than there is. And I am not preaching and not trying to talk down to anyone. If we could take public transportation, we would. But we just are not able to. And for someone to take it away, make a judgment about you without living within your body, would isolate someone and keep them away from the community. As I said in 2004 I started taking The RIDE, but I got The RIDE after I lost my job because I had no transportation to get to my job anymore. Thank you for your time.

Catherine Mick: Thank you. Speaker No. 19 . . .

Speaker No. 19: Good afternoon. My name is Rick Morin. I'm with the Bay State Council of the Blind. As Bob said earlier, we submitted in September a position paper to the Commission and we intend to submit more that highlight, talk about, some of the points I want to talk about today. I would like to thank the Commission for this opportunity to talk and thank you for the opportunity to be able to learn from other people in the community. This is very enlightening from a lot of perspectives to have these types of sessions.

One of the issues you will hear me talk about over and over is public participation. There needs to be public participation. There is a lot of anxiety in this room right now about the eligibility changes that are going on at The RIDE. On October 3 there was a meeting in this room which got a lot of good input. It was a very chaotic meeting. The format of the meeting didn't allow people who were blind or people with hearing impairments to really feel like they had a level playing field to be able to provide input. That meeting was public participation in changes for The RIDE eligibility process and my understanding, and unless it has changed, is that there is an RFP which is due to be released in November soliciting vendors to provide eligibility services to the MBTA. The vendor selection will be made by the end of this year, and the Commission will not have submitted its report, which would consider among other things eligibility of The RIDE until some time after that. So, the basic question here is why is there such a hurry on the part of The RIDE to get this done in advance of EO530? We addressed that position in our paper and asked for clarification and haven't received it. I e-mailed Frank Oglesby, and I haven't gotten a response back. Given that, assuming it is necessary to proceed on the basis of needing to do this RFP for reasons I don't understand, I have asked and I think this is reasonable public participation in the review and development of the RFP because a lot of what people in this room have said, with individuals with epilepsy and so on and so forth, really talking about issues that they don't know you know, how that is going to be addressed.

Major process changes that are being implemented now and there is no information, no feedback in terms of how that has been addressed, but select a vendor that will implement changes that are

unknown to the public. So, I cannot stress enough that there, in my opinion, has not been sufficient public participation in this whole process. The October 3 meeting was a good step, but it is a step, not the only step that is necessary.

Now, having said all of that, and this very important point I have done a lot of research personally into Project Action, which forms the basis for much of the eligibility work that is being considered in the MBTA, and I assure everybody in this room that Project Action is a very, very sound foundation for conducting eligibility screening and people in this room should rest assured that they do not have much to fear in terms of eligibility being denied if they truly are eligible and I really do mean that. However, though, without that being communicated clearly to people, it creates a lot of anxiety – it creates a lot of anxiety. I will conclude. This whole service area is kind of the elephant in the room issue.

In the materials that are posted on the Executive Order 530 website, there is a map which depicts the entire area including the outlying communities. There is a  $\frac{3}{4}$  mile radius around the entire area, which can be interpreted as the area that will be served. I am sure a presumption of everybody in this room is that the service area is not going to be reduced. If you are going to consider reducing that, again, I highly recommend that there be further public dialog because it's going to have a devastating impact, and I am sorry.

There is a thing called comingling of ADA and non-ADA riders that I think it would be a good thing for the Commission to consider. There was a resource guide for the comingling of ADA and non-ADA riders which specified a planning process to consider whether comingling ADA and non-ADA would make sense in Massachusetts. It gives some good framework and structure to make those decisions. It is our suggestion that you use this resource guide as a way to make decisions. Thank you.

Thom Dugan: Thank you for your comments. Speaker No. 20 . . .

Speaker No. 20: I am a social worker at the Brookline Council on Aging. I am here to represent some people who come to the Council on Aging as users, seniors who are disabled that use The RIDE and are considerably anxious about what the changes are going to mean for them. It would be helpful to publicize what the application process is going to be like and what you are looking for to lower the anxiety.

The other thing I see, as a social worker working with elderly users and volunteers, is that they use The RIDE for a wide variety of things – medical appointments, shopping, volunteer work, social opportunities – and there is openness to consider a modest fare increase. They use The RIDE to be able to live a full life. They live on limited incomes and that might be something that they would be willing to consider. Thank you.

Thom Dugan: Thank you. Speaker No. 21 . . .

Speaker No. 21: Hi. I am a legally blind user of the MBTA RIDE and I use the vendor Veterans Transportation. I would like to say that I am very much appreciative of the services provided by Veterans and that I have always felt that the drivers are very safe drivers. I always felt very safe in the

vehicles, and I really appreciate their work. They always get me to where I need to go on time – sometimes a little too early, but they always get me there on time and they are polite and sensitive to disability issues.

Whenever I can, and sometimes when really I can't, I try to take public transportation to ease the financial burden of the services and also for my own independence. And I wish the things that I can say wholeheartedly about the Veterans RIDE drivers, I wish I could say about the MBTA personnel. Unfortunately, I can't. Buses will not stop at a bus stop served on more than one bus line if you don't wave them down. It's impossible to know a bus is coming if you are visually impaired. I waved down 18 wheelers, vans, red trucks, and they are more willing to stop than the buses are. When the bus does stop, I have to ask, "Is this such and such a bus?" And, the bus driver becomes indignant and rude with me and says, "What does the sign say?" I don't know what the sign says, I am legally blind. And other times, if there is an interruption in service, for example, what's gone on recently in North Station on the Green Line, it's not announced. I sat there at that station with my young child for a half hour waiting for the next Green Line train to come in to bring us to Science Park because I had no idea that there was an interruption in service. I thought the train was stopping there and I was to wait for another one. No one announced there was shuttle service and I waited there and when finally I thought there was another train that was going to continue on, I asked.

The man said, "Well, there are signs everywhere." "I know, but I am legally blind. I can't see them." "Yeah, but they are really big." "Well, that's fine, but I can't see them." "Yeah, but it was right in front of where you are." "I am legally blind. I can't see it." "Well there are signs." I said, "I don't see them." I didn't know there was an announcement made. I can often hear through the background noise on the MBTA and can understand what they are saying, but sometimes I can't. And I hear perfectly fine and so someone who has any sort of reduction in hearing, normal age-related loss, would suffer more than I do, but there was no announcement made.

Then getting on the shuttle bus, because I couldn't see, I missed the Science Museum and had to come back on a bus. I sometimes ask, "Can you tell me where such and such is?" Sometimes they will and sometimes they won't. They will become angry and say, "I can't do that. I have to drive." It seems maybe they should know some of these cross streets to help us.

What I am suggesting is sensitivity training and some training for the MBTA personnel at major stations like Harvard Station. I had to ask the attendant there, "Can you please tell me where such and such a bus pulls in?" The attendants there helping people on and off the trolley cars and whatnot and have no idea what buses are there and they can't tell me where they are. I get more help from the cleaners that work there. They unfortunately don't know always. Good thing I can speak a little Spanish. We need to improve those services and it may encourage people that might want to use the services. It is such an anxious situation for me taking the MBTA. I realize a lot of these changes that are being proposed are due to financial reasons and that there is a proposal that we have individual assessments on our disabilities to indicate whether we merit using The RIDE. In light of the fact that we are trying to save money, let's not be paying somebody else to do what the individual assessments that our physicians and case workers who specialize in our disabilities are already doing. They are

able to read the forms. And, once again, regarding the financial situation, and I know finances are tight for everyone, a modest fare increase would be understandable. I would recommend it if that's what needs to be done in order to keep services for people like me who need it. And also, this may sound a little whacko, but perhaps we could be asked if we want to pay a little extra to keep services for everyone.

Can you ask for a donation. Can you ask if people are willing to donate a small amount extra? Maybe I can put in an extra \$2.00 when I call up and if that would help, that's great. Maybe for those with a small income, a small donation would be enough. But those people who may not be able to afford a chauffeur but can afford a small increase if all of this is also some suggestions for improvement.

Recently, in the last year or so, the Veterans RIDE drivers are no longer allowed to use their own GPSs and I notice a great decrease in GPS accuracy in service since then. The GPS that they are allowed to use is not as good as the personal GPSs that the drivers were able to bring at that time. They are no longer allowed to. You might want to revisit this situation.

And one very small thing, as a parent, in the cars, you have a little console in the middle which can be lowered to make room for a cup holder for the coffee which is not supposed to be drunk on The RIDE. Maybe instead of a cup holder, there could be a booster seat. Just a thought. Thank you for the service. It's been a great blessing.

Thom Dugan: Thank you. I appreciate your insight tonight. Speaker No. 22 . . .

Speaker No. 22: Hi. My name is Missy. I go by Missy. I feel a little nervous speaking in front of all of you today. I am a little concerned whenever I hear the word reform, because I know what that means. I am a disabled person. I have hidden disabilities, both physical and psychiatric, and I am concerned that the people in the State and Federal governments or whoever is making these decisions about budget reductions are people that don't have to live with the consequences of their actions or their decisions. And certainly there could always be a more efficient RIDE. I have been using The RIDE since 1996. It was pretty horrible at first. I mean, all kinds of things happened on The RIDE. But it's gotten better over the years. It really has and I just wanted to thank Dottie Winn at The RIDE because she has been instrumental over the years in solving problems with Veterans which has got a lot of problems. I would also like to thank Chad, the dispatcher. He knows how to make good decisions in a pinch and is there to help and be polite and get the job done without a lot of rudeness. They don't have rudeness.

I came here with people who have psychiatric disabilities. We had previously sent two pages of questions to the MBTA. We sent them to Frank Oglesby. We e-mailed him three times and faxed him. We did not get a response. I, myself, need to know what is going on with The RIDE. Who is exempt from the in-person assessment and who is not?

I want to speak on behalf of people who are cognitively impaired and have psychiatric disabilities. A 20- or 30-minute in-person assessment is not going to be accurate necessarily because people who

have cognitive impairments that use The RIDE and those who have psychiatric disabilities like me, also have symptoms which wax and wane.

My friend who uses The RIDE has autism and mental retardation. He was in a panic and didn't understand what was happening with the driver. He was unsure about whether he should take The RIDE. I told him to stay calm and to get on The RIDE. He thought The RIDE was broken, and he got very afraid. So I had to run interference for him and call Joint Venture. I got help from a woman named Shirley, who is great over there. She said that they had gotten my friend on the vehicle and that he was safe. I had to do that numerous times for him.

And even though I tried to ride transportation – the fixed-route buses and trains, I can't do that every day. I have panic disorder. Before I got The RIDE, I can't tell you how many times I had a panic attack on the MBTA train and had to go off and it wasn't pretty or pleasant. And so I really feel that people with psychiatric disabilities and cognitive impairments, such as autism or mental retardation, should be exempt from any in-person assessment. It's just not an accurate way, despite what the statistics say, or a fair test for cognitive impairments. It is not an accurate way to see a person every day go through these struggles. Some days are good and some days are not. We would like the questions on these two pages answered by someone at the MBTA. Another question we have is some of us who have psychiatric disabilities, who were awarded The RIDE on a physical disability like myself, didn't bring up our psychiatric disabilities because although I am not ashamed of them, it's sensitive for us. We need to know how people can communicate this information to the MBTA – that we have physical disabilities, but we also have psychiatric disabilities.

No one returns our calls. We understand that there are big changes going on, and everyone is busy. But I can tell you if I don't have The RIDE, I will be isolated. The people who came with me today from the day program at Webster House, which is funded by the Department of Mental Health, they wouldn't be able to get their ride or to their day program either. I know from being isolated that that is a set-up for being put into a psychiatric hospital and also causes suicidal feelings. That is what happens when I feel disconnected from my community. I rely on The RIDE. Even though if I didn't have this cane, you couldn't tell that.

The other thing I would like to suggest is this that this panel meet with people in the psychiatric community that are RIDE users and cognitively impaired and ask questions of us. Why is it difficult? We may be able to ride the fixed-route today, but not be able to ride it tomorrow. How does our psychiatric disability affect us? Conditioned eligibility for me and my other friends who are disabled would be a disaster. One day we can use The RIDE and then we book The RIDE and are told, "We can't give you a ride tomorrow. We feel you can use the fixed route." No one can make that determination but the person who is disabled.

I am also concerned about the consultant. I met him at the last session – Richard Weiner. Someone was asking a question about a transfer trip. The transfer trip is when you go from one vendor to another. It takes about two hours. And Mr. Weiner could not answer that question. He didn't understand what a transfer trip is. And my concern is if this is the consultant, but he doesn't know

what a transfer trip is, then how can he be making decisions and consulting if he doesn't understand the system?

I would also like to say that I don't think penalizing people who are on fixed-incomes for no-shows is a good way of the MBTA reducing its costs. So I want to make another suggestion, which I realize may be unpopular with some of The RIDE users. I was on The RIDE from the last forum and we were dropping off a person at a bowling alley. He had no mobility device, and it seemed like he may have had a psychiatric disorder, but I did not ask him. Now, we as disabled people want the same access that other people have, but we don't really have it. So if this is going to upset anyone, maybe The RIDE should not take people to bars and bowling alleys and movies, but just to medical appointments, family, friends, houses of worship, or whatever and to the grocery stores and also to the malls to buy clothes, just the essentials. That would be a way to save money. So I just want the MBTA to talk to the community, and maybe think outside the box, instead of just cutting services left and right. Thank you.

Thom Dugan: Thank you. In response to your questions, during the break one of our staff members from the MBTA will follow up with you on the questions you posed and get you some responses. Thank you. Speaker No. 23 . . .

Speaker No. 23: Hi. I am Steve. I am a grateful user and grateful you are all here to keep the service going in some way and recognize the physical constraints. I had an active professional life in accounting and finance and was in a serious car accident ending up with 200 days in the hospital, rehab, 14 operations, and all this other stuff. It's a miracle I am alive and a miracle that I have The RIDE because as others pointed out, I really get concerned and really anxious when I hear about this thing called eligibility requirements changing and especially in light of two things. I have a more invisible disease and my abdomen is patched up to keep me going. I tried to use the T and I was on the Red Line, and in the lurch, and when it was lurching I didn't grab the bar fast enough and I fell. People just stepped over me, and as you can see, it's a big step they took. I cannot go on the MBTA because of that.

I would like to talk about eligibility. I understand you are putting an RFP out and you are putting it out to Spaulding Hospital. They taught me how to walk. I did very well and there is a reason why they are No. 1 in rehabilitation – because they are excellent. I said at the end, I would like you to sign the form for The RIDE so that I may be eligible. I had a binder and four major abdominal surgeries and drains hanging out of me and everything else. I had just been walking for two weeks, and getting up the steps in front of my house was a major project. They said no, that I would be fine. I live on a hill. I have to have The RIDE. I can't go out in the rain and snow. Falling is not an option. I found out to my horror, shock, and anxiety that no one had thought about eligibility requirements and looked to a facility like Spaulding. While they are wonderful in doing rehab, they are not qualified fully to make decisions on eligibility requirements and some way of how that's done through input from other people like ourselves who have different physical and mental issues, that might be more important. Looking to a renowned name is not the answer is my point. The other thing, the eligibility requirements should be communicated to doctors and health care professionals so not everyone says

it's a free-for-all, apply for The RIDE and sign on. If you have more stringent guidelines, these requirements need to be communicated clearly to them.

I have a couple of suggestions: One, to the Commission, thank you for being here. And, I am saying humorously, but directly, get on a bus and walk with a cane and go through Park Street during rush hour – or try to get on a bus after a snowstorm and walk in our shoes literally and figuratively to see what it is like. Do not ride – do not put on your T jackets and everything else. Try it. Be a normal person. The way people treat you – the standing – and see what it's like. They talked about buses not going. The lurching, that is the best word around to see what it's like and how that throws you off, and see what it's like with a cane. I don't mean to be rude, but please be thoughtful.

Someone talked about what you can do internally to save. I have a couple of things. One, the MBTA pays for the gas and goes to different gas stations. Why can't there be discounted gas for vehicles in The RIDE program. Second, there should be greater training of The RIDE drivers. I would hate to have an incident like others talked about with some of the poor English-speaking drivers and have them take care of it. If I were involved in an accident, it would be a scary situation. The lack of English gets to be a real problem.

I would like The RIDE drivers to be able to comment on what they can do and see as cost effective measures without any negative consequences. To that end, I asked drivers recently because I knew I was coming to this meeting. There was a man in Arlington who goes to work and uses The RIDE to go to the airport because it saves him a lot of money. Talk about people who go to buy drugs and use another RIDE company so they are not there for a while. Another driver said make sure when someone has some fixed time that the fixed times are enforced. Someone has knee surgery and needs The RIDE for six months. Make sure at the end of six months they have to be recertified or something is done to cut them off so relatives don't use The RIDE in their place.

Make sure you have trained people to take care of the buses and vans. They are overwhelmed with the older buses and take longer to get them back in place.

The idea of the cell number – I love that one. That is so true. Like, why if you can't find me and I am out and you know I am not home, are you calling my home number. That has to be improved.

How about an improved GPS system? That range thing is like going to Worcester to go to Boston to Cambridge via Worcester. And it's true. I mean, I am geographically impaired as a person, even before my accident, but I know some of the routes are really bad. And I know on the new system that GLSS drivers must use, it's really to the rider's detriment.

The other statistic I would look at is the possibility of a central dispatch office.

Thom Dugan: Those are good recommendations and we will take many of those recommendations into consideration. You can also send them in writing – but your two-minute time period has passed. What you said is perfect. We want to give everyone an opportunity to speak tonight.

As we discussed at the beginning of the meeting, we are going to take a 20 minute break now that it's 5:00 PM. We will reconvene this Commission at 5:20 PM. If you need any assistance, there are members of MassDOT and the MBTA with blue "How can I help you?" buttons. We will reconvene promptly at 5:20 PM. Thank you.

(Recess held and meeting reconvened at 5:25 PM.)

Thom Dugan: Good evening. Could every please take their seats. I would like to go over the ground rules. Anyone wishing to speak should have signed in as well as received a numbered ticket. Individuals who wish to speak to the Commission must have a numbered ticket as we will be calling you in numeric order. If you wish to speak and do not have a ticket, please go back out to the sign-in desk or see one of our staff members wearing a blue "How can I help you today?" button. They can direct you where you can sign in and get a ticket.

As you can see, there are a great number of us in the room tonight. Many would like to speak to the Commission. We are asking that you limit your testimony tonight to two minutes. If you are unable to stay until your number is called and you wish to leave comments for the Commission, please bring your ticket to a member of the staff at the sign-in desk and they can help you document your comments and provide you with our website and e-mail address where you can e-mail information to the Commission. And, as always if you brought written testimony tonight, please feel free to bring this to the sign-in desk as well and it will be submitted to the members of the Commission.

Only one person can speak at a time and as we call your number, a member of our staff will come to you with a microphone and you can begin your comments to the Commission.

We left off with Speaker No. 23 and are now moving on to Speaker No. 24.

Speaker No. 24: Sorry for not standing up. My back is giving me fits today. My name is Louise. I am the outreach peer coordinator for the Multicultural Independent Living Center of Boston. I am also a member of Bay State Council for the Blind, a former member of the Disability Policy Consortium. I am here today because I have some concerns for my consumers that come to our agency in regard to worrying about if The RIDE is going to not allow them to be a consumer of their services anymore. On many different issues, cognitive and other physical disabilities that might appear to be temporary but are permanent in many cases, but one of my major concerns is the cleanliness of The RIDE vehicles themselves. I have gotten in vehicles that were very, very dirty and you know when you don't see, and I am totally blind, a mother and grandmother of nine, I know when I smell anything before I touch it. And to ride the vehicle and it's not sanitary – no – it has not been cleaned in days. I am not talking about for the day, but in days. It's unsanitary.

Next thing – why would you have dispatch have a driver go past the place at which the individual is going to be dropped off, to turn around and come back there again. That's not utilizing the gas very well for the MBTA RIDE's services and I pray and hope that you don't cut back on The RIDE because I have to use it every day for work and I see so many people that are stuck in their homes. In the

innercity there were so many people who never left their homes, and now they are using The RIDE services and doing better at taking care of themselves and becoming more independent. Thank you.

Thom Dugan: Thank you. Speaker No. 25 . . .

Speaker No. 25: My name is Karen Schneiderman and I am speaking on behalf of the Boston Center for Independent Living. I would like to talk about two issues – one about The RIDE based on my own experience, but primarily, about all the consumers for whom I work. It would be great to be able to encourage a lot of our consumers to use fixed route for financial reasons, but also, for reasons of integration and it's very difficult to say that to people because of – we know that despite the lawsuit which you are all aware of, I am sure, the MBTA is still not very safe for people with disabilities of all sorts, whether it's people like myself that use wheelchairs that can't get over the gaps in trains or whether it's people with visual impairments that can't see the stops or have canes or other things, but also fall through the gaps, whether its people with psychiatric and cognitive disabilities, who are in a space where there is no way to get to somebody if they are confused about something or anxious about something. It's not especially during crowded times of the day, there is no button to push, even though there is a button on the bus and subway doesn't mean that they are easily utilized. I would suggest that there be a lot of travel training for people who are willing to try to use public transportation as one suggestion.

The other, of course, has to do with The RIDE. We have heard a tremendous amount about the cost I am not going to go into the issue of cost right now. I would just like to speak on behalf of a number of people with different kinds of disabilities, many of them seem to be physical. Some people are seniors who have difficulty because of the jolting nature of the van. They used to be able to use sedan cars as long as the doctor had acknowledged on their application that they needed them. There is no regulation that says that anyone, even with a doctor's letter, must get a sedan no matter how painful it is for the person to endure the jolting of the van. All they are required to do is provide some alternative transportation.

So I would ask you to consider any purchase of any new equipment that there be attention paid to more sedans, the cab suggestion which has been made by a number of people, and other kinds of systems where people will feel not only emotionally safer and that is a serious risk, but also physically safer and as one person said to me yesterday, my physical therapist has told me to stop coming to physical therapy because I am in more harm getting there and returning than I am staying home. I think that even if the driver is a very careful person and decent person, that doesn't intentionally do anything wrong because of the state of the vans and because of traffic and everything else it is just not physically safe for a lot of people to use them. So these people are stuck. They can't use fixed route. They can't use the vans. And so I am hoping that the issue of more sedans and some kind of hook-up with taxis will be considered very strongly for a large number of people with various disabilities. Thank you very much.

Thom Dugan: Thank you. Speaker No. 26 . . .

**Speaker No. 26:** My name is Esther Minor. I am a frequent RIDE user, all three vendors. I also use fixed routes. I also have a few issues with The RIDE, but I definitely want to focus first on the fixed routes for the simple fact that winter is coming and I do not want to go through another winter with the MBTA like I went through last winter with the snow piled at the bus stops as high as me. I am five feet tall, and that's not in my chair. I cannot get on the bus with the snow so high that the driver cannot put the lift down so that I can get on the bus. And if he has to let the lift down on the street, that lift has such a dip in it that when I get on the bus, my chair leans back so when it's not level on the sidewalk and he is in the street, I have a fear that I am going to fall in the street and I think that you all have paid out enough in lawsuits that you don't need another one from a disabled person who has already had enough problems dealing with issues of falling.

The other problem I have, which has already been mentioned, many of the drivers are rude. I have had drivers that haven't hooked me up correctly on the buses; I've had drivers go past me; and I've had drivers just don't want to be bothered at all. When it comes to The RIDE, there have been drivers that are very nice. I have also had drivers that need sensitivity training, and I mentioned that to the various vendors.

What I would like to see, instead of cutting out The RIDE, is to find ways for The RIDE and other regional transit authorities to work together so that when we do transfer, that we don't have to wait a thousand years between transfers, which is one of my main reasons for moving from Lowell back to Boston, because if I wasn't back in Lowell by 4:00 PM during the week, I was stuck. At least with The RIDE, it runs as long as the trains are running. I think that should be taken into consideration with all of the regional transit authorities. If they can run as long as the commuter rail is running, that would be a beautiful thing. But they have to consider that your consumers have things to do during the week. Instead of cutting off at a certain time, run as long as the commuter rail is running. Give us an opportunity to do what we need to do instead of cutting off at 6:00 PM, leaving us stranded. If we can't get into a taxicab, a lot of cabs are not conducive for wheelchairs. There are not a lot of places where we can go that take wheelchairs, and if you are like me, with a vision problem, you can't see a traffic sign to drive. You are up the creek and you don't want to cause accidents on the street. So work with us instead of working against us, and that's all I have to say.

**Thom Dugan:** Thank you. We really appreciate your comments. **Speaker 27, Speaker 28, Speaker 29.**

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**Speaker 29:** Thank you. My name is Billy. I work with Old Colony Planning Council, the regional planning council that serves the Greater Brockton and Plymouth areas down on the South Shore. In our region, the paratransit services are provided chiefly by the Brockton Area Transit Authority in the Greater Brockton area and the Greater Attleboro-Taunton Regional Transit Authority that operates service in Plymouth and parts of Cape Cod. Both of those services are currently operating very efficiently. There is not a whole lot that I can say that hasn't been brought to your attention today or through any of your other sessions throughout the State. My main comment is that the RTAs, they do need more resources, more operational funding assistance. There has been a great demand, increase

in demand in the last couple of years for paratransit services without a corresponding increase in operational assistance. It's put a lot of stress on the systems.

Through public outreach sessions that Brockton Area Transit has conducted, I have heard comments that there have been increases in delays with the paratransit system. If it's delayed going to the grocery store, that is one thing; but if it is delayed getting someone to a medical appointment and it causes the person to ultimately lose that appointment, that is a problem. That is something nobody wants to see.

So basically, there is a need for operational funding assistance and I realize that goes to the transportation finance reform that goes beyond this Commission and to our State and Federal Legislatures and is part of a much bigger problem and will not be solved any time soon, as long as there is this election cycle. Specifically the comments that I have heard from the Brockton area and the Plymouth area are there need to be increases in service hours into the evening or at least late afternoon. I think Mr. O'Flaherty spoke to that earlier and also something you hear a lot, that people want to get to houses of worship or other activities that will enhance their quality of life. Thank you for your efforts and the opportunity to speak.

Thom Dugan: We appreciate your comments tonight. I believe Speaker No. 30 is next.

Speaker No. 30: First, I would like to thank the Commission for their service, and also for all of these opinions from everyone and. I hope the Commission listens. I had a stroke about two years ago while living in Connecticut. My kids moved me to Massachusetts. Since then I have taken The RIDE for the last 14 months and it has been amazing. Tremendous, actually.

The drivers and dispatchers are amazing. Three things really -- the first thing is that the use of technology, cell phones and GPSs and bans on cell phones and GPSs should not be done because of a mistake that happened. I have heard something about that, but I don't know all the particulars about it. I do know that the technology is where we are going and your drivers need that technology and they may need it if someone, for instance, has an accident in the car and anything else, where they can get in touch with someone. It isn't appropriate anymore to believe that the technology won't be used or shouldn't be used just because it's misused by a few.

I didn't do anything to sign up for The RIDE. My kids did it for me. Financial abilities and so on, of individuals should be taken into consideration because I know The RIDE is very cheap and to lose The RIDE would be terrible. So consider the financial abilities of each individual so that The RIDE could pay for itself better.

Third, we ask teachers and everyone else to do better and better jobs for us and take care of our kids and things like that. The RIDE drivers, I don't think, are paid enough. I know that's maybe not popular, but I would like them to take care of me and all of you better. That's it and thanks. I have only one question.

Several people have spoken about the RTAs, and I don't know what they are. And, I am just asking that for anyone who doesn't know. Thank you.

(An audience member responded: Regional Transit Authorities.)

Thom Dugan: Thank you. Before we step away from you sir, may we get your name?

Speaker No. 30: Daniel Schwartzenbaum.

Thom Dugan: Speaker 32, 33, 34 . . .

Speaker No. 34: Good evening. I am Betty Soderholm. I may be about the oldest person in the room that uses The RIDE. I also walk, take the train, ride buses, walk on sidewalks . . . sidewalks, that is a good topic. But they will take the snow off for us at least the major sidewalks because once the snow is down, it freezes and it's ice. It limits the amount of time you can go out. I have been using transportation for at least 30 years and I was used to the Midwest where they had street cars. We had streetcars and buses galore in the Midwest. When I came here, I found I was moving into a suburb that had absolutely no transportation at all. Although there was a bus out on Route 9 and that is how I managed to get a job here in Massachusetts going into Worcester, that worked for several years except that it was cancelled and when that was cancelled, then I was isolated in my home and I could no longer work.

I started to work on committees, and we managed to get an RTA going four years ago in MetroWest called the MetroWest Regional Transit Authority. A lot of people in the room here do not understand the system of RTAs and my question to you tonight is, "Why isn't there more coordination between the MBTA and the MetroWest RTA, the Worcester RTA – there is no central management of the whole state and what I used to call west of 495?" I called it the "black hole" because there was nothing out there for many, many years until we really worked on it and got some type of transportation that went between Framingham and Milford, but they were very loose. They were not that steady and there were not – still not that good out there and this is what caused me to finally move into Needham Heights where I have the train. I am on the MBTA system and I have the buses, the trains, the sidewalks – there are sidewalks in Needham, and I also applied for The RIDE. Much to my surprise, I was turned down. I am legally blind. I worked for the Commission for the Blind for over 20 years, and it took some doing to get a number of people to say that here is an elderly person that cannot see, who can do some walking but not in bad weather when there is snow on the ground. I am extremely active in my community and I manage to be okay, and now I am on The RIDE system. I like it very much. It is very good. I do not use it all the time – I do not wish to use it all the time because I want to continue to walk. I want to emphasize that people should do as much as they can because they are going to get older, and as you get older, you want to continue to do things in your community and your church, and so forth with your family. The more you can do for yourself, the better off you are going to be.

But what we really need is a more unified system. As I see it and look at it, I would like to see some sort of a central command area. We are so compartmentalized with the MBTA, the MWRTA, the

WRTA, Taunton and all of these others. Why are there 15 RTAs in the State, is my question. And, why can't we do something to have it statewide? The other question is, being a senior, I now go to the senior center and they have a van which is wonderful. Why can't there be some system, this is really theoretical, of working with human services where they have transportation funding from the same source as some of the other Federal funding sources, to provide transportation more locally in your town?

There are a lot of seniors who need to get out and cannot get out because they don't know how to access the public transportation. They lost their licenses and people that could see, now they can't see. So there are a lot of people who will be needing transportation. And, I think that the two ought to get together somehow. Again, one is over here and the other is over there and they don't meet. It doesn't come together in some kind of unified system. So I enjoy The RIDE very much. Getting out and enjoying the community and the City of Boston, and seeing the things I can still see, it makes life worthwhile. I thank you very much.

Thom Dugan: Thank you. Those are great questions for the Commission to take back and consider. Speaker 35, 36 . . .

Speaker No. 36: Thank you for the opportunity to speak tonight. My name is Richard Welch. I live in Woburn. I work in Lowell, Attleboro, and Fitchburg. I am familiar with the RTAs around the State. I agree with the former speaker with respect to getting it together statewide and having cooperation and being able to go between the systems as well as someone had mentioned earlier. Being a user of Veterans Transportation Services, aka The RIDE, I suggested in July via a letter which was never acknowledged or answered, to the General Manager of the MBTA, that there should be a centralized call system, so that the MBTA can get the information they need with respect to complaints and concerns. All I got was a nod, that that was a good idea. It was a six-page letter, single spaced, and I received no response. At the very least, people that are employed by the Commonwealth and working with these populations, should answer.

I think we need a system that works for everyone. As far as the MBTA's idea of an in-person assessment, I think that it's an insult to my medical professional and to my rehab professional as well to say that they are not qualified to say that I am eligible and need The RIDE. I think this is a way to further insulate the MBTA from honorable business and doing what the taxpayers pay them to do. It's my hope that we can get real as a Commonwealth that doesn't want people that are elderly and disabled out there with their thumbs up in the air looking for a ride. Now, I think I can speak for everyone here when I say that we didn't ask to have a disability that impairs our mobility. We didn't ask not to be able to drive. When I go to a grocery store on The RIDE, I ask for particular times. It shouldn't take me two hours to get home with perishables. Thank you.

Thom Duggan: Thank you. Before you leave tonight, a member of our staff will follow-up with you regarding the letter you sent to the MBTA. Thank you for your comments. Speaker No. 37 . . .

Speaker No. 37: Good evening. It is a pleasure to be here and a pleasure to speak. My name is Neil Lipson. I live in Framingham and use the MWRTA. I don't know if this pertains to what we are going

over here, but I have been in Framingham for almost 10 years and one of the reasons that I got out of Newton and bought the house in Framingham in 2002 is because they have The RIDE and that was one of my first five or six reasons for moving to Framingham. The first one was The RIDE and the restaurants and the stores and everything that Framingham has to offer. It's not cheap, but I love it out there now. I am a musician also. That is what I do for a living. And, even being totally blind, that's the vocation that I have chosen and very much enjoy. I keep very busy with that plus social activities. They say I am one of the biggest, busiest constituents in the town.

Now, if something happens and we lose The RIDE, there is no public transportation in Framingham. You can't get around. You are not going to get around without The RIDE. I have never been a good traveler anyway, but even if I were, I wouldn't have the buses. You don't have that. You have the commuter rail that gets you out of Framingham and brings you back in, but you certainly can't travel to locations that I have to travel to go to work. I find myself having to go to all different types of places and nursing homes and to be able to travel and work. And if Framingham should go down and not have The RIDE, I would probably be forced to move out of town. I don't want to have to do that. Just letting you know what the status is out there. There are also some other people that are not here at the meeting who have the same problem. If we lose The RIDE, we won't be able to get around. So, I would like the Commission to consider all of this and to certainly keep all of this in mind. Thank you very much.

Thom Dugan: Speaker 38, 39, 40 . . .

Speaker 40: Good evening Commissioner. Good evening everyone. I am speaking on behalf of people who have disabilities. I think that if you are going to cut something like that and you are going to have reforms and stuff, you need to think about where – what it would do to people. It would leave people out in the dark for one and number two, people wouldn't get to places they normally need to get to. Now, whoever said statewide as far as transit authorities, I think it's a good idea they need to consider listening to other people and listening to what people have to say because when you don't listen to other people and what they have to say, then you turn the other ear.

Now I will say that the meetings are good here. I will say that my suggestion would be to try to work together, all of you , work together and listen to the people because you will get further if you listen to people because the people are the ones that use The RIDE and use fixed routes and do a lot of things. Thank you.

Catherine Mick: Thank you very much. We appreciate your comments. Speaker No. 41, 42 . . .

Speaker No. 42: Good evening. Thank you for having this panel tonight I have certainly learned a lot by being here and hearing all the comments from everybody else. My name is Penny Gordon. I am the volunteer transportation coordinator at the Needham Council on Aging. I wear two hats. I am here to speak on behalf of the seniors and social worker at the Council on Aging. One of the things that I was asked to bring to your attention is the need for short-term rides. Specifically, these rides would help somebody who has a disability or their sight is gone or they are feeling bad and need a ride the next day. It is very, very challenging to get a ride for a distance like to Newton Wellesley

Hospital or to Beth Israel Deaconess Hospital – within 10 miles of most residences in Needham. Another thing I was asked to talk about is seniors in rehab or a nursing home. Someone who has a medical procedure and is recovering in a rehab needs follow-up appointments. If they don't have access to short-term usage of The RIDE, or some other mechanism to get to the doctor appointments, it becomes a real challenge to get to those appointments so they can continue with the rehab and eventually return home and possibly return to independent living. Somebody else brought up chair-car rides. Someone in a wheelchair at home, either recovering or permanently disabled, needs to be able to obtain a ride to go to an appointment or social engagement. For those using a wheelchair in Needham, this has been a real challenge.

The application process for accessing The RIDE system has become quite challenging and one of the things we tell our seniors is that they can download the application and they can do it themselves, but it would help them to get help and advice from someone at the Senior Center. With additional assistance, it is more likely that the questions will be answered correctly, not that there is a right or wrong answer, true or false, but it's not always what you say but how you say it. When people come in and have a social worker assist them with the application process, we find a much higher success rate in obtaining The RIDE.

Something that has been brought to my attention today is The RIDE isn't only for wellness and medical appointments. Part of healthy aging is socializing. It is being able to go bowling, to go to a movie, go out to eat, go to community events, and our town recently had a 300-year celebration and many of the seniors wanted to participate in that and by not being able to use The RIDE, it would have limited their involvement in the community. Something that has been brought to my attention, also tonight, is it seems when The RIDE was established it was geared primarily to people who used wheelchairs and those with physical disabilities. A large part of aging in place and being able to say in your home is also being able to be mobile. People giving up their driver's licenses and not being able to get out and about and do the grocery shopping and visit with friends, find that these limitations are detrimental to aging in place. Thank you.

Catherine Mick: Thanks very much. Speaker No. 43 . . .

Speaker No. 43: I had a lot of complaints about The RIDE. It doesn't pick up well. Passengers transferring from the MBTA to Joint Venture or another vendor are not getting the service they want. They are being left off at a station and have to wait a long time for another vendor. That has got to stop. We need a little coordination.

Secondly, the MBTA needs to get some of the baby carriages off. It's interfering with the wheelchairs and people with canes. You have to help the disabled. You need more services out there, not service cuts. Increase it! Thank you.

Catherine Mick: Thank you very much. Speaker No. 44 . . .

Speaker No. 44: Thank you very much for having this Commission. I was very happy when the Governor announced it, having been watching the financial situation both within the Commonwealth

and in Washington. It is an overdue discussion that we all need to have. At the first listening session, we listened to you. It was a general discussion. You asked us to pull out all the stops and come up with suggestions.

My first suggestion is that the MBTA would use the bus driver lottery list to provide trained drivers for paratransit. Perhaps the new employees could work as a paratransit driver while waiting to be put on the MBTA fixed-route full-time. In that way, they wouldn't lose their place in the lottery system, and the authority would benefit by exposing the new drivers to all types of equipment and auxiliary devices and the employees would benefit by being full-time from the beginning of their employment. Paratransit contractors will benefit by offering positions to those who desire to operate a public transit vehicle in their system while receiving the proper licenses to operate a bus and possibly decrease very expensive turnover of paratransit drivers. I am sure that there are other benefits and the person that brought that up would step up with more of his ideas. Second part, it took three groups to put this idea together. I also would like to express my concerns in the area of emergency procedures for paratransit across the Commonwealth. It may be easier to use a topic from emergency preparedness than emergency procedure. There have been several instances at the MBTA when the emergency procedures failed. In one instance there was a total communication breakdown between the contractor and their drivers and the customers.

A story has been told that a reporter dining at a local restaurant heard several disabled passengers discussing their concern about the lack of timeliness of their ride. One of the passengers contacted General Manager Davy through his electronic messaging device. They were forced to leave the building and go out into a cold, rainy night while the building was closing. Some customers waited five or six hours for a pickup as paratransit drivers sat idle, trying to communicate with their dispatcher. This was an extremely frightening experience for those with disabilities who rely on medication at certain intervals. This put them in danger. There have been elaborate plans, but the authority has forgotten the paratransit customer.

There is no plan. We are out there. We are on our own. And the second phase of this emergency plan, we'd like to suggest that the Commonwealth, with the assistance of the FCC, designate a nationwide 3-digit telephone number for emergency for the elderly as well as individuals with disabilities on public transit to call in order to provide communication to a relay operator regarding location. The relay operator can then reach the transit authority or a family member on a timely basis. This was actually accomplished on July 21, 2000 when FCC designated 511 as a national travel information number, possibly a number if you have dual service to be activated in emergency situations for public paratransit customers. Please consider equipping all paratransit vehicles with defibrillators. This was done at the MetroWest Regional Transit Authority and should be replicated at all RTAs. And lastly, that the Charlie Card issued to paratransit users contain some pertinent information about the customer which could be used in cases of emergency only. This could extend to the population which is not proficient in English. Any responder to an emergency situation relies on accurate information to assist. Again, I want to thank you for your time in addressing these concerns for emergency preparedness throughout the country. I've also sent information on the national

three-digit number to the Special Adviser to the President for Disability Policies, so that we can also do this and benefit everyone in our country. Thank you.

Catherine Mick: Thank you very much. Those are wonderful ideas. Although we do have a CART file for this, do you have any materials that you can leave with us? That would be terrific. Thank you very much. Speaker No. 45 . . .

Speaker No. 45: My name is Betty J. King and I am a disabled human being living with multiple disabilities. The RIDE service has improved in some ways, but lacks improvement in others. If you are planning to continue all the transportation agencies that would need to operate on the same schedules using The RIDE and MBTA operating schedule. The transportation services under the social service agencies needs to be improved. They use the vehicle for medical purposes only.

The consumer has, under the social services transportation, the consumer has to call MART, which is the company responsible for making reservations for travel, and then, through a competitive process, select vendors/contractors to be as honest and open with one another as possible. The consumer has to call MART three (3) business days in advance to book a ride. MART chooses the vendor for you. You have to call MART after-hours to find out the vendor's name, telephone number, and pick-up times.

When you file a complaint, you never get a response. When you inquire about this, your complaint, you are told that you cannot complain about a vendor. You should be glad you got a ride. I filed two complaints. One had to do with a driver who did not speak English and was driving erratically on the Masspike. He was taking me to Burlington and I was very scared for my life. Later I realized that I should have called the police. I should have called the State trooper to have him pulled over and he kept going from lane to lane – he would go from the far left lane to the far right lane – just speeding – and I was very scared. When I filed the complaint I was told that they would get back in touch with me and I told them I never wanted to ride with that particular driver again. I did talk to the company that he works for and his supervisor told me he would not take me anymore. I said that was fine because I didn't want to ride with him anymore and the complaint was never filed.

The second complaint was about a driver who was supposed to pick me up. He called my house. I was at a sleepover at the sleep center and so instead of giving me the driver that had dropped me off at the sleep center, at which I had to stay overnight, they gave me another driver. He called my house. I was not home. I was at the sleep center and he never picked me up. So I ended up calling MART, and the lady told me that the number was only for emergencies. I wasn't a dialysis patient. So, I was not considered an emergency. I said, I am in Weymouth and I need to get home to take my medicine. She said, you are not on dialysis, are you? When I responded that I was not, she said that dialysis is what was considered an emergency. My situation was not an emergency.

I filed a complaint with MART and they said that they would get back in touch with me. That complaint disappeared. And my feeling is that MART has a lot of issues, and when you file a complaint, that complaint should be dealt with, because to me, those are two real serious issues. One, the driver was driving erratically. We could have had an accident on the Pike, and I was scared

for my life. I could have gotten sick, and the dispatcher, because I was not on dialysis, said that was not an emergency. So things like that need to be looked at and when a complaint is filed with MART, it's their responsibility to make sure that they investigate the complaint and get back to the complainant in writing. They feel that they don't have to and I think something needs to be done about that.

When a driver has to drop us off on Temple Place, the T drivers get mad because it's on the side that they park on. The RIDE drivers are only dropping us off and picking us up. They have to drop us off and pick us up on the right-hand side. The T bus drivers get made with them and tell them to move or they will call the T police and tell them to move, and all they are doing is dropping off and picking up. Someone from the T should tell them that they are not parked there for a long time and they shouldn't be bothering them. They should let them drop people off and pick them up because they can't drop us off in the middle of the street. I think that someone from the T should talk to them about that. They are all under the MBTA, and they should give them that privilege. And thank you for listening to what I had to say.

Catherine Mick: Thank you. Actually we have someone here who can connect with you around the specific issues that you have raised as we would like to make sure those get addressed for you.

Speaker No. 46 . . .

Speaker No. 46: Thank you. My name is Jerri Boyd. Jerri with a J. I have been a RIDE user for 20+ years. At this point in my life, I have seen great improvements on the RIDE as well as some things that definitely need improvement upon. The first thing that I tell anyone who asks me about The RIDE service is still too often, RIDE passengers are treated like packages. I have heard other people mention UPS and FedEx and too often, we are made to feel like a UPS package or a FedEx package and not a person. So, as many have mentioned here, I would say there are many, many internal things that the T could do to improve the efficiency and effectiveness of The RIDE as well as external things such as straightening out the eligibility criteria and so forth. Until folks are treated like first-class citizens, then any changes that are made will go for naught. And too often, in this economy, when we hear the words efficiency and effectiveness, that means cutting off services and that is not what people with disabilities need, whether they live in Greater Boston, out in MetroWest, or in the western part of the State. Again, until we are treated like persons and not packages, then anything that your Commission writes, or anyone brings up about paratransit services, will be for naught. I am very fortunate that I am able to use the fixed route as well. However in winter, bad weather, I rely exclusively on The RIDE. It's good some days and it's bad some days. Until it's good 100 percent of the time, there is going to be a lot of work that needs to be done internally. Thank you.

Catherine Mick: Thank you. Your comments are very well taken about needing to focus on the service delivery and people's needs. Thank you. Speaker No. 47 . . .

Speaker No. 47: My name is Joe. I live in Wellesley. I have been a RIDE customer for 25 years and Joint Venture is my provider. They are doing a real good job. I was a member of RAP, which is the Ride Advisory Project. We improved The RIDE. We hired a consultant. Being a RIDE member, that

used to ride frequently. I would always converse with the driver and ask him if he enjoyed being a RIDE driver. A great percentage of them said yes. So The RIDE is improving slowly but surely. I understand the pros and cons of The RIDE service.

One thing which I would like to mention is 'no shows.' I believe that James Flanagan brought that up prior, this evening, and again, I think there is a lot to be done with The RIDE service, but it's a very valuable service. I take it frequently to see my doctors, to go to all my therapies, and see my friends and go to support groups and so I am well satisfied with The RIDE. But, the people that are in the MBTA know how from these people here, with their complaints about The RIDE, if they can remedy them or try to remedy them, we will have a good RIDE system. Thank you. Speaker No. 48 . . .

Speaker No. 48: Hello. My name is Sybil. (Commission Member Denise Karuth facilitated Sybil's comments.)

When I started using The RIDE, it was 1982. When I was on my own, I loved it. I applied for The RIDE. The provider was THEM, Inc. That was the transportation for people with handicaps in Massachusetts. They came every day. I used to go to Newton almost every day. I liked them very much. And it was a nice company – a very good company. And then the other company – I like them too – but sometimes it takes too long. Sometimes when it takes too long, I go out on my own. I don't wait.

I am 71 years old. My birthday is this week. And, now it's getting harder. I still go all over, but it's getting harder with my hand. I have my personal care attendant to help me. He helps me a lot. And I am dependent on my personal care attendant(s) when I go out, and I love it too.

One day I had a ride with metro. I had to go to the State House. I had a meeting. And the driver got in a little accident with me in the van. That was last year. It was on Beacon Street. And I told them to let me out. I was late. I had to be there, and I was late. I don't like that. I don't like that. I told them to let me out. I don't remember when. I think it was last year. But they had me there late, and I didn't like that at all. Thank you very much.

Catherine Mick: Thank you. Speaker No. 49, 50 . . .

Speaker No. 50: Good evening. My name is Evelyn Kauffman. I am a psychiatric survivor, but I also have physical limitations which are getting worse. In 1984 I had a herniated disc that left me with nerve damage. Over the past decade, it's gotten worse. I have been diagnosed with spinal stenosis and sciatica. I have diabetic neuropathy in my feet. I walk with a great deal of pain and I have been on a cane for the past ten years. I know in some places I can negotiate the subway system, but let me tell you, getting here on the Green Line, on Boylston Street, was brutal. The station is not handicapped accessible and I have trouble keeping my breath on the stairs going up, and I fear the trip down. Since I fractured my ankle, I have been scared of flights of stairs, and I am reapplying for The RIDE because I need it – not for all things, but sometimes at night, going home and also I am a dual eligible. I am Medicare and Medicaid. I am on a fixed-income, and it would help give me a better quality of life by allowing me to be able to afford to go to occasional service at my synagogue in

Brookline. I cannot afford to go because the cab fare is too expensive. People are getting more and more disabled. I am 63 years old now. I had my injury when I was 35. I am deteriorating. It's harder and harder for me to walk. There are some places I don't need The RIDE, but at night, coming from meetings, and areas not bus accessible, it would be a great help to me.

I know there have to be cutbacks and eligibility criteria and I don't want to use The RIDE for frivolous activities. I saw the investigative report showing The RIDE taking people to nightclubs. I want you to consider people like me who are dual eligible and who are deteriorating and want a better quality of life. I beg you not to make severe cutbacks to people like myself who started out ok but got worse and worse physically. I am asking you to please save our services. Thank you.

Catherine Mick: Thank you very much. I just wanted to do a quick time check here. So many of you have been with us since 3:00 this afternoon, and I greatly appreciate how much time you have been spending to listen to one another and to provide your feedback. It's 6:40 right now. I know some of you may have rides scheduled. We are on Speaker No. 51.

We do have folks at the front – at the sign-in desk with laptops to take additional comment if folks have them and want to provide them. We just really want to make sure we have the opportunity to hear from everybody and hence we are timing and keeping on the two-minute mark here. So I will continue to proceed, but just wanted to give folks who may not have a time-keeping device with them a heads up that that's where we are in time. We have 65 speakers, and we are at No. 51. I know some people have already left their comments with one of our staffers at the sign-in desk. So, speaker No. 51, 52 . . .

Speaker No. 52: Good evening. My name is Clifford Weaver and I have been here since 3:00 PM. I will make it brief. I really appreciate your sitting there all these hours listening to us and I know you are tired just like I am. Everybody is ready to go. I appreciate you all sitting here and listening to us. You got to look around. American people are sick and disabled and a lot more people today are becoming elderly and they are unemployed and so people really depend upon The RIDE. God bless The RIDE. I don't care what you heard about The RIDE, let me tell you something, don't let The RIDE down. All the complaints you heard today, the people complaining will be waiting in line tomorrow to call The RIDE. The RIDE is doing an excellent job. Let's not get twisted. Without The RIDE, we would all be in harm's way. Reality is that The RIDE is trying to do the best it can with the limited amount of service that it has to serve a multitude of people that want to be part of The RIDE. Now we have the Veterans coming back from Iraq, from Afghanistan, from Libya and around the world. They are going to need The RIDE and so many more people, American people that have bad health, don't know why it is – because of diet, hygiene, bad hospital care, accidents, or just getting old and ugly and need somebody to give them a helping hand.

That is part of the American dream, and we are part of the American dream and I guess The RIDE is too. That is what we have to look forward to. One thing I would like to say that I wish you have a little patience with us and hope we all can work together to keep The RIDE a reality –not only for ourselves, but for the future generations to come. We spend all that money in Iraq and Afghanistan and Libya and we should be spending that money right here in America for corporations and

industries to provide positive services for American people who need it and have a lot of American people that work for The RIDE, their family riding The RIDE and they don't need to use The RIDE. You have had people who use The RIDE, have cars, live outside of Boston – they use The RIDE to come in because they don't want to park their cars or find a parking place, or pay for the parking, or be hustling and bustling on the trains and buses. They take advantage of The RIDE and they don't need to have The RIDE. The RIDE is for elderly, senior citizens, people that need help. It's great service and I hate for it to fail because people manipulate it. I know that I have 13 seconds left.

I am interested in the minorities. We need to set up a program where women and people of color can go to a class to learn how to be able to get themselves a franchise like Kiesling, like GLSS, and Joint Venture. We need to have the opportunity because, as a State organization, there is a law for minority set-aside. So when you have little, small towns you didn't even want to service, subcontract to women and some people of color, those contractors will get the service to the small communities. In any case, we need to have the opportunity to have a chance to run our own RIDE for our own community, for our own people. Hey, God bless the community and God bless The RIDE. Charity begins at home before you go abroad. Long live The RIDE, Happy Thanksgiving, Happy Christmas, Happy New Year, and Happy RIDE. Don't leave home without it.

Catherine Mick: Thank you. Speaker No. 53 . . .

Speaker No. 53: Hi. My name is Ms. Johnson. I would like to add a little to what one of the speakers said about the ability and using The RIDE. I am also stricken with spinal stenosis. I lost all my ability to walk. I started out walking on a cane and now, I am almost in a wheelchair. For my first 47 years of life, I was just like everybody else, I could come and go as I pleased. I never drove. I had a fear of driving, but I was never able to get around to basic places like Wal-Mart, basic shopping areas. The RIDE has made such a change in my life that I can go to the places and do a little shopping and I don't have to ask people to take me. It's helped my life. If someone told me I would be in this position 10 years ago, I wouldn't believe it. So it's a big thing because unfortunately, for 16 years I didn't use The RIDE. I've only been on it for 5 years. I have to follow the rules and regulations of it. It's very important for some of us that have places to go. I am hoping you can work it out so it will continue. I know it's given me a better quality of life. Thank you.

Speaker No. 54: I've had an unfortunate experience for the past two years. It's been a horrible situation with Joint Venture. The majority of the drivers are very good and there may be 4 or 6 out of dozens. They are good and about 4 or 6 are very bad. And unfortunately, the good drivers that we have known, we don't get anymore and they have been getting very bad drivers. Only a few but it's extremely bad and we have had them written up in the past by safety supervisors for Joint Venture, Paul Stevens, as well as a young man named Brendan. These gentlemen no longer work for Joint Venture, and it's a very bad company. A woman named Mrs. Thompson is owner of it. She doesn't seem to do a very good job in taking care of her customers, patients, as well as her employees. A lot of times, even the poor drivers have trouble. They send them backwards and forwards and as far as I am concerned, I just found out through a gentleman who works for the T in the financial section that there are a lot of complaints regarding both a waste of time and gasoline. You bypass a person's spot and you go 20 miles out on the road to go elsewhere. It's a waste of gasoline going backwards and forwards. It's a waste of time. It's a hindrance to the poor driver, given like 5 minutes for here and five minutes for there, and it seems to be a constant situation where when they take me, it's like a two-hour tour. It is. It physically is. It's a two, three hour tour but always a two-hour tour and especially when it comes down to hospital appointments. Because I am constantly in and out of the

hospital, I let the T know immediately. I call if I am going to be late. I say that I am staying that that I will call when I am ready. Sometimes I am not and I am in-patient. It's a terrible situation to drive me around all over the world to take me to a spot. They do have stipulations like an hour but it seems to be always two hours of more and it's a shame. One of the recent incidents was going to the Hospital and Joint Venture had to pick up a woman who was going to a beach. This is during the past summer we just came out of. They took her to the beach first. We were two hours, me and my PCA, two hours riding on the Joint Venture van by the time we got to Mass General – I was two hours and twenty minutes late for my appointment. This is a critical situation for paratransit. This is a typical situation for Joint Venture. It happens constantly which is a shame because it should not be this way. Recently just again, I was at a supermarket, right next to home. It wasn't even a mile away. The driver had no choice but to pass me by, go 20 miles down the road to get someone else. I have all of these groceries and stuff is melting and defrosting and another 20 minutes down the road and 20 minutes back. It happens that the person cancelled after we went almost 20 miles down the road, the driver found out that the person had cancelled through the radio. The supervisor who was there turned around and told the driver to just stay parked out in the street for the safety supervisor to come and finally get me home. This was ridiculous when I should have been home to begin with.

There have been multiple situations like that. Again, I just came from an appointment, the JFK Building, and they got me there utilizing their usual two hours, but nevertheless, that's where I got off. They picked me up. They had two other passengers after they picked me up. One person was actually picked up at 10 Park Plaza, an MBTA worker. Well, the driver said that he was taking the MBTA worker home first. So she got to go home first. Again, the same situation, we were going past where I live to go at least another 20 miles down the road to the opposite side of town. We drifted from one end of Route 1 and on the other side to Norwood. We went way out of our way to get that woman home first, and she was picked up after us. Now if that weren't bad enough, we had to pass by where we were initially as he travelled in the direction of our home, which was at 1A getting right toward the center of town there and he completely detoured out to Route 1. That is how much out of the way Joint Venture went. This is just some of the lovely examples of convenient venture. Another example . . .

Catherine Mick: Actually we need to move on to the next person.

Speaker No. 53: I need to make one more comment about Joint Venture. On a few occasions, they have actually whacked and hit me. One driver, Gerald, hit me and another driver, William (I have his van number), took off the belts and hit me right on the side of the face.

Catherine Mick: We will have a staff member come and follow-up with those issues.

Speaker No. 53: They are a waste of money for the MBTA and very bad towards patients as well as simple employees, like drivers, except for the few they use for the van as I stated. I don't think Joint Venture belongs with the MBTA. They need to get a better company because we use Veterans for a transfer, and they are very good.

Catherine Mick: We need to move on because we have 13 other people who would like to speak and I am just looking at the time here. The folks on the panel are able to stay on and listen. We also want to indicate if you do need to leave, we completely understand that. We still have folks in the front who can take additional comments from you. But I just want to move on and we will really have to

keep the comments to two minutes so that we can continue to move through and allow everyone the opportunity to speak. Speaker No. 54, 55 . . .

Speaker No. 55: Hello. I am 100 percent Marine Corps and I use The RIDE. I know many Veterans need The RIDE because of disabilities and mental illness. Cancel out from the big boys that have all the money; cut them and let The RIDE continue. Thank you very much.

Catherine Mick: Thank you very much. Speaker No. 56 . . .

Speaker No. 56: Good evening. My name is Rose Miller, and I frequently take The RIDE. I am employed and feel that The RIDE needs to have people that are working in the same area consistently. I work in downtown and live in Roxbury. Although I use The RIDE, I sometimes can take the train. But at this point in time, at night, it's very difficult because I have night blindness and so taking the train or trying to get on the road at night is not very healthy for me.

There are a lot of good drivers with The RIDE. Veterans is consistently good. However, I have been trying to get a subscription. I have been taking The RIDE since 1988 and I have been trying to get a subscription to have The RIDE pick me up at 7:45 each morning. I know I can't always get this particular time, but that's what my request is and if there are people that are in the community that are going in the same direction as I am, which is downtown Boston, I feel like they should pick those people up and all be going in the same direction instead of going to Roslindale or to Hyde Park or Malden. Tonight I was coming from 100 Cambridge Street to here. My ride came at 6:35 PM. My pick-up time was 5:22 PM. I think that's a bit ridiculous, especially since I contacted the dispatcher and asked how long it would take from them to get me here.

I am upset because I just got here recently and I haven't had an opportunity to hear the other comments. But I think what could happen is that we arrive at a better system of getting people in the same location and moving them into the same direction. Thank you.

Catherine Mick: I wanted to let you know that the CART files for each of these sessions, each of these six sessions that we are holding, are going to be posted on our website so that you will have the opportunity to read other comments that folks might have made today. Thank you. Speaker No. 57, 58, 59 . . .

Speaker No. 59: Hi. My name is Jennifer. I am here on behalf of Empower. I live in Worcester, Massachusetts. I ride the WRTA all the time. The fixed routes of the WRTA are messed up. I have physical and mental health issues. The buses are dirty. The sizes went from large to smaller sizes. For buses, people who have the Commonwealth of Massachusetts statewide access pass are not able to sit most of the time. The bus drivers do not ask people – many of whom are teenagers – to get up. Then there are some buses that cannot kneel to help people who are disabled. The City of Worcester cannot afford any more cuts. All of our buses stop at 9:00 PM. If we come back from Boston at 9:00, we have to take a cab that starts at \$3.00 just to get into the cab, and charges .25 per 1/10 mile and even waiting at a red light, it goes another .25. So from Union Station to my house, it's \$15, plus a tip. We have a lot of people with disabilities who are on fixed incomes. If the buses are not running, then people who use the Paratransit cannot get a ride. Worcester cannot afford any more cuts to the system. We need more services, not more cuts.

In 2006, we were promised more services. We got more cuts. Unless you have an access pass, then you pay .70. We cannot afford to pay any more money. We can't afford any more cuts. Thank you for letting me speak.

Catherine Mick: Thank you for your comments. Speaker No. 60 . . .

Speaker No. 60: Hi. I am from Empower. I won't take very much of your time. I more or less would like to give you my ideas on improving customer service: (1) I think that we can benefit from some sensitivity training for the drivers. We get a lot of complaints at our agency due to problems with the drivers; (2) making random inspections to make sure that the vehicles are clean; (3) prioritizing various types of appointments (We have a lot of people who are not able to make doctor appointments. Later you find out, because you know another person, that they went on a shopping trip or something that wasn't quite as important.); (4) looking at technology or GPS systems in case an emergency happens in the vehicle so that people are able to get help through updated software that is being used to coordinate the services.

I am a resident of Central Massachusetts – and the Town of Shrewsbury works outside the RTA system and recently made a decision not to go into the system because of serious customer service issues. Also, the Town of Shrewsbury is not accessing about \$200,000 in Federal funding by making the decision to not go into the system. However, they feel like it's the best thing for their customers. They are really concerned about the seniors and poor, those not able to afford The RIDE and the costs going up. There are a variety of concerns, but I feel that if the software were updated, and technology were being used to the fullest, we might be able to free up some dollars. Thank you.

Catherine Mick: Thank you for your recommendations. Speaker No. 61 . . .

Speaker No. 61: Good evening members of the Commission. I appreciate the opportunity to talk. My name is Michael Muehe. I am the Executive Director of the Cambridge Commission for Persons with Disabilities. My comments are my own and don't necessarily reflect the Cambridge Commission or City of Cambridge.

The recently announced changes in Paratransit eligibility rules have triggered many concerns among the disability community in Cambridge and beyond. I would like to suggest some ways to reduce the anxiety that many people are experiencing. First, I would recommend the changes be phased in very carefully and gradually so that people with disabilities are not facing a lot of really sudden and dramatic changes that can cause a great deal of upset and distress. I think that there are ways to sort of sweeten the pot, if you will, by offering things like incentives to current Paratransit users who are willing to make the switch to fixed-route transit, like offering free trips, reduced monthly passes, greatly reduced cost Charlie passes. It is extremely important that robust travel training programs be implemented along with these changes in Paratransit eligibility. That would include travel training being available for all people with disabilities, regardless of the nature of one's disabilities and that travel training be offered in a variety of modes, to suit the needs of the individual – both one-on-one training and group training. I would further suggest that there be no limit as to the number of travel training sessions any individual would be eligible for.

I would also recommend some innovation like establishing a training and apprenticeship program where people with disabilities can be travel trainers and train their peers and also look for other new and innovative ways to increase the amount of available alternative rolling stock, like accessible taxis.

I was shocked to hear that human services transportation programs, which I believe provide upwards of \$10 or \$20 million of human service transportation throughout the year through Medicaid, Mass. Rehab., Commission for the Blind, etc. contract out through brokerage systems and I was shocked that many of the subcontractors through the brokerage system don't offer a single accessible vehicle in their fleet. I don't think that's right. I think every subcontractor through the brokerage system should have the capacity to provide at least some accessible vehicles in their fleet.

Currently the Massachusetts Department of Transportation offers subsidies for the purchase of taxicab vehicles. But again, there is no mandate that these vehicles be accessible. You need to increase the number of accessible vehicles in the private sector so people with disabilities have a choice of taking taxicabs when the Paratransit is not available and provide operating subsidies to these private providers who offer accessible vehicles. I think you can stretch your dollars a lot further in that way. I am also part of Cambridge-in-Motion, one of 18 forums created by the Work without Limits consortium. It's a transportation collaboration and we along with 17 other groups are working on new and innovative ways to foster transportation management. There are way too many silos and independent agencies offering transportation. This group, the Commission, needs to recognize new and innovative ways that savings can be achieved along with improvements in overall access to availability and we can all get out of individual silos and work together.

Also, I want to say that over the next 20 years, approximately 75 million baby boomers in the country will be entering retirement age. If we don't have enough problems now with adequate capacity for accessible transportation, wait until 20 years from now. Thank you very much for the opportunity to comment.

Catherine Mick: Thank you. Speaker No. 62, 63 . . .

Speaker No. 63: Hi. My name is Reverend Frith. I am a municipal disability commissioner. I was unable to park outside because the whole block was set up with no stopping any time, Monday from 2:00 PM to 9:00 PM. But they also took over the handicapped parking spaces. My understanding of the law is that if the handicapped parking spaces are usurped, then handicapped parking spaces have to be relocated to the next available spaces, or to spaces closest to the building. So I don't know who decided to do that, but I have to say that when I walked in here and I saw that the sign said "transportation access for all," I felt very left out. My concern has to do with this kind of ongoing situation with The RIDE. It seems that this is a common decision, whether it's The RIDE, Joint Venture, or Veterans Taxi – for its employees to take the handicapped parking spaces, giving themselves permission to occupy handicapped parking spaces, the MBTA bus stops, and blocking sidewalks and curb cuts on a regular basis. Where is the teamwork? Where is the cooperation between the MBTA and these other entities, making sure that everybody has full access to transportation. The Federal laws are very clear and the State laws are very clear. So my suggestion is that The RIDE, particularly the management and the employees, need to be reined in what the ADA law is on a Federal level, on a State level, on a municipal level.

I also couldn't find anything about this particular gathering on the website for the public meetings on the MBTA website or in the website with The RIDE, and I had to do a lot of hunting and a lot of calling different places before I was able to get a confirmation about this meeting happening. Also, as someone mentioned, there is a growing population of persons with disabilities. We know this because of the wars. We know this because of accidents. We know this because of people who have chronic illnesses. But we are the largest minority population in the United States, and we are growing

and as I was told when I was at Harvard Divinity School when we rededicated the chapel because we couldn't have persons with disabilities have access to that chapel until we were able to put in an elevator, each every one of you, if you live long enough, will become a person with a disability. So, please, start thinking about it now. It can be a very lonely and isolating experience.

And, again, with the laws – you can't serve one person with a disability at the expense of another, and I felt that is what happened with me this evening, and I feel that is what happens whenever I can't access either the bus or handicapped space because there is The RIDE in it blocking my access. Maybe what we can do is to find some way to provide spaces for The RIDE and the other taxi services, the Veterans Taxi and Joint Venture, where they can have a spot where they won't block my access and the access of other people with disabilities. I also say let's change the attitude of the employees and management of The RIDE and Joint Venture and Veterans Taxi. I have traveled throughout the country as a person with a disability, and I have been greeted warmly and welcomed and asked if I need help. That has not been the way I have been treated here. I have been treated with a lot more sense of entitlement and hostility by this entity. What I have also been doing is photographing when there are these violations so that I can turn them in and I have been told that I have made more of a violation by photographing these violations than the person who has done the original violation.

I recommend to you a film that is on PBS now with "Independent Lens" called "Lives Worth Living." It's about the strong will of persons with disabilities and gaining full access and mobility to their communities and strongly suggest that that could be part of the training. I would certainly suggest that every one of you on the panel make a point to watch it. It really shows the struggles that we have to go through unnecessarily. So I think I am pretty well finished.

Catherine Mick: Thank you. Just to let you know, folks have been made aware about the issue that you raised about the blocked access and we will be looking into that with the City of Boston.

Reverend Frith: Okay. And also, since we are dealing with the MBTA, can we please work with The RIDE to have that same attitude with its clientele. Thank you.

Catherine Mick: Thank you. Speaker No. 64, 65 . . .

Speaker No. 65: Thank you. Thank you for staying late to hear from all of us. I have a number of public safety concerns that I cannot possibly address in two minutes, but I will do my best to rush through what I think is the most important. My name is Melissa Adams, and I was recently classified as disabled. I want you to know how I got to be classified as disabled. On July 19, I was going home on the Orange Line train to Malden, Massachusetts. I attempted to get off the train and the doors opened and I went down hard. People literally said, "Oh, are you okay? Are you okay?" And I jumped up and pretended that I was okay out of embarrassment and didn't realize I wasn't okay. An ambulance was called to treat me, and my life has been really painful .

I fell on the Orange Line platform at Malden Center train station on July 19, because that platform is in horrible condition and I was angry when I learned from an Inspector named Sylvia that she was horrified to return to Malden Center this summer to discover that that platform still had not been repaired one year after she called it in to the safety line, to the authorities, and said "We have got a real problem here at Malden Center T."

So I have had to live with what they are saying is a torn ACL that could require surgery, a sprained ankle, a sprained back, sprained hip, and two damaged knees. I have missed more family events and specific occasions that I would like to recall. A special trip a day after my accident – and I am particularly upset that I missed that. I missed birthday parties and special occasions with my family, and most importantly, I missed the start of a new job on July 12<sup>th</sup>. I only got to work three hours on that job before I had this accident. Since, I have been unable to work.

I am now collecting emergency funding for people with disabilities because of my injuries. I want you to know that I have had no response from the MBTA since I filed my complaints with Customer Service. Five weeks after my accident, I got on a Silver Line Bus at Downtown Crossing, and a bus driver, who was in a rush (her badge number is 66651) said to me when I asked her to lower the platform so I could get on the bus, “Oh, I knew I shouldn’t have stopped for you.” After I tapped my Charlie Card on the farebox to get on, Driver 66651 took off without allowing me to be seated and I then flew across the bus, landed on top of a baby carriage, smashed my knee, almost injured a baby, and had to be transported to the hospital in an ambulance, all because she was in a rush and didn’t want to lower her platform and didn’t allow people time enough to sit down. I think there is a real problem with the bus line in general. I take the bus frequently and would say 80% of the time, and I am tracking this now, I have to ask the driver to please lower the platform because the step is too high for me to get on. They are not pleased to hear that request. Apparently a lot of buses can’t handle lowering and raising platforms every day, and they break down. The drivers are afraid that if they lower the platform, they are not going to be able to raise it again, which is going to cause the bus to shut down. They are also concerned that they are not going to be able to stick to their schedules if they constantly have to lower the platform for people with disabilities. I am living this experience. I have to tell you, it’s really frustrating to have to beg someone to do the right thing every day.

The last point I would like you to know is if this hadn’t happened to me, then I wouldn’t know how people with disabilities have to live on the MBTA and the disgusting existence. I am getting emotional just telling you about it, because I can’t believe that people have to live this way. Every day, when I got on the elevator, I have to stand in urine, and it’s humiliating. It’s awful and I have to hold my nose because these elevators are also bathrooms for people and that has to be addressed. This is a serious public safety issue and it’s not just an impact on people with disabilities. It impacts moms carrying their babies in strollers and I think about the germs that people are tracking in and out everywhere. I have gotten on elevators with feces and with urine.

My suggestion is that you open up the bathrooms in the train stations. You have to do it. We all know that there are bathrooms in every T station. You have to open them up and have to man them with someone who can watch them so you don’t have to address the drug users and prostitutes. You have to open up the bathrooms because people are using the elevators as bathrooms, and I have had to take the stairs more times than I care to count because the elevator wasn’t accessible at all.

The last suggestion that I would make to you regarding the elevators is that I have talked to the CSAs about this and they said they need to shut the elevators down and lock them so that you have to buzz to get on the elevator and someone can watch on camera and that is nonsense. We have to have people hourly checking those elevators and cleaning them. And the last thing I want to say is that Customer Service is not doing a great job of documenting the calls to 3200. I have reported all of these things to 3200 and recently called back and tried to address why no one has gotten back to me about any of my concerns. They couldn’t even find the calls. They can’t find the call from when I was on the bus, and because the driver was driving erratically, and I had fallen on the baby carriage. They

have no record of it. They can't find it. Last thing I want to say to you because it is really important is that I called Rich Davey and Tina Beesley three weeks after my accident which occurred on July 19 because I was really furious that the Malden platform had not been repaired three weeks after I was injured and other people had been injured. I couldn't reach Rich Davey, but I did reach Tina Beesley. I told her I was angry because I had been hurt. Other people are in danger of being hurt. The inspectors tell me they have been complaining about this over the course of a year and the T is not taking the problem seriously. I told Ms. Beesley that I was calling her because I didn't want it to happen to anyone else, and she said, "I know about Malden and have known about Malden for a long time. The T is broke and Oak Grove is worse than Malden and that is going to be our first concern." And I said to Ms. Beesley, "That's not good enough. If you can invest thousands of dollars to let people know what time their next bus or train is coming and put those signs up in Back Bay Station and everywhere else, you can find a few thousand dollars to repave a platform that injured people. That is not good enough. We have to find the money." I hope you will take these concerns seriously. My life has been impacted. I am told it will be six months to a year before I am better, and it should not have happened."

Catherine Mick: Thank you. Speaker No. 66 . . .

Speaker No. 66: Hi again. My name is Rose Miller. I am listening to these comments of people who have been injured and also that need to take The RIDE. The RIDE is a good service, and I would hope that the people who need to take The RIDE, take it seriously and understand that this is a service that is offered by an authority. I guess it's The RIDE Authority or the MBTA, and that one thing that is important is customer service and teaching people how to address each other.

Unfortunately, a lot of this is learned when you are a child, and as an adult, you shouldn't have to be taught it again. It's common sense and common courtesy to ask a person, "Do you need help?" If the person doesn't need help, then leave it alone, because if a person says, "No, I don't need your help." and if they ask to get off of The RIDE, if you know where you are going and you need to get off, you should be able to get off of The RIDE. I am a person who is very independent and I sometimes don't want to ride for four or five hours out of my way, even though that's not always the case. I got on The RIDE the other day and the gentleman got on the Expressway, then came back around. He went on the MassPike and came back around and got on Storrow Drive. I was going to Roxbury. I asked, "Why are you going on the MassPike?" He responded, "Oh, the GPS told me to go on the MassPike." "Sir," I said to him, "I could have told you which way to go. You could have listened to the passenger." But, these people are saying they have to go by the computer. That's ridiculous. The consumers know where they live and if they have a shortcut or shorter way, then they should listen to the consumers. And this is for all drivers, not every person is mentally capable of giving directions. But sometimes they are. I just feel like the driver should at least listen to the consumer sometimes. Thank you.

Catherine Mick: Thank you. Thank you everybody for staying. We have closing comments here this evening from Secretary Bigby, who is co-chairing this Commission and Acting General Manager of the MBTA, Jonathan Davis.

Secretary Bigby: Just briefly, I want to thank everybody for coming, not only to this session but to the other sessions as well. Just listening to the range of issues that have been brought up here, this is not simply about giving people rides to their doctor's appointments. There are a wide range of issues related to making sure that people can be independent, live in the community, get to work, get to doctor appointments, do all the things that everybody wants to do on a daily basis.

I appreciate the people who took the time to compliment the workers that they have been exposed to. I appreciate the people who took the time to tell us about the workers who they did not compliment, and I appreciate the staff who are here, who are available to follow up. And, I certainly appreciate the people who took the time to come with your ideas about how to improve the system. The Commission appreciates all the input that we have gotten. We have a lot of work to do. Thank you.

Acting General Manager Davis: I thank you for coming out tonight and taking some of your valuable time to give comment to this Commission. We will take your comments seriously. Safety is the primary concern of the MBTA – safety for all of our customers and safety for other employees. I appreciate the comments you had. I will check those particular areas, both Oak Grove platform and Malden Center Station platform. We want to make sure that everything that we provide is safe for our customers every single day.

Thank you for your comments and thank you for coming out tonight.

Thom Dugan: Also, on behalf of Secretary Davey, we appreciate your candid comments and compliments to our providers and our staff for good service. Thank you also for being very open about where we need to improve. We are going to take these comments back to the Commission and we will be working from all that the Commission members have learned from these sessions. We really appreciate everyone coming tonight.

I think that ends this meeting tonight. Again, we appreciate your time and appreciate your coming out. Thank you.