

CITY COUNCIL  
CITY OF NEW YORK

----- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING JOINTLY WITH THE  
COMMITTEE ON TRANSPORTATION AND THE  
COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL  
DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE  
AND DISABILITY SERVICES

----- X

April 23, 2015  
Start: 10:16 a.m.  
Recess: 2:25 p.m.

HELD AT: Council Chambers - City Hall

B E F O R E: YDANIS A. RODRIGUEZ  
Chairperson

MARGARET S. CHIN  
Chairperson

ANDREW COHEN  
Chairperson

COUNCIL MEMBERS:

Maria del Carmen Arroyo  
Karen Koslowitz  
Deborah L. Rose  
Chaim M. Deutsch  
Mark Treyger  
Paul A. Vallone  
Daniel R. Garodnick  
James Vacca  
Stephen T. Levin  
James G. Van Bramer

Mark S. Weprin  
David G. Greenfield  
Costa G. Constantinides  
Carlos Menchaca  
I. Daneek Miller  
Antonio Reynoso

## A P P E A R A N C E S (CONTINUED)

Thomas Charles  
Vice President  
Metropolitan Transit Authority (MTA)  
Paratransit Division  
Department of Buses - Access-A-Ride Service

Caryn Resnick  
Deputy Commissioner  
External Affairs  
NYC Department for the Aging

Karen Taylor  
Assistant Commissioner  
Community Services  
Department for the Aging

Aleen Cox  
Member of JASA  
Access-A-Ride User

Anthony Setteducate  
Access-A-Ride User

Leslie Reese  
Access-A-Ride User

Molly Krakowski  
Director of Legislative Affairs  
Jewish Community Relations Council - JASA

Joe Rappaport  
Taxis For All Campaign

Jim Weisman  
Executive Vice President & General Council  
United Spinal Association

Amy Paul  
Senior Advocate

Taxis for All Campaign

Meola V. MacDonald  
Senior Citizens and Health Committee  
Community Board 12, Queens

Martin Treat  
President  
Clinton Hell's Kitchen Coalition for Pedestrian  
Safety

Kathleen Treat  
Chair  
Hell's Kitchen Neighborhood Association

Jean Ryan  
Disabled in Action and Taxis for All Campaign

Matt Kudish  
Senior Vice President  
Caregiver Services  
NYC Chapter of the Alzheimer's Association

Lynn Bonya-Jacobson  
NYC Chapter of Alzheimer's Association  
Access-A-Ride User

Aditi Shah  
Attorney  
New York Lawyers for the Public Interest

Tweeps Phillip-Woods  
Executive Director  
Committee for Taxi Safety

Ellen Garmin  
Retired Social Worker  
Past Chair Council on Aging, Southern Brooklyn

Michael Davoli  
American Cancer Society Cancer Action Network

Ann DeShazo  
Director  
Vision Services for the Blind and Visually Impaired

Maria De Austin  
Access-A-Ride User

Agnes Abraham  
Access-A-Ride User

Michael O'Loughlin  
Cab Riders United

Michael McMahon  
Nissan North America

COMMITTEE ON AGING JOINTLY WITH THE COMMITTEE  
TRANSPORTATION AND THE COMMITTEE ON MENTAL HEALTH,  
DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE  
ABUSE AND DISABILITY SERVICES 6

[sound check, pause]

[gavel]

CHAIRPERSON RODRIGUEZ: [off mic] I hit  
Jesus. [laughter] Good morning everyone, and  
welcome to today's hearing of the New York City  
Council Transportation Committee. I'm Ydanis  
Rodriguez, Chair of the committee, and I'm joined by  
my colleagues, the Chairman of the Aging Committee,  
Margaret Chin, Council Member Cohen, Vallone,  
Crowley. We are gathered today to discuss an  
important issue of improving transportation for the  
disabled and other communities to the access of ride  
and other programs. Transportation is often  
something that we as New Yorkers take for granted.  
But some in our city have limited options, and they  
struggle everyday to get from point A to point B.  
For this reasons, we must work toward making  
significant improvements now that will allow for  
better conditions in the future. According to the  
United States Census, over 850,000 New Yorkers have  
disabilities, and without accessible transit options,  
can be kept from jobs, social life, parks and all  
that our city has to offer.

1  
2           With the passage of the United States  
3 Americans with Disabilities Act in 1990, our City  
4 began working to ensure comparable transit options  
5 exist for all those who face disabilities. To this,  
6 the Access-A-Ride Program was created, which now  
7 operates under auspices of the MTA providing ride--  
8 riders--rides for disabled persons to various  
9 independent subcontractors. We appreciate the MTA's  
10 commitment to providing Paratransit services and for  
11 recognizing the importance of this service through  
12 the creation of the Paratransit Division. Yet,  
13 through conversations with constituency and advocacy  
14 organizations, it remains clear that there is a real  
15 need for improvement in transportation for those New  
16 Yorkers. Concerns relating to late service and safe  
17 driving, and a lack of accountability are all of  
18 interest to this committee as some of our most  
19 vulnerable residents are placed at risk when these  
20 issues persist.

21           Additionally, no shows, which have the  
22 potential to leave people stranded with no way to get  
23 home, or their destination is entirely unacceptable,  
24 MTA data shows that the percentage of trips where  
25 this occurs is on the rise and they cannot stand for

1  
2 this. While budget constraints remain, a reality,  
3 this is not an excuse for failing to provide service  
4 for those in real need. The eligibility requirements  
5 have left many ones receiving this valuable service  
6 to look elsewhere at greater cost both physically and  
7 financially. On top of that, a lack of translation  
8 service has limited access to this essential resource  
9 to many communities throughout our city. The  
10 strategies that can keep costs down, but still  
11 provide service to expanding numbers of individuals  
12 in need must be explored. Therefore, we are eager to  
13 hear what the MTA has planned as well as the most  
14 recently status update on the Zero Fare Metro Card  
15 Program in partnership with the TLC licensed vehicle  
16 through the Taxi Debit Card Programs.

17 As the city moves toward greater  
18 accessibility in taxi and for-hire vehicle fleet, and  
19 stricter enforcement of traffic violations, this is  
20 an area where we can realize real benefits at lower  
21 costs while providing safe, affordable and timely  
22 services for disabled persons. Not all New Yorkers  
23 have the luxury of taking a subway or bus on their  
24 daily commutes, but this does not mean we can't allow  
25 them to go underserved. It is not only compassionate



1  
2 and equitable to provide transportation services to  
3 disabled persons, but it is Federal Law. As such, we  
4 will more diligently explore every avenue available  
5 to improve transit--Paratransit services. We must  
6 continue to modernize our existing transit  
7 infrastructure making more subway stations accessible  
8 and providing accommodations on our buses. But, we  
9 must also improve Access-A-Ride and comparable  
10 services to bring them up to par in providing truly  
11 equitable transportation for those in greater needs.

12 I would like--I would like to thank my  
13 committee staff Counsel Kelly Taylor, Policy Analyst,  
14 Jonathan Masserano, Gafar Zaaloff and Russell Murphy  
15 as well as my Chief of Staff Carmen de La Rosa, and  
16 my Community--Communications Legislative Director,  
17 Lucas Acosta for helping me so much to prepare me for  
18 this hearing. Now, I would like to call my Co-  
19 Chairs, Council Members Chin and Cohen to also do  
20 their opening statements.

21 CHAIRPERSON CHIN: Thank you, Chair  
22 Rodriguez. Good morning. I'm Council Member  
23 Margaret Chin, Chair of the Committee on Aging. We  
24 are very pleased to be joined today by my colleagues,  
25 Council Member Andrew Cohen, Chair of the Committee

1  
2 on Mental Health; Council Member Ydanis Rodriguez,  
3 Chair of the Committee on Transportation; and members  
4 of the Mental Health and Transportation Committees.

5 I would like to acknowledge Council Member Vallone  
6 and Council Member Koslowitz of the Aging Committee  
7 who are with us today. Today, we will be having an  
8 important conversation about how our seniors and  
9 people with disabilities are able to access our city.

10 For many older New Yorkers and others with  
11 disabilities, New York City's Paratransit System  
12 Access-A-Ride is a vital lifeline to accessing  
13 medical services, social and cultural activities, and  
14 other daily needs.

15 According to the Department for the  
16 Aging, disability rates are higher for older New  
17 Yorkers when compared with the national population.  
18 In one study reported by DFTA, 37% of seniors  
19 reported some level of disability, and one-fifth of  
20 seniors, 20%, had conditions, which restricted their  
21 ability to leave their home, shop, or visit the  
22 doctor. In a city of almost 1.5 million seniors and  
23 growing, there is a significant number of people who  
24 may be able to benefit from Access-A-Ride services  
25 because they cannot access the city's mass transit

1  
2 system. As the seniors with disabilities also report  
3 higher level of poverty and social isolation, it is  
4 essential that they be provided with the affordable  
5 accessible means of transportation to which they are  
6 entitled to by law. Unfortunately, Access-A-Ride  
7 does not always provide the services those seniors  
8 and others with disabilities need. Seniors and other  
9 Access-A-Ride customers have complaints for many  
10 years about drivers eating--either arriving late for  
11 their appointed time, or simply not showing up at  
12 all.

13           When such trips, as they often do,  
14 involve critical medical appointments, such issues  
15 are not only unacceptable customer service, but  
16 potentially harmful to the individual relying on  
17 Access-A-Ride to get them to their appointments.  
18 Limited English Proficiency people with disabilities  
19 have also complained about barriers to Access-A-Ride  
20 due to the lack of language accessibility provided by  
21 the MTA. My staff recently conducted a survey of  
22 seniors in my district who reported a wide range of  
23 experiences using Access-A-Ride. Most seniors in my  
24 district use Access-A-Ride for doctor's visits and  
25 trips to senior centers. We heard about issues where

1  
2 language access, trip length, and poor coordination  
3 with passengers, and most significantly, punctuality.  
4 With seniors often being delivered up to an hour late  
5 for appointments. New York City's population of  
6 people with disability, seniors and non-seniors  
7 deserve better.

8 We would like to hear from the MTA about  
9 how they have addressed these concerns, and how they  
10 will work in the future to ensure that these  
11 individuals get safe, effective and affordable  
12 service that enables them to participate more fully  
13 in the daily life of the city. Additionally, we will  
14 hear from DFTA about its transportation services  
15 program, which currently makes about 250,000 trips  
16 per year for seniors unable to access or use public  
17 transportation. DFTA has put out a concept paper for  
18 a planned RFP to expand this program, and we look  
19 forward to exploring DFTA's goal for increasing  
20 access to safe, reliable transportation for seniors  
21 in New York City. I thank both the MTA and DFTA and,  
22 of course, our advocates for joining us today. And I  
23 also want to thank our committee staff Eric  
24 Bernstein, our Counsel; James Subudhi, Policy  
25 Analyst; and Dohini Sompura, Financial--Finance

Analyst; and my Chief of Staff Yume Kitasei for helping to prepare for this hearing. Thank you, Chair.

CHAIRPERSON RODRIGUEZ: I'd like to recognize Council Member Constantinides, Menchaca, Koslowitz and Deutsch--Deutsch, and now from the Mental Health Committee, the Chairman of that committee Council Member Cohen.

CHAIRPERSON COHEN: Thank you, Mr. Chair. Good morning. I'm Andrew Cohen, and I'm the Chair of the Council's Committee on Mental Health, Developmental Disabilities, Alcoholism, Drug Abuse and Disability Services. I am pleased to be joined by my colleagues Margaret Chin, Chair of the Committee on Aging and Ydanis Rodriguez, Chair of the Committee on Transportation with whom I am co-chairing this hearing. Without accessible transportation, persons with disabilities are effectively shut out from being part of mainstream life in New York City. Many thousands of New Yorkers have physical disabilities that affect their walking, climbing stairs, reaching, lifting and carrying. And have many conditions, which restrict their ability to go outside, shop or visit their doctors. An

1  
2 important factor, which cannot be discounted is the  
3 social--social isolation that results from such  
4 disability severely limits the very quality of life  
5 these New Yorkers and all New Yorkers deserve.

6           The Americans with Disabilities Act was  
7 signed into law on July 26, 1990. It was a  
8 groundbreaking piece of legislation, and it is to be  
9 celebrated as we embark upon its 25th anniversary  
10 year. The ADA requires reasonable accommodations to  
11 make public transportation services available to all,  
12 able and disabled. Today's hearing will examine  
13 whether the ADA's intent and requirements are being  
14 met and to determine whether the members of the  
15 disabled community are, in fact, receiving a  
16 comparable level of service. We have serious due  
17 process concerns about both the initial eligibility  
18 determinations and the review upon appeal. For those  
19 determined eligible, we are concerned with reports--  
20 reported wait times, and the availability of  
21 services.

22           The City and State has a huge investment  
23 in our transportation system. Hundreds of millions  
24 of dollars are spent on Access-A-Ride program in New  
25 York City Transit para--and New York City's

1  
2 Paratransit Division. Which is why we need to hear  
3 from the administrators of this--of these programs  
4 and the consumers of these services so that the  
5 committee may in an informed fashion determine  
6 whether the ADA requirements are being met. Thank  
7 you. The Committee on Mental Health and  
8 Developmental Disability services is also voting  
9 today on Resolution 638, which establishes April as  
10 Autism Awareness Month in the City of New York.  
11 Briefly Autism and Autism Spectrum Disorder refers to  
12 a group of complex disorders of brain development.  
13 And although the exact cause of these abnormalities  
14 remain unknown, this is a very active area of  
15 research. These disorders are characterized in  
16 varying degrees by difficulties in social  
17 interaction, verbal and non-verbal communications and  
18 repetitive behaviors.

19           The United Nations established World  
20 Autism Awareness Day in 2007, observed on April 2nd  
21 every year since 2008. Observance of World Autism  
22 Awareness Day occurs yearly in April throughout the  
23 United States including Chicago, Atlanta and Los  
24 Angeles. I'm proud to be a co-sponsor of this  
25 resolution establishing Autism Awareness Month in New

1  
2 York City. I would also like to acknowledge Kimberly  
3 Williams, Committee Counsel; Michael Benjamin,  
4 Legislative--Michael Benjamin, Legislative Policy  
5 Analyst; and Crilhien Francisco, Financial Analyst  
6 for their hard work in preparing for today's hearing.  
7 I want to thank Council Member Ulrich for sponsoring  
8 this resolution, and I urge my colleagues to vote yes  
9 on 638. I'd also just like to acknowledge that we've  
10 been joined by members of the Committee on Mental  
11 Health, Councilwoman Crowley, and Council Member  
12 Vallone. Thank you. Oh, and I would ask the clerk  
13 to call the roll.

14 CLERK: William Martin, Committee Clerk.  
15 Roll call vote Committee on Mental Health, Resolution  
16 638. Chair Cohen.

17 CHAIRPERSON COHEN: Aye.

18 CLERK: Crowley.

19 COUNCIL MEMBER CROWLEY: [off mic] Aye.

20 CLERK: Vallone.

21 COUNCIL MEMBER VALLONE: Aye.

22 CLERK: By a vote of 3 in the  
23 affirmative, 0 in the negative and no abstentions,  
24 the item has been adopted.  
25



1  
2 CHAIRPERSON RODRIGUEZ: So, to continue,  
3 I would like to call the MTA to come and sit, and I  
4 ask my Counsel Kelly to administer the oath.

5 [pause]

6 LEGAL COUNSEL TAYLOR: Kelly Taylor,  
7 Committee Counsel. Would you please raise your right  
8 hand. Do you affirm to tell the truth, the whole  
9 truth, and nothing but the truth in your testimony  
10 before the committees today, and to respond honestly  
11 to council member questions?

12 I do.

13 LEGAL COUNSEL TAYLOR: Thank.

14 THOMAS CHARLES: I can begin? Good  
15 morning, Chairpersons Chin, Rodriguez, and Cohen and  
16 all City Council Members who are present. I am  
17 Thomas Charles, Vice President of the Paratransit  
18 Division within MTA, New York City Transit's  
19 Department of Buses, which is responsible for Access-  
20 A-Ride Service. The subject of this hearing is  
21 billed in the Council Hearing Notice as  
22 transportation services for seniors and people with  
23 disabilities in New York City. I, therefore, wish to  
24 first establish that while many Access-A-Ride  
25 customers are indeed senior citizens, being elderly

1  
2 in and of itself does not qualify an individual for  
3 this service. Paratransit service is provided for  
4 people who meet the eligibility criteria set forth in  
5 the Americans with Disabilities Act of 1990. All  
6 right, thank you. Those who cannot use public buses  
7 or subways for some or all of their trips because of  
8 physical or mental disabilities. Federal Regulation  
9 Title 49 Part 37 details the eligibility rules and  
10 requirements governing how the service must be  
11 provided. Age is not a factor in the ADA criteria  
12 for eligibility nor is a medical diagnosis. Every  
13 Access-A-Ride applicant must undergo an in-person  
14 assessment conducted by a medical professional who is  
15 thoroughly familiar with their reported medical  
16 condition. In addition to a face-to-face interview  
17 and application review, each applicant undergoes a  
18 functional assessment that is pivotal in determining  
19 whether their medical condition prevents the use of  
20 regular, fixed-route transit service.

21 Access-A-Ride is a shared ride door-to-  
22 door or feeder service that requires customers to  
23 make reservations one or two days in advance. New  
24 York City Transit administers Access-A-Ride using  
25 private contractors, including taxis and car and

1  
2 livery services to deliver this service. Our  
3 Paratransit Program is the largest in the United  
4 States. It's operating budget is larger than the  
5 full transit system budgets of several midsized  
6 cities including Denver, San Jose, San Diego, St.  
7 Louis and Milwaukee. Last year's budget for this  
8 service was approximately \$465 million. In July  
9 1993, when responsibility for the service was  
10 transferred to New York City Transit to New York City  
11 Department of Transportation, the program budget was  
12 approximately \$14 million. There were only 92  
13 vehicles in the fleet when New York City Transit  
14 assumed responsibility for the service. Whereas,  
15 there are now more than 2,000 vehicles in service.  
16 We currently provide service to 136,800 Access-A-Ride  
17 registrants, and on an average weekday there are  
18 approximately 25 to 26,000 trip requests. More than  
19 14,000 calls are received by the Access-A-Ride  
20 Reservation Center each weekday.

21 To maintain the fiscal and operating  
22 integrity of this costly, rapidly expanding program,  
23 for those who rely on it to meet their transportation  
24 needs, New York City Transit makes every effort to  
25 operate the service efficiently. Since our last

1  
2 testimony before the Council on Access-A-Ride five  
3 years ago, we have implemented several successful  
4 service enhancing initiatives that have significantly  
5 improved the cost-effectiveness and efficiency of the  
6 services we provide. Despite many claims to the  
7 contrary, there have been no across-the-board cuts in  
8 Access-A-Ride. Although the cost to operate Access-  
9 A-Ride has significantly decreased due to our efforts  
10 to operate the service more efficiently, we continue  
11 to operate fully within the guidelines of the  
12 Americans with Disabilities Act for the delivery of  
13 Paratransit service.

14           At present, 33,291 customers or 23% do  
15 not qualify as fully eligible for the service, but  
16 are deemed to be conditionally eligible.  
17 Conditionally eligibility is the category for persons  
18 who can use fixed route service, but who because of  
19 specific impairment related issues cannot get to or  
20 from a bus stop or subway station. Conditional  
21 eligibility categories include distance, stair  
22 restrictions, cold weather, hot weather. Distance is  
23 the most common eligibility condition. If an  
24 individual's most limiting systems prevent them from  
25 traveling significantly more than a specific

1 distance, for example two blocks or five blocks to  
2 access transit, they be determined to be  
3 conditionally eligible for trips with a specific  
4 travel distance. Feeder service is a component of  
5 Access-A-Ride service for customers with conditional  
6 eligibility. It entails the integration of  
7 Paratransit service with accessible fixed-route  
8 service to accommodate customers who need  
9 transportation to the originating bus stop or subway  
10 station for their trip. Or, those who need  
11 transportation from the bus stop or subway station to  
12 reach their final destination. This feeder component  
13 of Access-A-Ride is facilitated by the significant  
14 capital investment that New York City Transit has  
15 made in 85 completed ADA accessible key subway  
16 stations. The 15 that are pending, and our 100%  
17 accessible bus fleet.

18  
19 To support the conditional eligibility  
20 component of Access-A-Ride, a trip-by-trip  
21 eligibility process is in place to determine whether  
22 the door-to-door service or feeder service is  
23 appropriate when a trip is requested. Under trip-by-  
24 trip eligibility, some customers may not receive a  
25 trip because of a nearby accessible bus line that

1  
2 will satisfy the customer's transportation from  
3 origin to destination without exceeding their  
4 functional restrictions. Feeder service is engaged  
5 when the distance between the point of origin and the  
6 nearest bus stop for an appropriate accessible bus  
7 line exceeds the customer's restrictions by not so  
8 for the destination. In this case, the customer will  
9 be connected to the accessible bus fixed route  
10 service, which will then complete the trip to their  
11 destination. It is important to note that this a  
12 sanctioned approach under the ADA Regulations for  
13 serving certain Paratransit eligible customers.

14           When we first introduced Feeder Service  
15 and the trip-by-trip eligibility process, our  
16 customers were extremely concerned. But that concern  
17 has quelled over time, as we have made a great effort  
18 to judiciously implement these relatively new  
19 components. As evidence of our deliberate approach,  
20 in 2014, we provided approximately 6.4 million trips  
21 of which only 24,816 or .4% were trip-by-trip  
22 eligible, and only 46,665 or .7% were Feeder Service  
23 trips. A growing component of New York City's  
24 Transit--Paratransit service is the use of taxis and  
25 Car Service to deliver Access-A-Ride service because

1  
2 it provides the flexibility needed to address same  
3 day service issues via an additional on-demand  
4 transportation resource. This effort includes an  
5 ongoing pilot on the use of a pre-paid debit card  
6 system on regulated taxis.

7 We are continuing to learn from our  
8 customers' experiences with Car Service and taxis and  
9 to work with New York City Taxi and Limousine  
10 Commission and our Car Service contractors to address  
11 areas of concern. Our continuing efforts to improve  
12 the quality of Access-A-Ride include more efficient  
13 real time control of Paratransit service using the  
14 Automatic Vehicle Location Monitoring system, a  
15 global positioning satellite system, and a wireless  
16 data communication network. Mobile data terminals  
17 are installed in all the Access-A-Ride vehicles  
18 giving drivers maps of their routes and real time  
19 information. This gives us the ability to re-route  
20 vehicles in response to issues that arise on the day  
21 of travel.

22 We have also added an IDR, Interactive  
23 Voice Response System as an element of our customer  
24 service. This provides a feature that has long been  
25 desired by Access-A-Ride customers, the ability to be

1 notified in advance of the vehicle's impending  
2 arrival. In addition, customers now have direct  
3 access to conduct transactions through their phone or  
4 through their personal computer. Among the functions  
5 offered are advanced reservations, trip  
6 confirmations, trip cancellations, and trip status.  
7 Our recent Customer Service Satisfaction Survey  
8 reports highly favorable ratings for our drivers, the  
9 conditions of our vehicles and our call center  
10 operations. The areas that continue to require our  
11 attention are on-time performance with respect to  
12 both dedicated and taxi and Car Service. To address  
13 these concerns, we are working with our dedicated  
14 contractors to provide additional training for their  
15 dispatch workforce. And we are working with our Car  
16 Service providers to maximize the use of GPS  
17 technology. Thank you for providing the forum to  
18 discuss New York City Transit's Access-A-Ride  
19 Service. I'm now happy to answer any questions you  
20 may have.  
21

22 CHAIRPERSON RODRIGUEZ: Thank you, and I  
23 have a few questions, and I know that my colleagues  
24 have other questions, too. And before I get into the  
25 questions, I'd like to thank the MTA for working with



1  
2 us at the--in the Inwood area to put an elevator in  
3 the One Train Diamond Stop[sic], expanding the N100.  
4 That also became very important for the seniors who  
5 live in the Diamond Houses in the area now to have  
6 the opportunity to get a bus going from Broadway to  
7 10th Avenue. It was very important and also having  
8 the support together, the Express bus also stopping  
9 at Diamond and Sherman. Of course we won't stop  
10 there. We want the 98. We want the N98 also to stop  
11 at 178 to be able to go up to Diamond. But this is a  
12 conversation that we will--we will have and you've  
13 been very helpful to us.

14 Well, we understand that the MTA has been  
15 working with us, making major improvements. We know  
16 that when it comes to serve our--our disability  
17 community and the senior population, you know, what  
18 we're doing is paying back. We are reinvesting, you  
19 know, in that generation that have worked so hard.  
20 And I can tell you that of someone also who is more  
21 than also relying on essential drive when had to go  
22 to a doctor appointment. For the last couple of  
23 years that is the service that she used. So  
24 personally, you know, we have lived that experience,  
25 and that's why for me it is so important that we look

1  
2 on how we improve. We have to identify the red tape  
3 and see where can we still do better to provide the  
4 services to that particular great part of our New  
5 York City population. One of my questions is do you  
6 keep data on how many of those drivers who are  
7 scheduled to go to pick up provide the services on  
8 time or do they go late to pick up those people?

9 THOMAS CHARLES: Yes, we do. We--all of  
10 our contractors know what the standards of  
11 performance are. We meet with them regularly to go  
12 over their performance, and we do have detailed  
13 information about the schedules we provided and their  
14 adherence to those schedules. And how they make  
15 various service decisions to adhere to the schedules.  
16 Generally, the challenge is on day of service,  
17 traffic congestion, detours. We're trying to elevate  
18 the skills of dispatch, which is a skill that needs  
19 to be acquired. You don't generally get someone who  
20 is born with those types of skills to make good  
21 decisions when they have to make a change in  
22 scheduled, make a change with a trip on a route. But  
23 we do have tracking, and information on monitoring so  
24 that we can improve, and make decisions about where  
25 we can devote time to improve the service.

1  
2 CHAIRPERSON RODRIGUEZ: When we compare  
3 2014 with 2013, can we say that we have experience or  
4 increased or decreased of drivers being there on  
5 time?

6 THOMAS CHARLES: We had a slight decrease  
7 in our on-time performance a percentage point from 91  
8 say to 90 percent. We've had some additional  
9 training of dispatch to see how we can improve upon  
10 the--the performance. Part of the breakdown of the  
11 decline over that year was some storms. Also some  
12 changeover in the introduction of more Car Service.  
13 So, we're--we're looking at it. I think a one  
14 percent decline given the changes we implemented  
15 showed that we tried to hold the quality of the  
16 service. But we're not satisfied. We always want to  
17 improve, and that's an ongoing effort on our part.

18 CHAIRPERSON RODRIGUEZ: Okay, and what--  
19 what percentage--if we look at the breakdown of say  
20 2014 if you have it, what percentage of those trips  
21 can we say that were on time, and what percentage  
22 were late and by how many minutes?

23 THOMAS CHARLES: About 90% were on time.

24 CHAIRPERSON RODRIGUEZ: Ninety percent?  
25

1  
2 THOMAS CHARLES: Nine percent, and what's  
3 late, generally we look at it in increments of how  
4 late because our scheduling makes certain  
5 assumptions. What we see is a majority of those that  
6 are late are late by 15 to 20 minutes from the  
7 scheduled time we anticipate. So we're looking to  
8 see how we might be able to address that window, and  
9 bring in the up time--on time to a higher level.

10 CHAIRPERSON RODRIGUEZ: How--what are the  
11 penalties for those brokers or drivers who after you  
12 do the re--the investigation, you find out that they  
13 should know, that they didn't have any excuse on why  
14 not to be there on time? What are the penalty there?

15 THOMAS CHARLES: It runs the gamut from--  
16 one of the things is we don't assign as many trips  
17 until they do improve their performance, when they  
18 take away service from them, a portion.

19 CHAIRPERSON RODRIGUEZ: Have you done it?  
20 Like when we look at 2014, where you--with that were  
21 you in that position then?

22 THOMAS CHARLES: We've had some  
23 fluctuation and reassignments between carriers, but  
24 we also have a--an on-time performance standard that  
25 they need to meet in the contract. And if they're

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

not meeting that, we're also assessing credits for deficiencies. But we also devote a lot of attention to making sure that when they recruit and hire drivers that they're given the proper training. And we facilitate that by giving them what we call training routes to learn. Instead of starting on the first day getting a full manifest of trips, we give them a partial so that over time, maybe two or three weeks, they can build to a full manifest under the-- full days of work.

CHAIRPERSON RODRIGUEZ: Okay. Of course, my question, those questions are the last two questions. For me more because I know that we can work together to take the necessary steps to improve. But it is also to send the message loud and clear to anyone doing business with the MTA that they should know that there's some example outside there for those that do not. First of all, that those who do good business, that we always have opportunity to continue doing business with the MTA so that they can continue providing those services. But for that industry to also know that we already have cases. And if anyone is not complying or providing the

1  
2 service on time, that they should know that they can  
3 be also subject to the same consequences.

4 So in 2014, like how many of those  
5 contractors were not renewed because they did not  
6 provide the services that you expect as the MTA for  
7 them to provide to the facility?

8 THOMAS CHARLES: I think maybe on some of  
9 the Car Services we--I'd have to go back and check on  
10 the timing of 2014. But we did have issues with some  
11 of the Car Services where we just stopped the  
12 contract and reassigned their trips to others. And  
13 for our carriers, as I said, we reassigned trips to  
14 others and decreased. So, I'd have to go to my  
15 records and look at the time.

16 CHAIRPERSON RODRIGUEZ: Okay. I think  
17 that those cases were like one digit, or were there  
18 like dozens of basics of those, or what is that?

19 THOMAS CHARLES: Yeah, generally, we have  
20 14 contractors that we call dedicated.

21 CHAIRPERSON RODRIGUEZ: Fourteen?

22 THOMAS CHARLES: Fourteen and we have Car  
23 Service, two brokers and four livery firms. The--  
24 generally, what we find is it's not an across-the-  
25 board designation. Maybe it's one contractor who is

1  
2 running into problems in coordinating service, and  
3 they get the focus of our attention. And generally,  
4 we help to resolve it by, as I say taking away trips  
5 until they can start to manage what they're given and  
6 the schedules, and get the performance standard they  
7 need to achieve. If they're not able to, then we  
8 just--especially on the Car Services, we generally  
9 recommend that they not continue in Access-A-Ride  
10 Service.

11 CHAIRPERSON RODRIGUEZ: Okay, my last  
12 question before my colleagues will continue asking  
13 other questions, what is the role of the broker Car  
14 Service in terms of scheduling trips?

15 THOMAS CHARLES: We schedule the trips.  
16 The same for our contractors, what we call our  
17 dedicated both that operate the blue and white  
18 vehicles. But we do the same for the broker. The  
19 broker can take a large volume of trips. We also  
20 have--previous to the broker what we had were  
21 individual contracts with Car Services. We find the  
22 broker to be able to address a larger quantity. For  
23 example, collectively when we have individual  
24 contracts we were able to assign 2,000 trips. Now,  
25 with the broker we're able to double that. So we

1  
2 give them the schedule. They are then to adhere to  
3 that schedule, and meet those time frames. We are  
4 experiencing degradation in their ability to do that.  
5 I believe the industry is in a bit of turmoil, and we  
6 are now working with our brokers specifically to  
7 improve their delivery of service and the quality of  
8 service. Given what the industry is experiencing,  
9 we're still adhering to what we need. And we have  
10 take trips away from them, just as I described when  
11 there's an issue with performance. And have asked  
12 them to accelerate their training, get the messaging  
13 to their drivers about this is an ADA trip, very  
14 specific. So we are--the broker's role is to take  
15 our schedule, assign those trips to their affiliates,  
16 which are a number of bases in Car Services. But we  
17 all work to the same standards of performance.

18 CHAIRPERSON RODRIGUEZ: Okay. Thank you.  
19 My Co-Chair, Council Member Chin.

20 CHAIRPERSON CHIN: Thank you. We've also  
21 been joined by Council Member Deutsch on our  
22 Committee on Aging. I know that my colleagues have a  
23 lot of questions, and I just going to ask a couple  
24 and then pass it on. Recently, there was a lawsuit  
25 by the New York Lawyer for Public Interest alleged



1  
2 that Access-A-Ride has presented discriminatory  
3 barriers to service for Limited English Proficiency  
4 individuals seeking to apply for and using the  
5 service by failing to provide proper language  
6 translation. So, what current language access policy  
7 that the MTA's has maintained for Access-A-Ride, and  
8 what language translation services are available to  
9 LEP individuals with disability.

10 THOMAS CHARLES: Okay. I'm describing  
11 what we've done prior to the filing of the lawsuit.  
12 During litigation we can't speak specifically about  
13 the litigation. But prior to them filing the  
14 lawsuit, in September of 2014, we introduced a system  
15 called Language Lines, which is a telephonic service  
16 that offers interpretation of over 150 languages.  
17 That was introduced into our Call Center.  
18 Historically, our Call Center always had the staffing  
19 for Spanish-speaking. We have associates that could  
20 address clients that spoke Spanish to conduct their  
21 business when reserving trips or same-day service.  
22 In September, this was no supplemented with the use  
23 of Language Lines. And this was actually evolving  
24 from our Title IV requirement in our Title VI  
25 program.

1  
2           So, what was also set in motion was our  
3 Assessment Centers for eligibility. Their contracts  
4 came to term, and the new contract we implemented in  
5 the scope of work the requirement to have Language  
6 Lines, and to also staff assessors, at least one  
7 assessor with the ability to speak firmly and be  
8 understood in Spanish. We've also staffed our own  
9 offices in our Eligibility Unit, and their call  
10 center with associates that can speak in Spanish. So  
11 as of September, our Centers are now--have access to  
12 Language Lines, have staff that speak in Spanish.  
13 And for the first two months of this year, we roughly  
14 had about 4,000 calls in other languages via Language  
15 Lines.

16           CHAIRPERSON CHIN: Okay. In your  
17 testimony you didn't talk about the individual cost.  
18 I mean you talked about a total budget. Can you give  
19 us an idea in terms of what is the cost for an  
20 individual ride, a trip on Access-A-Ride, for the Car  
21 Service, for taxi. What is the average cost?

22           THOMAS CHARLES: Sure. For the Car  
23 Service we're averaging a little under \$30 a trip.  
24 For taxis, which are primarily Manhattan trips, we're  
25

1  
2 a little under \$15 per trip. And for our primary  
3 dedicated, we're about \$50 a trip.

4 CHAIRPERSON CHIN: Okay.

5 THOMAS CHARLES: I will add that that is  
6 a managed process. We're very much aware of distance  
7 and the cost of trips, there are some Car Service  
8 trips that quite frankly exceed the cost of our \$50.  
9 So we're making we're selecting the trips on our Car  
10 Service that meets that \$30 average, that the taxi  
11 trips reach that \$15 average. And that our dedicated  
12 are averaging at \$50.

13 CHAIRPERSON CHIN: Now I know that--  
14 seniors have told me that they--they often carry  
15 about \$40 hidden in their pocket just in case that  
16 the Access-A-Ride is late. And then they are allowed  
17 to then call Car Service, but they usually get  
18 reimbursed back three months later. Is that the  
19 case?

20 THOMAS CHARLES: Yes, that's for a taxi  
21 authorization. Those that are ambulatory, when they  
22 are--miss the connection for whatever reason, and  
23 they need to immediate transportation, we ask will  
24 they take a taxi authorization. And what the will do  
25 is pay the taxi fare and a nominal tip up front. Get

1  
2 a receipt from the taxicab. Send that receipt into  
3 us, and then we will process a reimbursement check.

4 CHAIRPERSON CHIN: Now, that's only for  
5 taxi, not also Car Service, too?

6 THOMAS CHARLES: They can use Car  
7 Service. We prefer that they use taxi. It's more--  
8 the taxi receipt is a much more formal document. I  
9 believe the committee is aware of the IG Reports,  
10 which talk about potential for fraud, and some actual  
11 fraudulent activity. And Car Services generally  
12 don't have a formal receipt. They were giving out  
13 their business cards and so forth. So we're trying  
14 to break away from that.

15 CHAIRPERSON CHIN: Okay, you mentioned  
16 the IG Office. In April of 2014, the MTA Inspector  
17 General's Office found that from August 2012 to June  
18 2013, 36% of Access-A-Ride drivers were observed  
19 driving dangerously. Twenty-eight percent were  
20 either texting or talking a cell phone while driving,  
21 and 6% were speeding. Despite this, the report  
22 stated that safety violation and excessive cell phone  
23 use were not being reported by the MTA to the broker.  
24 Which means that these drivers were not being  
25 disciplined. How is the MTA currently dealing with

1  
2 these dangerous drivers' behavior? What type of  
3 punishment are these drivers given? How do we make  
4 sure that the rides are safe for the customer?

5 THOMAS CHARLES: Well, this is--this is  
6 not Access-A-Ride drivers. These are Car Service  
7 drivers, but it is under our contract. What--we're  
8 continuing to do covert undercover rides, which were  
9 part of what the IG identified and actually supported  
10 our effort in that vain. But we were not as formal  
11 in reporting to our broker the results of our rides.  
12 We actually face-to-face meetings with the. The IG  
13 asked it to be a little more formal. So, now what we  
14 do is on a weekly basis, we give them the information  
15 about our observations. We look for the broker to  
16 make sure their affiliates, their drivers respond to  
17 those findings, make improvements. And if not, we go  
18 a final step to say we don't want that driver, and  
19 sometimes that affiliate base to be participating in  
20 the program. So there's a constantly weekly exchange  
21 of information. We ask for a turnaround of a  
22 response, and if we're not satisfied with the  
23 response or the actions taken, then we just say we  
24 need to eliminate them from the service.

1  
2 CHAIRPERSON CHIN: So how many--how many  
3 drivers or companies have you eliminated the  
4 contracts with?

5 THOMAS CHARLES: On average our broker--  
6 one of our brokers has about 60 affiliates, and from  
7 what I can see, the turnover may be four or five each  
8 month where we're saying we don't wish to have them  
9 on our roster or providing Access-A-Ride service. In  
10 terms of individual drivers, it may be three or four  
11 every two weeks that we're saying we're not satisfied  
12 with the actions taken by the affiliate or the  
13 broker. So, it's an ongoing process for us.

14 CHAIRPERSON CHIN: Okay. Thank you.  
15 Chair Rodriguez, I'm going to come back, but I think  
16 my colleagues have a lot of other questions.

17 CHAIRPERSON RODRIGUEZ: [off mic] Chair  
18 Cohen. [sic]

19 CHAIRPERSON COHEN: Thank you. Before I  
20 start with my questions, I would just ask the clerk  
21 to continue calling the role on Reso 638.

22 CLERK: Continuation of Resolution 638.  
23 Council Member Wills.

24 COUNCIL MEMBER WILLS: I vote aye.  
25

1  
2 CLERK: The vote stands at 4 in the  
3 affirmative.

4 CHAIRPERSON COHEN: And we'll keep the  
5 roll until the end of the hearing. Thank you. Thank  
6 you for your testimony. I have some questions  
7 regarding the application process. I was curious as  
8 to the number--the percentage of people who apply  
9 versus ultimately get approved for Access-A-Ride.

10 THOMAS CHARLES: We average about 2,500  
11 applications a month, and the denial rate is just  
12 about 13%, which is typical in the industry, if you  
13 will, or the Paratransit experience. The appeal  
14 process the number that are upheld is about 4%. So,  
15 we're--we're able to move the process with, as I  
16 said, 2,500 applications per month.

17 CHAIRPERSON COHEN: I'm not sure I  
18 understood your answer regarding appeals. You don't--  
19 --you lose on appeal generally?

20 THOMAS CHARLES: No, no, they're  
21 generally upheld.

22 CHAIRPERSON COHEN: You lose on appeal 4%  
23 of the time?

24 THOMAS CHARLES: Yes.  
25

1  
2 CHAIRPERSON COHEN: Okay. Could you  
3 break that down a little bit in terms of the  
4 percentage of whether they're eligible for the--of  
5 the 87% of the people who are approved if they're  
6 approved for feeder service versus full services.

7 THOMAS CHARLES: Sure. It's generally  
8 80% are receiving full eligibility, and 20% are  
9 receiving conditional eligibility. The--and that's  
10 been a change since we've introduced feeder. Prior  
11 to feeder, our conditional was almost at 40%. But  
12 now that we can enforce our feeder service, we've  
13 seen a shift to--to more fully eligible, 80%.  
14 Especially since our eligibility period is about five  
15 years, and we do have a significant elderly  
16 clientele. Their conditions change over those five  
17 years. And they generally gravitate towards being a  
18 fully eligible customer. They may start conditional,  
19 but end up being fully.

20 CHAIRPERSON COHEN: I'm sorry. Did you  
21 say how many will get conditional versus get full  
22 eligibility?

23 THOMAS CHARLES: Yes, about 80% full, 20%  
24 conditional.



1  
2 CHAIRPERSON COHEN: And full means you  
3 don't have to reapply, right? Full is--

4 THOMAS CHARLES: No, no, full means  
5 you're getting door-to-door service for all your trip  
6 requests. You're not going to get feeder service.  
7 Continual full is something--

8 CHAIRPERSON COHEN: [interposing] [off  
9 mic] I'm sorry, thank you.

10 THOMAS CHARLES: --we introduced at--when  
11 our customers expressed a concern about recertifying  
12 every five years and going through an in-person  
13 assessment. We understand that some of our clients  
14 are--have conditions that won't change. They won't  
15 improve. So, we've introduced continual flow where  
16 at the end of their five years we just ask them to  
17 update personal information on our one-page form.  
18 And we'll update their--their profile.

19 CHAIRPERSON COHEN: How long has that  
20 been the policy?

21 THOMAS CHARLES: I believe we started  
22 that [background noise] I'll say--I'll say 2009,  
23 2010. I--I think around that period.

24 CHAIRPERSON COHEN: [laughs] All right.  
25 In terms of the renewal process, is there a

1  
2 percentage? Do you know--have any idea on the data  
3 of people who are approved for renewal--

4 THOMAS CHARLES: [interposing] Yeah.

5 CHAIRPERSON COHEN: --or reapplication?

6 THOMAS CHARLES: Yes, I would say about  
7 75% are approved for re--we call it recertification.  
8 What we're seeing is because of feeder, which we also  
9 introduced in 2011, those that had received door-to-  
10 door service because we couldn't enforce feeder  
11 service now see that change. So they've declined to  
12 recertify or they're--they're not receiving  
13 eligibility at this point.

14 CHAIRPERSON COHEN: Because in your  
15 testimony, you said that the service is growing. I  
16 guess the number of rides is--is down--is down yet,  
17 though, in 2014 and so far in 2015?

18 THOMAS CHARLES: It's remain relatively  
19 flat, and this is again what I think is the result of  
20 the feeder where those that had received eligibility  
21 now don't--refuse the feeder service, which is within  
22 their right. But we're within compliance of ADA.  
23 And so, once they see that they're going to get  
24 feeder, they don't recertify, or they--while they're  
25

1  
2 eligible they refuse the trip itinerary. [background  
3 noise]

4 CHAIRPERSON COHEN: [coughs] While I  
5 appreciate that you may be in compliance with ADA, I  
6 mean reducing the quality of service is one way to--  
7 You know, I guess it's a way to cap costs, but it  
8 doesn't seem to me to be a way to serve the public.

9 THOMAS CHARLES: Well, I--I don't think  
10 introducing feeder was reducing the quality. It's--  
11 it's an accessible service. We've invested in our  
12 buses and our subways. Right now we've not put trip  
13 itineraries on subways. We understand that that  
14 could be more problematic, but with 100% accessible  
15 buses, and we--we selected those customers that just  
16 had related. That has not reduced the quality.  
17 That's promoting accessibility.

18 CHAIRPERSON COHEN: But it's like any  
19 good self-respecting elected official, I spend a lot  
20 of time in senior centers. And I understand you've  
21 gotten less complaints about feeder service, but now  
22 as I hear your testimony, I understand that it sounds  
23 like ultimately, though, that you've kind of driven  
24 off a lot of people who got--who were eligible for  
25 feeder service. But found that service to be

1  
2 untenable or not meeting their needs. And so, we've  
3 kind of just driven it out of the system as opposed  
4 to actually addressing the problem.

5 THOMAS CHARLES: We were also  
6 experiencing double-digit growth. It was not  
7 sustainable to have this operation running that way  
8 when we have the ability to introduce what was always  
9 in the ADA from the start, feeder service. So I  
10 understand that, but this is something we needed to  
11 introduce.

12 CHAIRPERSON COHEN: Well, let me ask you  
13 this. In terms of if we had a sort of clean slate,  
14 which I realize is pie in the sky, do you think that  
15 there are models which we could--if we could reduce  
16 the cost of the service we could obviously make it  
17 more available to these people who were eligible for  
18 feeder service who were sort of on the, you know, in  
19 the spectrum. Sort of on the fringe of whether they  
20 were, you know, eligible for just feeder as opposed  
21 to door-to-door service. Do you think that if we--if  
22 there were thing that we could do to really reduce  
23 the cost of the service--and I understand the use of  
24 the liveries and the taxi seems to be very cost-  
25 efficient. Is there other things that you think that

1  
2 again if we had a clean slate that we could make this  
3 program efficient enough that we could maybe get--  
4 attract those people who obviously even by your own  
5 determination need some help and get them back into  
6 the system?

7 THOMAS CHARLES: Well, it's--it's a  
8 quandary because the ADA was really trying to promote  
9 accessible fixed route service. And only asked for  
10 complementary Para transit because you weren't 100%.  
11 So, the goal is really to bring those into the same  
12 experience anyone else has on fixed route. So while  
13 I understand that, we would still even with  
14 efficiencies still introduce trip-by-trip and feeder  
15 service as a component. Because it doesn't satisfy  
16 the total population. We're still having a  
17 population that gets door-to-door. But we believe  
18 feeder and trip has a place in Para transit.

19 CHAIRPERSON COHEN: Thank you for your  
20 testimony.

21 CHAIRPERSON CHIN: Council Member  
22 Vallone.

23 COUNCIL MEMBER VALLONE: Thank you, Madam  
24 Chair and to my fellow chairs good morning. I'm  
25 Council Member Vallone, also chair of the Senior

1  
2 Center Subcommittee. I would think a first point  
3 that we should address is what this hearing is about,  
4 and who we're focusing on. And I appreciate the  
5 testimony, but as one of our many council members, we  
6 are the conduit of the constituents that call and  
7 express outrage often not compliments. So, starting  
8 with that premise to basically listen to the  
9 testimony that's not offering change, other than  
10 telling me you're not going to rehire a black car  
11 service or that numbers have gone down, I don't think  
12 I can return back to my council office and say I have  
13 some great news for you. I don't. So, I think we  
14 have to start with the first principle, which is we  
15 are providing a basic right, and we're providing a  
16 right for our seniors and persons with disabilities,  
17 two of our most vulnerable components of our society.  
18 Especially with our seniors, it's our number one  
19 growing demographic. So by what numbers we've seen  
20 over the last five years, those numbers are going to  
21 change. And if the numbers aren't increasing, then  
22 we have to ask why they aren't increasing, and why  
23 with a demographic that has exponential growth not be  
24 utilizing a basic service. And then when we ask what  
25 are the reasons why that's happening, is the

1  
2 complaints that are coming in. So if I were running  
3 this similar situation, I would meet with the  
4 proponents and the advocates of the groups, and say  
5 this is our service. This is the changes we've made.  
6 What are you hearing on behalf of your groups  
7 advocating for persons with disabilities and those  
8 with seniors? Have you met with any of the advocates  
9 to talk about proposed changes? Are there any  
10 changes that you may be making on behalf of persons  
11 with disabilities and seniors?

12 THOMAS CHARLES: Yes. We rely on three  
13 areas. One, we have a Paratransit Advisory Committee  
14 that we meet every other month on. That committee is  
15 comprised of members that represent various  
16 organizations, and also have a borough wide  
17 representation. And we discuss not only our  
18 performance--

19 COUNCIL MEMBER VALLONE: [interposing]  
20 So, who's on that Para transit committee?

21 THOMAS CHARLES: Members of--that  
22 represent various organizations for those that are  
23 disabled, whether it be low vision, blind. We have a  
24 number of organizations, and as I said, we meet every  
25 other month at our offices. We review our

1  
2 performance. We go through our stats. Then we also  
3 talk about any issues they're hearing from their  
4 constituents. What we're doing to resolve or explain  
5 or interpret what our actions are. And whenever we  
6 have new initiatives, we certainly discuss those as  
7 well. So that we can have a full discussion about  
8 our intention, and where we think it's going. We  
9 also--

10 COUNCIL MEMBER VALLONE: [interposing]

11 Is that a public hearing? Is that a public hearing?

12 THOMAS CHARLES: It's a--no, it's a--it's  
13 in our offices amongst the--the community members and  
14 our staff.

15 COUNCIL MEMBER VALLONE: Have any of the  
16 other advocates been invited to that? Because the  
17 groups that we deal with on our committee hearings  
18 are telling us they have not been invited. So I'm  
19 not sure as to who is there.

20 THOMAS CHARLES: [interposing] This is--

21 COUNCIL MEMBER VALLONE: Do you have the  
22 ability to see the results of any of those hearings  
23 on what's come up on issues and what's been changed?

24 THOMAS CHARLES: We can certainly show  
25 what we've discussed on those, but this is part of



1  
2 the Para transit ADA plan to have a formal community  
3 involvement, and this is the mechanism we've had for  
4 well over 20 years.

5 COUNCIL MEMBER VALLONE: Would you be  
6 open to increasing that group, and maybe asking some  
7 of the groups that haven't been involved to be part  
8 of that?

9 THOMAS CHARLES: That would have to be  
10 brought to the group itself. They're not--we're not--  
11 --we're responding to the group. It's--we don't have  
12 any say in their select--in their organization.  
13 We're responding to the advisory group, and we're  
14 sharing our information, as I mentioned, about  
15 performance and about any new programs.

16 COUNCIL MEMBER VALLONE: I think that  
17 would be a great step. I think if I were to be a  
18 local group or a larger group to say, hey, we're  
19 going to have the ability to participate. We may not  
20 be a member of the group, but we're going to be  
21 invited once a quarter to hear what's happening in  
22 Brooklyn, Bronx, Queens, Staten Island, Manhattan,  
23 what's happening in Jamaica versus what's happening  
24 up in East New York and Downtown in Brooklyn. I  
25 think that would be a wonderful first step to be

1  
2 dealing with some of the very local concerns that we  
3 hear as Council Members. Which then result in these  
4 hearings that, you know, we're demanding changes to a  
5 process that is completely overwhelmed and we're  
6 hearing your testimony.

7 I'm also looking at your very last  
8 paragraph that says, The areas that continue to  
9 require our attention are on-time performance and  
10 with respect to both the dedicated and taxi car  
11 service. To address these concerns, we are working  
12 with our dedicated contractors to provide additional  
13 training--so far I'm hearing training--for their  
14 dispatch workforce. And we are working with curse--  
15 car service providers to maximize the use of GPS. So  
16 what I see is training and I see GPS. I don't see  
17 advocates. I don't see local groups. I don't see  
18 doctors. I don't see looking at criteria. I don't  
19 see why someone gets shipped from Brooklyn to Bronx  
20 to Queens to go for a 15-minute ride. I don't see  
21 that. So, what do we tell someone who comes to us in  
22 an advocate or a group that says they're  
23 acknowledging concerns, but we're looking at GPS  
24 technology and training to address that. To me,  
25 those aren't substantial efforts being made by the

1  
2 MTA to address local concerns by persons with  
3 disabilities and seniors.

4 THOMAS CHARLES: Well, those efforts are  
5 in response to the community concerns. We very much  
6 study our complaint trends. We take annual surveys  
7 of our customers, and I mentioned on the outreach in  
8 addition to our Paratransit Advisory Committee, we  
9 have an ADA compliance meeting at the Transit.  
10 That's meeting at 2 Broadway that invites the entire  
11 disabled community to these meetings to talk about  
12 Paratransit and other accessible features of the  
13 service. And we also have outreach. We're invited  
14 or we reach out to different communities where our  
15 customers are to explain the service and the  
16 initiatives we've implemented. And the points that  
17 are raised there about GPS and training are on point  
18 with what our community is asking for. I mentioned  
19 that for training, dispatch, which is a very  
20 significant activity. It is an acquired skill. It's  
21 not something that a classroom is going to give that  
22 person the ability to become a fully expert in  
23 dispatching and making command decisions so--

24 COUNCIL MEMBER VALLONE: [interposing] I  
25 realize that, and I would think those are really

1  
2 great ways to address someone who is probably not--  
3 should be driven to very large different routes and  
4 getting to a direct route. So at least thinking  
5 through retraining and the use GPS on the vehicles  
6 themselves were going to minimize that result and  
7 help it.

8 THOMAS CHARLES: Yes.

9 COUNCIL MEMBER VALLONE: Have you seen as  
10 a result of that a reduction in calls of those  
11 seniors or persons with disabilities that are  
12 complaining as a result of taking a circuitous route  
13 around Manhattan to get to a place?

14 THOMAS CHARLES: Yes, and that was one of  
15 the reasons why we invested in a GPS system. And not  
16 only had the system, but made sure that we supported  
17 the system through training. Even though our  
18 contractors have a specific scope of work for  
19 training, we supplemented ourselves to makes sure  
20 that this was a focused training on the use of the  
21 equipment. Not let it just become a piece of  
22 equipment not used, and we fully utilized the GPS.  
23 We have what's called a dispatch alert that color  
24 codes routes that are running behind. We want a  
25 proactive measure, not a reactive measure.

COUNCIL MEMBER VALLONE: [interposing]

All right, so on that one right there because that's  
a common call. I mean we get that call. I mean all  
the council members in the city get that all the  
time. I'm running late and I can't get through to  
the phone call, and I can't make the change, and I  
can't wait another 20 minutes for an alternate  
possibility. What would we say to those folks who  
are calling with that complaint?

THOMAS CHARLES: Well, the response time  
on our phones, I constantly hear about the busy  
signal, but we're constantly looking at our phone  
system. All calls are answered within 20 seconds.  
Where, in fact, the survey that we received from our  
customer said that there's been a significant  
improvement in our Call Center since we brought in a  
new contractor two year ago, and that the their calls  
are immediately responded to. But, what we're  
telling our customers is that on day of service, when  
there are issues to reach out to us because we've  
supplemented our street service with floaters. These  
are vehicles with unassigned routes, dispatched to  
various parts of the city to respond to a stranded  
customer. We're trying to get that ride accomplished

1  
2 within 20 or 30 minutes of notice. We also have, as  
3 I mentioned earlier, taxi authorizations for those  
4 that are able to take taxis. So we're looking at all  
5 the ways we can provide an immediate response when  
6 something is not going well. But again, it's that  
7 dispatch making that decision that being proactive  
8 when they see that for whatever reasons a route is  
9 running late. That the subsequent trips on that  
10 route will be impacted. We need to see how we can  
11 avoid that by reasserting--

12 COUNCIL MEMBER VALLONE: [interposing]  
13 Well, if you see that, if you see a continuous trend  
14 let's just base that or whatever--and baseline that  
15 in Astoria or whatever. Some place where there's a  
16 route that's being--what steps do you take to change  
17 that?

18 THOMAS CHARLES: We ask that the dispatch  
19 either rearrange and we transfer the remaining trips  
20 to a route that's running on time or to one of our  
21 floaters. Or, if they're not able to do that within  
22 their own fleet, send it to our Command Center, which  
23 has all 15 carriers and car services at their  
24 disposal, to address those trips. So that we get  
25 them on time. And so, there's a process. There is a

1  
2 process and a mechanism to pay attention to trying to  
3 promote on-time performance, and--

4 COUNCIL MEMBER VALLONE: [interposing]

5 But I would hope then that process is part of this  
6 retraining?

7 THOMAS CHARLES: Oh, yes.

8 COUNCIL MEMBER VALLONE: Because  
9 everything--everything could be made better, right?

10 THOMAS CHARLES: Oh, yes, yes. It's all  
11 part of the retraining.

12 COUNCIL MEMBER VALLONE: Even in my own  
13 house, right [laughs] it could be made better getting  
14 the kids all over the place. So if you're part of  
15 that training, and I think that those are the things  
16 we want to take from you is to hear that. And will  
17 we have follow up on that, the results of that  
18 retraining--

19 THOMAS CHARLES: [interposing] Yes.

20 COUNCIL MEMBER VALLONE: --that's going  
21 to affect--

22 THOMAS CHARLES: Yes.

23 COUNCIL MEMBER VALLONE: I'd also like to  
24 see some of the inclusion of the groups that you're  
25 going to hopefully stay around and hear from, and

1  
2 you'll hear that they're not at those meetings. I  
3 would love to give you that input. If we could just  
4 shift for a moment to the Initial Assessment. So  
5 when was--when was the last time the Initial  
6 Assessment was reviewed and--and/or changed or  
7 amended and what period of time? The assessment that  
8 we have now, when was the last time that was changed?

9 THOMAS CHARLES: We had a Federal Transit  
10 Administration Compliance Review from 2008 to 2012,  
11 and we've had since then the FTA has also advised us  
12 about how we're communicating, the results of the  
13 determination. They wanted us to be more specific  
14 about what we observed during the assessment. So now  
15 we elaborate in the letter of how they were presented  
16 at the functional assessment, what they accomplished,  
17 what they didn't accomplish. So it's--it's--

18 COUNCIL MEMBER VALLONE: [interposing]  
19 Where the assessment is conducted has that changed at  
20 all, or is it--

21 THOMAS CHARLES: [interposing] Yes, we  
22 just awarded the new contract terms of about three  
23 years in length. We're opening a new center in  
24 Brooklyn. We already have five in operation, and  
25 this will be our sixth Assessment Center.



1  
2 COUNCIL MEMBER VALLONE: Have you found  
3 the increase of the percentage of those coming to  
4 your Assessment Centers on an annual basis?

5 THOMAS CHARLES: Our applications have  
6 been incrementally increasing about one percent.

7 COUNCIL MEMBER VALLONE: Yet, we find the  
8 ridership decreasing?

9 THOMAS CHARLES: Yes, because what I'm  
10 seeing is new registrants are increasing, but there's  
11 a shakeout of our current incumbents, if you will,  
12 because of feeder service. And because of other  
13 options that they're finding in terms of  
14 transportation.

15 COUNCIL MEMBER VALLONE: If someone  
16 results in a denial of the application, how does the  
17 appeal process work?

18 THOMAS CHARLES: They have 60 days. They  
19 receive in their notice of denial the instructions  
20 and directions in a form if they wish to request an  
21 appeal in person or in writing, and within 60 days.  
22 And then we schedule a hearing or a review of their  
23 written appeal. It's made by a director and a  
24 medical doctor to evaluate all of the information  
25 that was obtained in the application.

1  
2 COUNCIL MEMBER VALLONE: Has that changed  
3 at all over time? Has the grounds for winning on an  
4 appeal or changing what you can present on an appeal  
5 changed at all?

6 THOMAS CHARLES: I think there's more  
7 emphasis now on medical documentation even though ADA  
8 says we can't require it. We certainly strongly  
9 suggest to our applicants to provide as much  
10 information about their medical--

11 COUNCIL MEMBER VALLONE: [interposing] Is  
12 personal appearance still required?

13 THOMAS CHARLES: It's either in person--  
14 it's your choice, in person or written, or a written  
15 appeal.

16 COUNCIL MEMBER VALLONE: Is there a  
17 difference in the percentage of denials whether  
18 someone shows up in person or in writing?

19 THOMAS CHARLES: No, no.

20 COUNCIL MEMBER VALLONE: And the other  
21 thing we're getting, and I think it's a pretty  
22 reasonable request, a doctor determination. How  
23 often is that made on whether the eligibility is met  
24 or not?

1  
2 THOMAS CHARLES: Well, on a--on the  
3 appeal process there is a doctor on the board that is  
4 reviewing the appeal.

5 COUNCIL MEMBER VALLONE: Well, what is  
6 someone is a patient and their doctor were to submit  
7 I believe that Mr. Vallone is eligible because his  
8 therapy and his rehabilitation is going to last for  
9 45 to 60 days. And there is no way he'll be able to  
10 walk the four blocks to a bus stop or get to a train.  
11 How is that handled?

12 THOMAS CHARLES: We get that often, and  
13 I--in my testimony I emphasized that this is not  
14 based on a medical diagnosis. It's supposed to be a  
15 functional assessment. How does the medical  
16 condition impede the functional ability of the  
17 customer or applicant in accessing fixed-route  
18 service.

19 COUNCIL MEMBER VALLONE: [interposing]  
20 Well, wouldn't that--

21 THOMAS CHARLES: We get many--

22 COUNCIL MEMBER VALLONE: [interposing]  
23 Wouldn't that be a good way to assess that? I mean  
24 if a doctor is giving--saying that because of his  
25 therapy or treatment is not going to be functionally

1  
2 able to get it, I would think that would be a very  
3 good tool to determine--

4 THOMAS CHARLES: Right, but the--the  
5 doctor is going to just say we think they're a good  
6 candidate for Access-A-Ride. That's why we have an  
7 in-person assessment. So that we're able to see  
8 first hand what the doctor is saying, what the  
9 customer is saying or the applicant. And then on our  
10 medical professionals make a determination based on  
11 not only the interview, the history, but also  
12 actually seeing them perform by walking. We have a  
13 mock of a front section of a bus to see how they  
14 board the front steps of the bus, navigate past the  
15 fare box, get to the seating. To see what is their  
16 capability of--

17 COUNCIL MEMBER VALLONE: [interposing]  
18 Well, I mean I think that there's going to be  
19 exceptions in emergency situations. If someone is  
20 coming out a therapy basis, I'm not going to be able  
21 to get up and get down there to just show I can get  
22 up and down a bus. I think--is there an avenue for  
23 those that are suffering something that's an  
24 emergency for them as a result of an unintended  
25

1  
2 procedure or emergency physical that happened to  
3 them--

4 THOMAS CHARLES: [interposing] Yes.

5 COUNCIL MEMBER VALLONE: --that those can  
6 be bypassed?

7 THOMAS CHARLES: Well, it's-- Yes, it's  
8 not so much bypass, but we will delay the assessment.  
9 We have many cases where a sudden diagnosis and  
10 treatments need to be implemented immediately.  
11 They're giving temporary eligibility, and we'll catch  
12 up with them on the assessment process. The  
13 assessment is really to establish a baseline, if you  
14 will. So that we can have either continual or  
15 further eligibility. But we do address emergency  
16 situations where we will put them on eligibility we  
17 call presumptive, and let the process catch up later.  
18 We also have those that have whether it be a broken  
19 leg, there is a temporary eligibility to provide  
20 transportation while they're convalescing. And are  
21 able then to come back into normal service.

22 COUNCIL MEMBER VALLONE: I--there are  
23 many council members have questions, and I see them  
24 jumping in. But the last one that was just submitted  
25 I think, and maybe one of the fellow council members

1  
2 can continue on it. Because you brought it up during  
3 these questions, was the committee itself. So some  
4 of the advocates here are saying that the group is  
5 not well represented as you're claiming they're not  
6 amenable to change. That they're even dysfunctional.  
7 They can't--there's no way to elect a new president.  
8 Many people on the committee have limited contract  
9 with anyone else that's trying to reach them. And  
10 they would love to have new committee members, and  
11 this would be a great opportunity to maybe address  
12 some of the concerns we're talking about. So, is  
13 there anything we can address? Is there way that  
14 maybe we can set something up, or that you can--?

15 THOMAS CHARLES: [interposing] I believe  
16 our newsletter would call on the move as an  
17 invitation for applications and resumes, and for  
18 those interested in joining the Paratransit Advisory  
19 Committee. It's not our committee. It's a  
20 requirement under ADA for us to involve the  
21 community. The committee has its own president, its  
22 own minutes, its own meetings, and they're an  
23 advisory--

24 COUNCIL MEMBER VALLONE: [interposing]  
25 Under whose--under whose guidance?

1  
2 THOMAS CHARLES: Under the community--the  
3 disabled community. So, at this point they can  
4 submit their applications. We facilitate receiving  
5 resumes and applications, and we present it to the  
6 committee for consideration.

7 COUNCIL MEMBER VALLONE: All right,  
8 that's something we'll follow up with you. Thank you  
9 very much. Thank you, Chairs.

10 CHAIRPERSON COHEN: Thank you. I'd like  
11 to acknowledge we've joined by Council Member  
12 Johnson, and I would ask the Clerk to continue  
13 calling the roll on Reso 638.

14 CLERK: Council Member Johnson.

15 COUNCIL MEMBER JOHNSON: I proudly vote  
16 aye. Thank you.

17 CLERK: The final vote now on Resolution  
18 638 is now 5 in the affirmative, 0 in the negative,  
19 and no abstentions.

20 CHAIRPERSON CHIN: Okay. We were also  
21 joined by Council Members Wills, Reynoso, Garodnick,  
22 Van Bramer, Vacca, Weprin and we still have Council  
23 Member Miller here, Council Member Rose, Council  
24 Member Levin, and Council Member Johnson. Next, we'd  
25

1  
2 like to call on Council Member Koslowitz for her  
3 questions. Questions?

4 COUNCIL MEMBER KOSLOWITZ: Thank you,  
5 Madam Chair. I'm sitting here and kind of scratching  
6 my head because I want to confer with Council Member  
7 Vallone on what he said about the complaints that  
8 come into my office on a constant basis. When you  
9 said that you take trips away from people that  
10 aren't--that you feel aren't doing their job as well  
11 as they can, do these drivers get paid by the trip  
12 that they make? Do they get paid by trip?

13 THOMAS CHARLES: No, not the--not the  
14 dedicated providers that we have under contract.

15 COUNCIL MEMBER KOSLOWITZ: So, what's the  
16 punishment? It's giving them less work, but their  
17 paychecks don't reflect that they're not doing their  
18 job well.

19 THOMAS CHARLES: Right, but if they don't  
20 have the trips or routes, then they won't be working  
21 for that contractor or getting that paycheck. So the  
22 reduction in trips means that the contractor doesn't  
23 have that work for that driver. The same for the car  
24 service. If we're saying that we're not going to  
25 give you as many trips, then they're not to have



1  
2 their car service riders receiving fare revenue or  
3 paychecks.

4 COUNCIL MEMBER KOSLOWITZ: What--what  
5 kind of tests are the drivers given?

6 THOMAS CHARLES: For our dedicated  
7 drivers, they must have a CDL license. They're given  
8 80 hours of training, which includes behind-the-wheel  
9 training, customer sensitivity. This is all  
10 prescribed in our contract under the scope of work,  
11 and we make sure that these contractors adhere to  
12 that. And then, on an annual basis, they get 24-hour  
13 refresher training, and we supplement that ourselves,  
14 New York City Transit. We bring in a class called  
15 Performance Evaluation, especially on new drivers to  
16 remind them of all of the program requirements: How  
17 to secure wheelchairs, customer sensitivity, as well  
18 as all the safety issues.

19 COUNCIL MEMBER KOSLOWITZ: Well, I have  
20 to tell you that when I am walking in my district, or  
21 riding around in my district Access-A-Ride has the  
22 worst drivers. That sometimes you close your eyes  
23 wondering if they're going to make-- You know, if  
24 they're doing the turn, or if they're passing a car,  
25 it's almost like they're not paying attention. That,

1  
2 you know, that's what I feel, and there are people  
3 that have been--you know, mishaps on the road in  
4 Access-A-Ride. And, I think that maybe they need  
5 more training.

6 THOMAS CHARLES: Well, we certainly  
7 adhere to much training. We have obstacles courses  
8 at each of these locations so they're familiar with  
9 the vehicle. But there is a--a constant review to  
10 new drivers because not everyone is equipped to work  
11 in this type of service. Even though they have a  
12 license and they can drive, they're given intense  
13 training. And we do, as I mentioned earlier,  
14 establish training routes just to see how they will  
15 be performing in service. And there's a thing called  
16 commentary driving where a senior driver will come in  
17 and see how they're adjusting to the service.

18 COUNCIL MEMBER KOSLOWITZ: Also, now I  
19 want to get to the people using Access-A-Ride. I  
20 myself have waited with a constituent after a  
21 meeting, a night meeting that ends at maybe 9  
22 o'clock, and I myself have waited with them for  
23 Access-A-Ride to come. And I've waited up to two  
24 hours. That eventually, I will hail a cab for the  
25 person that they can get in and go home. Why does

1  
2 this happen? If you are scheduled to be picked up,  
3 and the car doesn't come, or comes very, very late,  
4 what do people do? What do people do if they're in a  
5 wheelchair, and they go into the city, and they are  
6 depending on Access-A-Ride to pick them up, and they  
7 don't show up, what are they to do?

8 THOMAS CHARLES: Well, this is--this is  
9 unacceptable, and what we've done is established a  
10 specific unit in our call center. So that when a  
11 customer calls and says my vehicle has not arrived,  
12 or we're aware of it because we see a problem with  
13 that carrier, we are arranging to get an supplemental  
14 vehicle to address that situation. But, we're also  
15 remind our contractor that they need to be, as I say,  
16 proactive and not reactive. Not wait for a situation  
17 to degrade to that point where it's now two hours or  
18 more for a customer to be receiving their ride. So,  
19 it's a--it's a constant effort on our part to look at  
20 how all of this can be reactive. But also see how we  
21 can use resources such as floaters, or accessible  
22 taxis or car service to try to address those that  
23 missed the connection whether they're a wheelchair  
24 user or they're an ambulatory customer.

1  
2 COUNCIL MEMBER KOSLOWITZ: But, it really  
3 hasn't happened yet because that's the calls I get in  
4 my office.

5 THOMAS CHARLES: Well, I--

6 COUNCIL MEMBER KOSLOWITZ: [interposing]  
7 They had a doctor's appointment and Access-A-Ride  
8 never showed up.

9 THOMAS CHARLES: I think that instance  
10 has been decreasing. It still exists but it's  
11 decreasing, and we're learning more about how we can  
12 be better at being reactive and having those  
13 resources.

14 COUNCIL MEMBER KOSLOWITZ: But Access-A-  
15 Ride--

16 THOMAS CHARLES: [interposing] This--

17 COUNCIL MEMBER KOSLOWITZ: --Access-A-  
18 Ride has been around a very, very long time.

19 THOMAS CHARLES: Uh-huh.

20 COUNCIL MEMBER KOSLOWITZ: So you would  
21 think that all the kinks would be addressed by now.

22 THOMAS CHARLES: Well, I think day of  
23 service brings many challenges that you--you really  
24 are trying to address, but there's the unknown. And  
25 on an individual route, it may--something may occur

1  
2 at that minute that is now preventing the driver from  
3 getting to where they need to get to. It does  
4 require good communication, which is why we put in  
5 this GPS ABLM System. But it also requires human  
6 interaction. We need this batch, as I mentioned  
7 earlier, to be looking at their routes and trying to  
8 anticipate instead of waiting for a problem to  
9 happen. That's a skill that really needs to be  
10 developed. Unfortunately, it's developed through  
11 experience. But, we have seen and learned a lot to  
12 try to minimize those circumstances. They still  
13 exist, but we have seen a decrease, and we're  
14 continually working to see how we can avoid problem  
15 like that.

16 COUNCIL MEMBER KOSLOWITZ: And I just  
17 want to ask you when a person goes down to the  
18 testing to see if they're eligible for Access-A-Ride,  
19 what do they have to do? And you said a doctor is  
20 present at the time?

21 THOMAS CHARLES: No, not at the  
22 assessment. That's on the appeal, but what they're--  
23 when they call expressing interest, we find out  
24 availability because we will send in the mail an  
25

1  
2 application, and a--instructions of how to arrange  
3 for a ride to the assessment and return trip.

4 COUNCIL MEMBER KOSLOWITZ: But what is  
5 the assessment? How is a person judged if they're  
6 eligible--

7 THOMAS CHARLES: [interposing] Sure.

8 COUNCIL MEMBER KOSLOWITZ: --for Access-  
9 A-Ride?

10 THOMAS CHARLES: So, they arrive with  
11 their application, completed application, which asks  
12 a series of questions about their use of fixed route  
13 or bus and subway. They can also share with us any  
14 of the medical conditions that they have and  
15 prescriptions and treatments they're receiving. A  
16 medical professional will interview them to learn  
17 about their transportation needs, how they function  
18 with their medical condition with the treatment  
19 plans. And then, if need be, there'll be a cognitive  
20 or a psychological assessment. And if need be, a  
21 functional assessment where I described we're looking  
22 at how they are able to ambulate, how they're able to  
23 board a mock section of a bus. Whether they need to  
24 use a lift instead of the steps. All to determine  
25 are they really prevented from using bus and subway

1  
2 accessible service. That's the mandate of ADA  
3 Paratransit. It's not that it's more difficult.  
4 It's are they prevented based on their functional  
5 needs. So all of this information is at that--is  
6 looked at, at the assessment. It's then forwarded to  
7 our offices. Our own assessment personnel look to  
8 see whether all of the statements presented, all of  
9 the documents, the interview and the medical  
10 professional are making the proper recommendation.  
11 We then communicate that to the applicant. If they  
12 disagree, they have the ability to appeal, and that's  
13 where a medical doctor and a director will listen to  
14 the appeal. Any additional information that the  
15 applicant may have. And then they'll either support  
16 the initial decision or make a change.

17 COUNCIL MEMBER KOSLOWITZ: Okay. Thank  
18 you.

19 THOMAS CHARLES: [off mic] You're  
20 welcome.

21 CHAIRPERSON CHIN: Thank you. We've also  
22 been joined by Council Member Treyger. Next, we'd  
23 like to call on Council Member Deutsch.

24 COUNCIL MEMBER DEUTSCH: Thank you, very  
25 much, Chair. My questions is--first of all, I want

1  
2 to thank my colleagues, Council Members Vallone and  
3 Council Member Koslowitz asked and answered many  
4 questions that I had. But also, the initial  
5 application process I believe you can do that by mail  
6 and over the Internet. Is that correct?

7 THOMAS CHARLES: No, not--not by mail.  
8 What we suggest is that we call our offices, and we  
9 will mail them the application and the instructions  
10 of how to arrange for a trip to go to one of the  
11 Assessment Centers generally in the borough of their  
12 residence. The--and this was a--this is a--a change  
13 we implemented in 2007, I believe for in-person  
14 assessment. Prior to that, they used a mail-in  
15 application, but the information on papers and  
16 actually seeing the person's true functional  
17 capabilities led us to go to a 100% in-person  
18 assessment.

19 COUNCIL MEMBER DEUTSCH: Okay. So one of  
20 the things that I've--I've been seeing with my  
21 constituents is that we have something in the  
22 district from the other district, which is like--it  
23 could be within like a mile away from any person that  
24 might need to recertify or bring in their original  
25 initial application. But then sometimes they send



1  
2 them down, like which is like four or five miles away  
3 because the--the center nearby is--they're booked and  
4 then they have to be sent like five miles. And the  
5 reason why you have it--one of the reason I believe  
6 why Access-A-Ride is there is it's also difficult for  
7 people to travel. And we're making them travel  
8 sometimes five miles when there is a place where they  
9 can go in, which is like less than a mile away from  
10 where they reside. So is there any changes that--  
11 that you see that could be done that-- I know that  
12 your office has been helpful in some of the cases  
13 that--that came to my attention, but on many others  
14 they have to travel the long distance in order to  
15 recertify.

16 THOMAS CHARLES: Well, we tried to make  
17 the Assessment Center be the one closest to their  
18 residence in the borough. But we do operate six  
19 Assessment Centers. In fact, the contracts we just  
20 awarded we have a new one in Brooklyn that's just  
21 opening by May 8th. So in the interim, all of the  
22 new applications we're receiving, we had to send some  
23 to the five that are currently in operation. Once  
24 the sixth one opens up in Brooklyn, we'll be able  
25 then to address more of having customers go to their

1  
2 local or nearby Assessment Center. But there are  
3 time whether it be a high influx of applications  
4 where we may need to balance it among the Assessment  
5 Centers we have open. But we do accommodate if it's  
6 a hardship. I also take the opinion, though, that  
7 this is really a first time experience using Access-  
8 A-Ride. And if you're finding that difficult, you  
9 may not find the service to your liking because this  
10 is generally what we're doing. We're satisfying the  
11 trips at all distances under a certain amount of  
12 time. So, we try to accommodate, but I also see it  
13 as a first-time experience on Access-A-Ride.

14 COUNCIL MEMBER DEUTSCH: Okay, so if I  
15 have any issues, I can could your office?

16 THOMAS CHARLES: Sure.

17 COUNCIL MEMBER DEUTSCH: Okay, great.  
18 And then secondly, you also mentioned that you're  
19 trying to get away from using local services and  
20 using yellow cabs. In Southern Brooklyn, my  
21 transportation is unreliable. Some areas--I mean we  
22 have to--we need to improve it. As a matter of fact,  
23 I'm trying to get a new SBS local stop for many  
24 seniors to--are forced to use Access-A-Ride because  
25 they don't have the local--the local stop of the

1  
2 Select Bus Service, the new Select Bus service that  
3 we have. So the question is, is that in my district  
4 I don't have too many taxicabs in Southern Brooklyn  
5 and so I don't have taxicabs. So maybe we could do  
6 something or work something out with the local car  
7 services, and make sure and let the know and educate  
8 them that they need to give receipts as opposed to  
9 giving them a business card. In this way, you could  
10 continue to relying on the local car services.

11 Because I'm afraid that if you are getting away from  
12 the local--the local car services and using taxicabs,  
13 you'll end up with basically--our services will be  
14 cut in half.

15 THOMAS CHARLES: You know, we learn with  
16 each contract, and I think for our next car service  
17 broker contract we'll be looking for--and I believe  
18 the technology is available to give formal receipts,  
19 to have GPS. So, even though we're saying we're  
20 looking at car service and maybe decreasing it, at  
21 the same time we may be asking for things that will  
22 help facilitate that service. And we'll certainly  
23 bring this to the attention of our brokers about  
24 South Brooklyn to see if they have affiliates that  
25 they can recruit them.

1  
2 COUNCIL MEMBER DEUTSCH: I'm sorry. I  
3 didn't hear the last part.

4 THOMAS CHARLES: The brokers that we have  
5 now, we'll see if they have affiliate stations in--in  
6 South Brooklyn that they can bring into their  
7 network.

8 COUNCIL MEMBER DEUTSCH: Great. I  
9 appreciate it. Thank you so much.

10 CHAIRPERSON CHIN: Okay, next, we want to  
11 call on Council Member Miller.

12 COUNCIL MEMBER MILLER: Thank you, Madam  
13 Chair and thank you to the Co-Chairs, and good  
14 afternoon to Mr. Charles.

15 THOMAS CHARLES: Good afternoon. How are  
16 you?

17 COUNCIL MEMBER MILLER: Good, good. Full  
18 disclosure. He was once my boss so--

19 THOMAS CHARLES: [laughs] We'll--we'll  
20 co-work.

21 COUNCIL MEMBER MILLER: [interposing]  
22 Just so you know.

23 THOMAS CHARLES: Co-workers.  
24  
25

1  
2 COUNCIL MEMBER MILLER: So, how much of  
3 the Administration is actually implemented by the MTA  
4 or the overall operation?

5 THOMAS CHARLES: Well, we have a staff of  
6 200 that are New York City Transit personnel, but  
7 without contractors they employ I would say close to  
8 60,000.

9 COUNCIL MEMBER MILLER: So, how--how do  
10 you--how do you facilitate the coordination between  
11 all of these contracts?

12 THOMAS CHARLES: There's an extensive  
13 scope of work in the contract that spells out the  
14 requirements that we need them to adhere to. Whether  
15 that's transportation, qualifications of their  
16 drivers, vehicle maintenance and service delivery  
17 indicators. And we do this through technology. We  
18 have a network, which we tie them into on our  
19 scheduling dispatch system. Our ABLM system gives  
20 them the capability of seeing where the vehicles are  
21 located in real time. And on board the vehicle is  
22 that ABLM system that allows the driver to instantly  
23 communicate to their dispatch, and reciprocate. The  
24 dispatch can communicate to them.

1  
2 COUNCIL MEMBER MILLER: So what is your  
3 actual oversight over these contract providers? Do  
4 you--so obviously do you run the Call Centers, or are  
5 they outsourced?

6 THOMAS CHARLES: The Call Center is under  
7 contract, but with all of our contractors, we take a  
8 very active project management role. We make sure  
9 that there's adherence to the scope of work.

10 COUNCIL MEMBER MILLER: Do you have  
11 someone on site?

12 THOMAS CHARLES: Yes.

13 COUNCIL MEMBER MILLER: At every Call  
14 Center?

15 THOMAS CHARLES: Well, our Call Centers  
16 in our main offices in Long Island City we have a  
17 staff embedded, if you will--Is that the term?--in  
18 the time at the Call Center. So that there's--their  
19 management can talk to our management for any  
20 immediate issues or for any quality delivery  
21 concerns.

22 COUNCIL MEMBER MILLER: So in 2010,  
23 obviously there were a lot of service cuts, and there  
24 was pretty much a revamp of this system here where  
25 you went to the partial rides and so forth. Have we

1  
2 recovered from that, and is this--the new system  
3 working according to your expectations?

4 THOMAS CHARLES: Yeah, I think there's  
5 always room for improvement, but I believe the  
6 initiatives we've implemented will-- As I mentioned  
7 earlier, to me are not cuts in service. They're  
8 adherence to ADA, but I believe that we've  
9 implemented them very well to the betterment of our  
10 customers and experience.

11 COUNCIL MEMBER MILLER: So--and I get the  
12 difference in being ADA compliant and actually  
13 providing a service. You know, that's kind of  
14 splitting hairs. But, there was some pretty  
15 tremendous changes in how services are delivered at  
16 that time, including-- I know that there was a number  
17 of companies that were forcing to renegotiate  
18 contracts. A lot of the workforce at that time were  
19 unionized workforce, which is not the case now. Have  
20 we seen an impact in that in terms of retention in  
21 workers, skill sets and experience. We here in the  
22 Council last year passed a resolution sent to the  
23 state and passed here. An employee protection  
24 provision so that we can maintain and retain our most  
25 experience school bus operators for our most

1  
2 vulnerable citizens. I would suspect that that would  
3 be important in this industry as well. Have--do you  
4 have an employee protection provision and--

5 THOMAS CHARLES: No, because--no. We--we  
6 have a contract with the carriers where they're  
7 responsible for staffing. They have their own CDAs.  
8 All we ask for is that the drivers and the mechanics  
9 meet certain qualifications. But I can tell you  
10 historically, this is almost like an entry-level  
11 inter-transportation. So we do see a retention  
12 factor for senior drivers. But new drivers are given  
13 a lot of focus because this is not a service that  
14 some of them readily can take to. So there is a  
15 turnover in the new hires. But I haven't seen any  
16 drastic change in that patter over the past ten  
17 years.

18 COUNCIL MEMBER MILLER: So we also have  
19 individual collective bargaining agreements here in  
20 the city, but there is an employee protection  
21 provision--an employee protection provision that each  
22 contract had to adhere to, to maintain-- I think it  
23 was that important that we maintain our most  
24 experienced professional drivers. I also know that  
25 during 2010, when the contracts was renegotiated, it



1  
2 was--pretty extreme pay cuts where-- Have we  
3 addressed that, or--?

4 THOMAS CHARLES: Yeah, I believe for  
5 retention purposes these contractors have changed.  
6 In fact, the employment market seems to be becoming  
7 more or less open to the drivers. So they've  
8 increased their entry-level pays and general wage  
9 increases.

10 COUNCIL MEMBER MILLER: Okay. So, in  
11 terms of policy and Council Member Vallone talked  
12 about the Advisory Council and who-- Does--do--does  
13 that Advisory Council actually have a voice and  
14 policy outside of the ADA Law?

15 THOMAS CHARLES: Yes, they do. We're  
16 very sensitive to trying to make sure that the  
17 customer experience is one that they can appreciate.  
18 The policy such as recently we changed the late  
19 cancellation. We had a three-hour window. We were  
20 asked to make it a two-hour window, which we did.  
21 SO, there is a discussion and dialogue about how we  
22 formulate policies. They have input in that.

23 COUNCIL MEMBER MILLER: Good. And--and  
24 I'm glad you mentioned that. There was a--I have had  
25 a couple of constituents who had like problems, and

1  
2 that was two of them were receiving dialysis, and  
3 sometimes they would get dropped off at different  
4 times--different locations on the same block. And  
5 they--if they weren't at the specific location maybe  
6 at the other end of the block or the middle of the  
7 block, they did not receive their trip. And then  
8 they were charged with a blown trip, and ultimately  
9 their service was suspended. Which required an  
10 appeal process and so forth. How do you over--  
11 oversee things like just common sense problems like  
12 that, which really force people to lose their service  
13 for 30 or 60 days at a time?

14 THOMAS CHARLES: We do that two ways.  
15 One, we don't suspend until we have the appeal, and  
16 the hearing from them to let us know what was in  
17 their control and what wasn't. We also in advance of  
18 getting to that situation, send out a call mid-month,  
19 and about three weeks in that according to your  
20 patterns of no shows and late cancellations, you are  
21 on track for a possible suspension. So, we're hoping  
22 that they can respond to that and let us know ahead  
23 of time whether it's in their control, outside their  
24 control. But we also give them the opportunity to at  
25 an appeal before we implement any type of suspension.

1  
2 COUNCIL MEMBER MILLER: In terms of the  
3 partial rides, are--do you do--you coordinate with  
4 the subways, and you know that all the--in Jamaica,  
5 Parsons and Archer or Sutphin Boulevard that they are  
6 ADA compliant, the elevators are working and that  
7 they can--? Because it's often on often the one at  
8 Parsons and Archer is never working.

9 THOMAS CHARLES: Right. No, we've made a  
10 very conscious decision at this point not to bring  
11 feeder service through the subway. It's all 100%  
12 accessible to buses.

13 COUNCIL MEMBER MILLER: Okay. And I did  
14 have another, which I thought was a very important  
15 question, but I--I have all my notes. Thank you so  
16 much, and if there is anything else that the Chairs  
17 will--will send you some more questions, and  
18 hopefully get an answer. Thank you.

19 THOMAS CHARLES: Thank you.

20 CHAIRPERSON RODRIGUEZ: Thank you. My  
21 Co-Chair will continue running the hearing. I will  
22 have to step out, but before I leave, I would like to  
23 say that first of all continue gathering information  
24 is very important for us, and using those  
25 information. And one of the things that we have

1  
2 noticed, and correct me if I'm wrong, is that on the  
3 prices you said that it only cost in Manhattan \$15  
4 when the taxis for the consumer to use the taxis is  
5 \$15, and if it's Accessible it's \$50. So how much  
6 does the broker charge.

7 THOMAS CHARLES: Their--their average  
8 price we're paying is \$30, and this is all distance  
9 related. So Manhattan, Yellow taxis are all low  
10 mileage trips that's producing the \$15. The car  
11 services we make sure that their trip supports \$30.  
12 As I mentioned, the \$50 we have about 40% of our  
13 trips are considered inter-borough long distance.  
14 And it would be more expensive on car service to have  
15 some of those long distance trips. So we use our  
16 dedicated providers. So it's a management to try to,  
17 as you say, get information. Try to make sure we  
18 target, and make sure that we're managing our costs.  
19 And that's how we achieve those rates.

20 CHAIRPERSON RODRIGUEZ: Okay, and I know  
21 by our own experience in our family that before the  
22 services were directly with the taxi, with the base.  
23 The passenger had the flexibility to schedule the  
24 services directly between the passenger and the base.  
25 Now, the broker came in the middle. What are the

1  
2 benefits and point of moving from having the services  
3 directly between the serve--the person and the bases,  
4 and now to come with a broker?

5 THOMAS CHARLES: Well, we had some  
6 exposure to fraudulent abuse activity when they were  
7 making arrangements directly with the car service.  
8 We also--we studied 12,000 registrants who were given  
9 the ability to make those arrangements with car  
10 service. Their trip demand went up 400%. So that  
11 said to us we need to get a better control of that.  
12 Because this can now become a cost generator, and it  
13 was really discretionary trips. So the broker not  
14 only helped us with volume because they could take  
15 many more trips on car service, but it could also  
16 limit our exposure to that fraudulent or that high  
17 excessive use of discretionary trips. We're still  
18 studying the broker model. We don't like what we're  
19 seeing at this point. We're also looking at  
20 technology, and we may revert back to individual car  
21 services by setting up limits. But the industry is  
22 going through a lot of changes with the introduction  
23 of technology such as apps and so forth. And we're  
24 studying that to see how we can best utilize that for  
25 the betterment of our customer experience.

1

2

CHAIRPERSON RODRIGUEZ: Thank you.

3

THOMAS CHARLES: You're welcome.

4

5

CHAIRPERSON CHIN: Next, we would like to  
call on Council Member Rose.

6

7

8

9

10

COUNCIL MEMBER ROSE: Thank you, Madam  
Chair. I guess I have sort of a potpourri of  
questions. They're sort of all over the place. But  
in terms of the eligibility criteria, is the criteria  
universal or is it subjective?

11

12

13

14

15

16

17

18

19

20

21

THOMAS CHARLES: It's mandated and  
spelled out under the ADA, but it is a subjective  
process because it's case-by-case. What we're often  
told is we may have persons with the same diagnosis,  
but affects their functional abilities differently  
among the two. And that's what the basis of the  
assessment is about, how and what is preventing them  
from taking a bus or subway? What is their  
functional capability? So it is--that's why they  
have an in-person to minimize that subjectivity to  
see first hand what is taking place.

22

23

24

25

COUNCIL MEMBER ROSE: And what rate or  
percentage of the assessment is attributed to a  
doctor's recommendation?

1  
2 THOMAS CHARLES: There's I guess a wait  
3 because we wanted to see what medical--what is the  
4 diagnosis, the prognosis, and are medical  
5 professionals, who also have experience will see  
6 whether that's supported in the doctor's statements.  
7 Whether that treatment plan is showing that this  
8 person is eligible for temporary or for more  
9 permanent eligibility. So it's given weight. The  
10 ADA doesn't require that we or we--that we have to  
11 require medical, but in our language we strongly  
12 suggest that any information they can provide to help  
13 us make the right decision.

14 COUNCIL MEMBER ROSE: And so, along that  
15 line, if you don't require it, but strongly suggest  
16 it, what's the consequence to someone who feels that  
17 their HIPAA rights are being violated, and does not  
18 provide that type of documentation?

19 THOMAS CHARLES: That's a common  
20 experience at the appeal process. When they come to  
21 the appeal, they can sit there in a hearing room with  
22 the medical doctor and the director, and it's all  
23 kept confidential.

24 COUNCIL MEMBER ROSE: So they would be  
25 disqualified at the first round if--if they don't

1  
2 provide that because you're saying that they get the  
3 opportunity to discuss that at--

4 THOMAS CHARLES: [interposing] Well, a  
5 medical professional performing the assessment may  
6 gather from the interview that what the person is  
7 describing and what they're seeing could give them  
8 eligibility. But if it turns out where there is no  
9 supporting documentation, and what they're seeing in  
10 the functional assessment doesn't make that  
11 connection, then it may be coming to the appeal  
12 process for the person to now bring out certain  
13 documents.

14 COUNCIL MEMBER ROSE: More than likely  
15 they'll be a denial and have--

16 THOMAS CHARLES: [interposing] Up front,  
17 yes.

18 COUNCIL MEMBER ROSE: Okay. Is there--is  
19 there a cap that these Assessment Centers have in  
20 terms of qualifying people? Is there a cap to the  
21 number?

22 THOMAS CHARLES: No.

23 COUNCIL MEMBER ROSE: No. I have a 72-  
24 year-old constituent to had been assessed in a  
25 different borough, and was being qualified for the



1  
2 services. Yet in Staten Island when she was assessed  
3 moving, it was determined that she was not eligible.  
4 What would precipitate this sort of ineligibility  
5 status?

6 THOMAS CHARLES: It was determined--it  
7 was determined at the time what their condition, and  
8 now they presented themselves at the Assessment  
9 Center and what information was presented.

10 COUNCIL MEMBER ROSE: So, because the  
11 criteria is--or the meeting is subjective, someone  
12 who is deemed eligible one place could very well be  
13 deemed ineligible in another place given the same set  
14 of conditions and degree of disability?

15 THOMAS CHARLES: I would find that not  
16 likely, but it would determine on the individual  
17 case. But I can tell you that our Assessment Centers  
18 are aware of the history. So if they are eligible at  
19 another borough or they were deemed eligible, the  
20 Assessment Center is aware of that. But they are  
21 looking at that point in time what is being  
22 presented, what the applicant is say, what is their  
23 condition. Because conditions change. They can  
24 either get worse, or sometimes get better. Or that  
25 something, some point of information is leading them

1  
2 to say that it's a denial. Then we have the appeal  
3 process to challenge that if they wish.

4 COUNCIL MEMBER ROSE: Well, I would  
5 really like to have a conversation off line--

6 THOMAS CHARLES: [interposing] Sure.

7 COUNCIL MEMBER ROSE: -with someone  
8 because the situation didn't change, and the  
9 conditions that were presented were consistent.

10 THOMAS CHARLES: Yeah, let's--let's have  
11 a look at that one.

12 COUNCIL MEMBER ROSE: And I have--I have  
13 an advisory group, a Seniors and Disabilities  
14 Advisory Group and one of my ambassadors suggested  
15 that-- I met with Uber [sic] yesterday, and they  
16 have several levels of service that they provide, and  
17 one of it is Uberpool. Maybe we should have Accessa  
18 pool--Access-A-Ride pool--

19 THOMAS CHARLES: [interposing] Uh-huh.

20 COUNCIL MEMBER ROSE: --because I have a  
21 large number of people who access that service that  
22 go to the same medical center, the same shopping  
23 center. And often times, you'll the--the vans coming  
24 in, you know, constantly at like five and ten-minute  
25 intervals. And when it's pickup time, it's really

1  
2 kind of confusing whose ride it is, whatever. Have  
3 you considered something like a pool where you know  
4 it's a location where you have a number of rides  
5 there consistently each day. Where you might be able  
6 to schedule where, you know, it would be sort of a  
7 pool?

8 THOMAS CHARLES: Yes, we constantly look  
9 at that. We look at addresses that have a number of  
10 trips, and we do try to introduce a way of pooling or  
11 having a dedicated shuttle. But surprisingly, most  
12 of the customers want their own schedule. They don't  
13 want to be in a grouping because sometimes to  
14 coordinate that, we need some flexibility on their  
15 part for times of pickups that we could have a group  
16 picked up. What we find is each wants to have their  
17 own timeline, and that's what you're seeing, all  
18 those vehicles coming in at different times to the  
19 same location. It's something we look at constantly,  
20 but it--as I say, it's--it's not always our  
21 customers' desire to do that.

22 COUNCIL MEMBER ROSE: And I have an  
23 oversight question. You utilize contracted services  
24 of car services, and one of the consistent complaints  
25 we here are that the drivers are rude, even

1  
2 threatening not to pick up. Is there some type of  
3 oversight of these services, and do you have any sort  
4 of recompense in terms of what happens?

5 THOMAS CHARLES: Yes. We track the  
6 complaints. We also do our own covert rides, and  
7 when we find that kind of behavior, we present it to  
8 the contractor car service. We ask for an action  
9 plan, and if we're not satisfied, we say that person  
10 can no longer participate in Access-A-Ride service.  
11 And this is a--a formal reporting. We--we make sure  
12 that when we're reviewing our performance with our  
13 carriers there's a section of time spent on drivers  
14 that seem to receive complaints. So we're making  
15 sure that there's progressive discipline. Since  
16 they're represented that there is some action,  
17 progressive discipline for a change in the behavior  
18 we're looking for.

19 COUNCIL MEMBER ROSE: And my last  
20 question. We actually have a contractor where I  
21 guess it's like a depot where they park the buses.  
22 The drivers come and get the vans in the morning, and  
23 return them. And, this has been very disruptive in  
24 the community. A lot of noise very early in the  
25 morning, 5 o'clock in the morning, double parking,

1  
2 buses or vans left idling. Just bad neighbor  
3 behaviors. What--what sort of oversight is this.  
4 And my office has contacted this contractor almost on  
5 a daily basis due to these complaints. What can be  
6 done to, you know, get them to work with the  
7 community so that these complaints cease?

8 THOMAS CHARLES: Well, it was brought to  
9 our attention to our attention as well. This was on  
10 the North Shore?

11 COUNCIL MEMBER ROSE: Yes.

12 THOMAS CHARLES: Yes, and we've asked  
13 that contractor to make sure that the drivers first  
14 are aware of their impact.

15 COUNCIL MEMBER ROSE: Uh-huh.

16 THOMAS CHARLES: In fact, I believe that  
17 the contractor has rerouted where the vehicles can  
18 come down to the yard instead of using all of the  
19 side streets and so forth--

20 COUNCIL MEMBER ROSE: [interposing] Uh-  
21 huh.

22 THOMAS CHARLES: --to bury--to open up  
23 parking spaces on their property instead of having  
24 them park on the street.

25 COUNCIL MEMBER ROSE: Uh-huh.

1  
2 THOMAS CHARLES: So we're looking at more  
3 of those efforts, and I believe since we were  
4 brought--that was brought to our attention those  
5 actions have started to take place, and that there's  
6 less of a problem. But whenever there's a problem,  
7 we wish to be alerted, and we'll work with our  
8 contractors out how to be a good neighbor in that  
9 area.

10 COUNCIL MEMBER ROSE: Okay, I'm going to  
11 keep in touch with--

12 THOMAS CHARLES: [interposing] Great.

13 COUNCIL MEMBER ROSE: --you because this  
14 has turned things into quite an issue.

15 THOMAS CHARLES: Okay.

16 COUNCIL MEMBER ROSE: Thank you so much--

17 THOMAS CHARLES: [interposing] Thank you.

18 COUNCIL MEMBER ROSE: --Chair

19 CHAIRPERSON CHIN: Thank you. Chair  
20 Cohen.

21 CHAIRPERSON COHEN: Thank you, Chair  
22 Chin. Well, I was just curious. Do you know what  
23 the percentage of the customers are that use a  
24 wheelchair?  
25

1  
2 THOMAS CHARLES: Yes. We have about--  
3 approximately one to 15% are wheelchair user, but I  
4 can tell you that they use the service much more than  
5 our ambulatory. They take about 26 or 27% of the  
6 trips.

7 CHAIRPERSON COHEN: And how do you pair  
8 them up with the level--like you obviously--there are  
9 issues with Yellow Cab access--accessibility, and  
10 livery car accessibility. How do you match them up  
11 to the right kind of vehicle?

12 THOMAS CHARLES: This is where our  
13 technology and our system, our scheduling system  
14 takes place. We've enhanced it to integrate what you  
15 call a client profile, their equipment needs, and any  
16 other needs they might have, special instructions.  
17 And so that we dispatch the correct vehicle. And so  
18 we'll have a mix of clients that have scooters,  
19 wheelchairs, oversized wheelchairs, or that need what  
20 we call lift required. They may not have--they may  
21 not be a wheelchair user, but the can no longer take  
22 steps. So they need a ramp or a lift. So we're  
23 constantly asking our customers to keep us updated on  
24 their changes, their equipment needs because their  
25 eligibility is five years. Things change in those

1  
2 five years, and we ask them to update. But we do  
3 that because the system will enter that data, and  
4 make sure that we're dispatching the correct vehicle.

5 CHAIRPERSON COHEN: Do wheelchair users  
6 use Yellow Cabs and livery cabs as part of their  
7 Access-A-Ride service?

8 THOMAS CHARLES: We have been working  
9 with TLC and our pre-paid debit card to promote  
10 accessible taxis. So we do have some wheelchair  
11 users in Manhattan who make use of accessible Yellow  
12 Taxis, and we're trying to look at how we can move  
13 onto the Outer Borough Green Taxis as well.

14 CHAIRPERSON COHEN: I'm just curious, not  
15 that-- Obviously, everyone is entitled to the--the  
16 same level of service. Is there--it's more expensive  
17 to move people? And will you give your breakdown in  
18 terms of cost per ride? Does it bread down? Is  
19 there a different--differential depending on the need  
20 of the user?

21 THOMAS CHARLES: No. No, that's the  
22 standard for a trip.

23 CHAIRPERSON COHEN: Thank you very much.

24 THOMAS CHARLES: You're welcome.  
25



1  
2 CHAIRPERSON CHIN: Next, we'd like to  
3 call on Council Member Treyger.

4 COUNCIL MEMBER TREYGER: Thank you.  
5 Thank you to all the Chairs here today for this very  
6 important hearing, and I thank you Vice President  
7 Thomas Charles. Thank you so much for your time. I  
8 just--the hearing topic today is Transportation  
9 Services for Seniors and People with Disabilities I  
10 New York City. And I know we're focusing--I  
11 appreciate we're focusing mainly today on Access-A-  
12 Ride. But I just want to kind of just highlight  
13 where one end of--one end of the MTA's choices or  
14 decision-making process impacts this end. When you  
15 reduce, take away or cut transportation services,  
16 buses, trains to sections of our city, you increase  
17 reliance on Access-A-Ride. You increase reliance on  
18 these added--I mean services, and there are certainly  
19 who just simply cannot because let's look at some of  
20 the reasons why.

21 But, I just want to highlight that in  
22 Southern Brooklyn where I represent and where I grew  
23 up and live, the MTA in recent years cut back on the  
24 B82 bus, which services a huge senior population. It  
25 removed the X28 on the weekends. It completely

1  
2 removed the X29. The B65 we had to fight to get back  
3 to come to Coney Island. And we are short-changed in  
4 many ways, and that, of course, will lead to people  
5 with no other alternatives or options to turn to  
6 Access-A-Ride and our other types of services. I  
7 also want to just highlight an issue that has not  
8 been discussed yet today, but I think it's--it's very  
9 important because the hearing topic is very crucial  
10 during this time. I'm not sure if you have this  
11 information today, but if not, I would like to follow  
12 up with your office about and the MTA about the  
13 emergency planning and resiliency.

14           And how much damage the MTA sustained as  
15 a result of the latest storm. How much money has the  
16 MTA received in federal/state funding prior--after  
17 Sandy? Because when you look at some of the  
18 locations that were inundated and devastated by the  
19 storm, they are huge senior citizen populations. And  
20 I represent a district where I have many NORCs. I  
21 have senior center or organizations, senior high-  
22 rises, and they're in a--we call it Flood Zone A.  
23 I'll call it Triple A. They're in--they're in prime  
24 time evacuation zone. But the F-Line on Neptune  
25 Avenue right next to the senior buildings does not

1  
2 have an elevator to help them evacuate in the event  
3 of a mandatory evacuation. And that has been one of  
4 the biggest issues in my district. In the event of  
5 an emergency or a mandatory evacuation, what does the  
6 MTA have planned to help move thousands of senior  
7 citizens out of harm's way. And I'm just--I'd be  
8 curious to hear your feedback and comment on this  
9 very important topic.

10 THOMAS CHARLES: Well, I can only comment  
11 on the Paratransit's--

12 COUNCIL MEMBER TREYGER: [interposing]  
13 Right.

14 THOMAS CHARLES: --plans. We work with  
15 the New York City Emergency Management formerly know  
16 as the OEM on evacuation planning. In fact, we were  
17 very vital during Sandy, Irene in providing our  
18 vehicles to address homebound evacuation. But also  
19 healthcare facilities, nursing homes in the Rockaways  
20 and in Brooklyn.

21 COUNCIL MEMBER TREYGER: You--you found  
22 gas during that time?

23 THOMAS CHARLES: We did. We--we actually  
24 participated in the Office of Emergency Management's  
25 ability to get fueling done at select stations in the

1  
2 city. As well as I think Floyd Bennett Field had a--  
3 a military fueling operation that we were able to  
4 participate in. And we also have some of our own  
5 providers, contracts who had gasoline tanks, and we  
6 were able to keep up with the--a provision of  
7 gasoline and diesel. So we have resources, and our  
8 plans are to make ourselves available. Our first  
9 primary objective unlike fixed route service usually  
10 during an impending storm, we've already brought  
11 customers to their destinations. And if an  
12 evacuation starts to mobilize, our primary mission is  
13 one, to make sure that our customers who were already  
14 brought to their destination can either keep to their  
15 schedules to be brought back home, or should they  
16 wish to go home sooner, that we're available to do  
17 that. While simultaneously freeing up vehicles to  
18 help with healthcare evacuations or homebound  
19 evacuations.

20 COUNCIL MEMBER TREYGER: And I--and I  
21 appreciate it. And I certainly--I thank all your--  
22 you and all your members and you workers who have  
23 helped. I certainly appreciate that. I just want to  
24 highlight something that in my district and, of  
25 course, other districts that were impacted by the

1 storm, there were many, numerous seniors and people  
2 with disabilities stranded in high-rise buildings.  
3 So the Mayor could issue any evacuation he wants or  
4 she wants, but the reality is they're vulnerable not  
5 just with age or with their physical condition.  
6 They're also vulnerable with their financial  
7 situation. People just can't pick up and go whenever  
8 we say that they have to go. So, I really believe  
9 that the MTA and various divisions of it has to  
10 coordinate with our emergency planning and our  
11 resiliency planning. And making sure that they were  
12 able to mobilize and move thousands of people out of  
13 harm's way. Now that was not the case during and  
14 after Sandy. And so, again I repeat that we have  
15 train lines right next to--literally right next to  
16 senior high-rise buildings that don't have elevators.  
17 And so, we need to fully examine how we are  
18 coordinating, and how we're using these federal Sandy  
19 dollars to increase our resiliency. To make  
20 transportation services for seniors and people with  
21 disabilities more accessible and better in the City  
22 of New York and I thank you, Chair, for your time.

24 CHAIRPERSON CHIN: Thank you, Council  
25 Member Treyger. I think we could follow up with

1  
2 another hearing with your Committee on Recovery and  
3 Resiliency and Transportation and also the Aging  
4 Committee on this issue. I just wanted to ask one  
5 last question before we let you go, Mr. Charles--

6 THOMAS CHARLES: [interposing] Okay.

7 CHAIRPERSON CHIN: --and thank you so  
8 much for answering all the questions this morning.  
9 It seems like the taxis, you know, the Accessible  
10 Taxi service is a really important service. And then  
11 also it can help, you know, cut down on the force.  
12 So are--is MTA working together with the TLC on--on  
13 the accessible cabs? Because there are--there's been  
14 some issues with seniors complaining about having  
15 trouble getting into the Nissan NV200, the Taxi of  
16 Tomorrow. And also people who use wheelchairs has  
17 also complained about the way the taxi is designed.  
18 Are you working with TLC to see how to really make  
19 the Taxi of Tomorrow really truly accessible? That  
20 this will be an important form of transportation for  
21 the disabled community and for seniors who needs  
22 Access-A-Ride, the can really use the accessible  
23 taxi.

24 THOMAS CHARLES: We are working in a  
25 collaborative effort with TLC on how to incorporate

1  
2 Accessible Taxi Service we are not at a level where  
3 we're discussing a typical vehicle. All we're  
4 talking about is the existing medallions that have--  
5 that are accessible taxis. And how we might be able  
6 to use that in our Access-A-Ride trips. I'm sure in  
7 our discussions we will get to it because the  
8 accessible fleet the have is varied. It's not all  
9 the Nissan 200. They have Dodge Caravans, Toyota  
10 Siennas. So at some point I'm sure we'll get to that  
11 discussion. But right now we're trying to take  
12 what's existing and see how we can promote that  
13 through our Access-A-Ride clients.

14 CHAIRPERSON CHIN: Well, I--I really  
15 encourage you to actively participate based on the  
16 experience and the information you have collected,  
17 you know, from the users of the Paratransit system.  
18 I think it would be very valuable to make sure that  
19 down the road we want to see all taxicabs, you know,  
20 truly accessible. One of my constituents Chair of  
21 the Community Board, and she was in London recently,  
22 and she happened, you know, broke her foot, and she  
23 needed this kind of vehicle. She said, Margaret, why  
24 couldn't all the taxis in--in New York City be  
25 accessible. So that's the thing that we really need

1  
2 to focus on, and I believe that we might have other  
3 questions that we might have missed that we didn't  
4 get a chance to ask you. But we have a lot of  
5 advocates, and--and the customers of Access-A-Ride  
6 are here to testify. So we will let you go, but we  
7 will follow up with some other questions to your  
8 office, and thank you very much for being here this  
9 morning.

10 THOMAS CHARLES: Thank you.

11 CHAIRPERSON CHIN: Next, we want to call  
12 up DFTA, Department for the Aging, Caryn Resnick,  
13 Deputy Commissioner and also Karen Taylor, Assistant  
14 Commissioner for Community Services.

15 [pause]

16 CHAIRPERSON CHIN: I guess the counsel  
17 has to administer the oath first.

18 COUNSEL BERNSTEIN: Eric Bernstein,  
19 Committee Counsel. Can you raise your right hand,  
20 please? [laughter] Do you affirm to tell the truth,  
21 the whole truth, and nothing but the truth in your  
22 testimony before this committee, and to respond  
23 honestly to council member questions?

24 DEPUTY COMMISSIONER RESNICK: I do. Good  
25 morning Chairperson Chin and members of the Aging,



1  
2 Transportation and Mental Health and Development  
3 Disabilities, Alcohol and Substance Abuse and  
4 Disability Services Committees. I'm Caryn Resnick,  
5 Deputy Commissioner for External Affairs at the New  
6 York City Department for the Aging, and I'm joined  
7 today by Karen Taylor our Assistant Commissioner for  
8 the Bureau of Community Services at the Department  
9 for the Aging. On behalf of our Commissioner, Donna  
10 Corrado, I would like to thank you for this  
11 opportunity to discussion transportation services for  
12 seniors and people with disabilities in New York  
13 City. In New York City, the largest programs are  
14 geared toward meeting the transportation needs of  
15 older adults, and people with disabilities are not  
16 under the jurisdiction of DFTA. As a point of  
17 clarification the MTA, who you just heard from at  
18 length and not the Department administers Access-A-  
19 Ride, the city's Paratransit service. Access-A-Ride  
20 provides transportation for people with disabilities  
21 who are unable use mass transit for some or for the  
22 entirety of the trip. In another MTA program, the  
23 reduced fare Metro Card discount for individuals who  
24 are 65 of age or older who or have a qualifying  
25 disability. There are also various other forms of

1  
2 medical transportation paid for by Medicaid and  
3 health insurance plans.

4 DFTA currently funds 14 transportation  
5 only programs that vary in size and scope, and these  
6 programs serve 39 community districts throughout the  
7 city. The Department for the Aging's Transportation  
8 Services Program with approximately 250,000  
9 contracted units, or one-way trips per person, is a  
10 complement to the transportation services available  
11 to seniors in New York City. In addition to the 14  
12 transportation only programs sponsored by DFTA, about  
13 80 of DFTA's 250 senior centers have some form of  
14 transportation for seniors to access the center and  
15 travel from the center to participate in activities  
16 such as retail and grocery shopping, educational  
17 workshops, cultural events, and social gatherings.  
18 The objective of DFTA's Transportation Services  
19 program is prevent seniors who are unable to travel  
20 or access public transportation from becoming  
21 socially isolated or from declining physically by  
22 assisting them in getting to and from places they  
23 need to go in their communities. Which is referred  
24 to as individual transportation.

Seniors are eligible for individual transportation trips if (1) the trip is beyond walking or driving ability; (2) a permanent or temporary physical, mental, or sensory limitation prevents utilization of public transportation; or (3) a trip by public transportation requires transfers beyond the individual's ability. At the same time DFTA's Transportation Services Program also offer group transportation to enhance community engagement for seniors by offering recreational, social, and educational trips.

In advance of the forthcoming Transportation Services Program RFP, DFTA released a Concept Paper last February. The Concept Paper highlights some of the defined and developing parameters, expectations and standards of the Transportation Services Program funded by DFTA. It is our plan to test new transportation models that explore technologies to broaden the scope and increase the efficiency of a very limited service. Responses to the Concept Paper were accepted from interested parties until 5:00 p.m. on April 16th. DFTA plans to take into consideration the feedback, suggestion, and comments offered by the community

1  
2 when crafting our upcoming Transportation  
3 Solicitation. We expect to issue the Solicitation  
4 this summer for contracts beginning on July 1, 2016.  
5 Current anticipated funding for the Transportation  
6 Services Program is \$4.8 million. Relative to other  
7 transportation programs, the DFTA Transportation  
8 Services is limited in both resources and capacity.  
9 To maximize available funding for the program, DFTA  
10 is seeking innovation, creativity and formal linkage  
11 to and communication with other transportation  
12 resources and service providers within the  
13 communities being served.

14 DFTA is looking to contract with  
15 providers who can resourcefully operate a program  
16 that augments the city's ability to achieve the  
17 following objectives: To help ensure the health and  
18 safety of the senior population being served; to  
19 enable access to medical appointments, grocery  
20 stores, banks, food pantries and pharmacies. To  
21 facilitate access to social, cultural and religious  
22 programs that maintain and enhance quality of life,  
23 and to establish and maintain linkages in  
24 partnerships with other appropriate services. Thank  
25 you again for this opportunity to testify about

1  
2 Transportation Services Program for seniors and  
3 people with disabilities, and I'm pleased to answer  
4 any questions that you may have today.

5 CHAIRPERSON CHIN: Thank you. Do you  
6 have a question. Okay, Chair Cohen.

7 CHAIRPERSON COHEN: Thank you for your  
8 testimony. Regarding the transportation associated  
9 with senior centers, those are run by the center?  
10 Who actually--how does that work?

11 DEPUTY COMMISSIONER RESNICK: Yes, our  
12 program--our contract--we contract out all our  
13 services, and some of our senior center programs have  
14 transportation affiliated with the center. And then  
15 they run those themselves.

16 CHAIRPERSON COHEN: They hire a driver,  
17 they procure the vehicle. It's all pursuant to a  
18 contract?

19 DEPUTY COMMISSIONER RESNICK: Yes.

20 CHAIRPERSON COHEN: Okay. And what--what  
21 percentage of centers have that--have that in--

22 [background comments]

23 DEPUTY COMMISSIONER RESNICK: Thirty-two  
24 percent.

COMMITTEE ON AGING JOINTLY WITH THE COMMITTEE ON  
TRANSPORTATION AND THE COMMITTEE ON MENTAL HEALTH,  
DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE  
ABUSE AND DISABILITY SERVICES 110

1  
2 CHAIRPERSON COHEN: Will the RFP affect  
3 those services?

4 DEPUTY COMMISSIONER RESNICK: No.  
5 Actually the RFP is only addressing what we call  
6 Transportation Only. So they're standalone  
7 transportation programs not affiliated with the  
8 senior center contract.

9 CHAIRPERSON COHEN: Thank you.

10 CHAIRPERSON CHIN: Council Member  
11 Vallone.

12 COUNCIL MEMBER VALLONE: Can't say good  
13 morning any more.

14 DEPUTY COMMISSIONER RESNICK: Good  
15 morning, good afternoon, yes.

16 COUNCIL MEMBER VALLONE: We're--we're all  
17 eagerly anticipating some of the results and changes,  
18 but I mean clearly today is to listen to the concerns  
19 of our seniors and persons with disability. And  
20 everyone is looking for acknowledgement for some  
21 changes and things are working well that we want to  
22 expand. Or, things that need some tweaking. Is  
23 there anything at this point that DFTA or you are  
24 willing to say that--whether it's in the upcoming RFP  
25

1  
2 or in the current format that what changes or  
3 additions will be made?

4 DEPUTY COMMISSIONER RESNICK: Well,  
5 precisely because we are about to RFP, we can't talk  
6 about upcoming changes. But the Concept Paper speaks  
7 to some of that, and what we're hoping to get from  
8 the community are some newer uses of technology. I  
9 think some of the things you heard in the--in the  
10 previous testimony about potential partnerships, use  
11 of taxis, other forms of vehicles, vouchers. You  
12 know, there's a whole variety of ways that things can  
13 be done differently, and we'll hear that back I think  
14 when people respond to our RFP. So we're looking to  
15 some creative new thinking.

16 COUNCIL MEMBER VALLONE: What is some of  
17 the largest increasing demand on DFTA with the  
18 current transportation being provided?

19 ASSISTANT COMMISSIONER TAYLOR: The  
20 current level of transportation that's being provided  
21 through our various contracts in Fiscal 14 we  
22 provided a six--a little over 600,000 one-way trips  
23 is how we--how we count the units. And that is  
24 including senior centers, transportation only  
25 contracts, both of those areas.

COMMITTEE ON AGING JOINTLY WITH THE COMMITTEE ON  
TRANSPORTATION AND THE COMMITTEE ON MENTAL HEALTH,  
DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE  
ABUSE AND DISABILITY SERVICES 112

DEPUTY COMMISSIONER RESNICK: But you're  
asking what the greatest demand is for?

ASSISTANT COMMISSIONER TAYLOR: One of  
the reasons--

COUNCIL MEMBER VALLONE: [interposing]  
Well, of that 600,000, so how is that percentage  
changes or increased or decreased from previous  
years?

ASSISTANT COMMISSIONER TAYLOR: I think  
it's remained fairly--

DEPUTY COMMISSIONER RESNICK:  
[interposing] Well, the funding has remained flat,  
so I would imagine that--

ASSISTANT COMMISSIONER TAYLOR: --stable.

DEPUTY COMMISSIONER RESNICK: --the rides  
remained pretty constant.

ASSISTANT COMMISSIONER TAYLOR: The  
programs are well utilized, and they have been over  
the years. But the funding--because the funding has  
been flat, it's been pretty stable.

COUNCIL MEMBER VALLONE: I mean funding  
aside, has the demand increased?

ASSISTANT COMMISSIONER TAYLOR: I think  
certain types of demand have increased.



1  
2 COUNCIL MEMBER VALLONE: And what would  
3 those be?

4 ASSISTANT COMMISSIONER TAYLOR: Well I  
5 think the--one--one of the things that we mentioned  
6 in the Concept Papers is that we know that there's a  
7 need for more individual trips, which is, you know, a  
8 challenge when you've got most of our transportation  
9 services by van or vehicle. You know, multi-person  
10 vehicle. So we are looking for ways to expand our  
11 ability to provide more individual trips. And I  
12 think demand for other areas of the city where our  
13 current providers are not located or not able to  
14 serve at this point. We'd like to have a little  
15 wider spread.

16 COUNCIL MEMBER VALLONE: So those are  
17 things we'd be looking forward to in the next RFP.  
18 Well, that's--that's exciting. Those are the things  
19 we're hearing also. We want--our seniors want the  
20 addition to go to new places and different places.  
21 And not always be handicapped by time limitations,  
22 and where they have to go. I mean Council Member  
23 Rose brought up a good point in her previous  
24 questioning of--if there's a site that had continuous  
25 and numerous requests of applicants and seniors

1  
2 whether it's a senior center or an assisted living  
3 facility, is there a way to make that like a half  
4 hour type of pick-up and drop-off so it's not  
5 individual. And saying listen at 10:30 to 11:00 to  
6 the high peak hours we're going to have  
7 transportation provided. And as long as it's  
8 provided within a local area that will have that--

9 DEPUTY COMMISSIONER RESNICK: Some of the  
10 programs function that way now. I mean we have--we  
11 have varieties of options that-- Currently, for  
12 example, in Brooklyn Heights there's a little shuttle  
13 that runs and it has a route, and seniors can get on  
14 and get off, and know the time scheduled. You know,  
15 others are more by appointment or group rides to and  
16 from. So, you know, each kind of developed their own  
17 personality.

18 COUNCIL MEMBER VALLONE: So there's room  
19 for growth and diversity? I think that's--

20 DEPUTY COMMISSIONER RESNICK:  
21 [interposing] Yes.

22 COUNCIL MEMBER VALLONE: --what we're  
23 hearing because that shut off was a great idea.

DEPUTY COMMISSIONER RESNICK:

[interposing] Yes, that's the direction we're looking  
to going.

COUNCIL MEMBER VALLONE: Okay. Well, I  
look forward to working with you on the RFP and the  
upcoming changes. Thank you very much, Madam Chair.

CHAIRPERSON CHIN: Thank you. How many  
of the vehicles that's provided for DFTA for this  
transportation are equipped for wheelchairs. Do you  
know.

ASSISTANT COMMISSIONER TAYLOR: It's a  
requirement that any transportation program or  
service have at least one vehicle that's handicapped  
accessible. For any new vehicle that's being  
purchased to replace older vehicles, they all have to  
be handicapped accessible.

CHAIRPERSON CHIN: So they have to--

ASSISTANT COMMISSIONER TAYLOR:

[interposing] Right.

CHAIRPERSON CHIN: All of them have to?

ASSISTANT COMMISSIONER TAYLOR: I don't--  
I don't have an exact number. We have a little over  
200 vehicles in--throughout all of the programs that  
provide transportation. I'm not sure if all of them

1  
2 at this point are handicapped accessible, but every  
3 program has at least--at least one vehicle if not all  
4 of their fleet being handicapped accessible.

5 CHAIRPERSON CHIN: So many programs do  
6 you have?

7 DEPUTY COMMISSIONER RESNICK: We have I  
8 believe 80 senior centers and-- Yeah it's--

9 ASSISTANT COMMISSIONER TAYLOR: Fourteen.

10 DEPUTY COMMISSIONER RESNICK: In 14.  
11 Yeah, 14 standalone transportation--standalone  
12 transportation only, and there are few--

13 CHAIRPERSON CHIN: [interposing] So  
14 right now you're in 39 community districts. So with  
15 the new RFP you're going to be able to expand it to  
16 59 that every community board area will have the  
17 program?

18 DEPUTY COMMISSIONER RESNICK: Yes, we're  
19 definitely hoping to see some creative approaches  
20 that will expand the services to every community  
21 district.

22 CHAIRPERSON CHIN: And also the--that the  
23 seniors taking the--the service can go in--into other  
24 districts.

1  
2 ASSISTANT COMMISSIONER TAYLOR: Right,  
3 Yes. We're aware that's a problem.

4 CHAIRPERSON CHIN: Yeah, I think that's -  
5 -that's a very--that's a big issue.

6 ASSISTANT COMMISSIONER TAYLOR: Yep.

7 CHAIRPERSON CHIN: Oh, well, we only had  
8 service here in Community Board 2, you go into  
9 Community Board 3. Sorry. So we've got to make sure  
10 that we do want the seniors to socialize to go across  
11 the districts. So we want to make sure that happens.  
12 And also, how will DFTA ensure that the programs  
13 address the linguistic and cultural diversity in the  
14 community that you'll be serving?

15 DEPUTY COMMISSIONER RESNICK: Well, in  
16 all of our RFPs I think we--we indicate that all  
17 services must be culturally appropriate.

18 CHAIRPERSON CHIN: So with this new  
19 budget or \$4.2 million are you going to be able to--  
20 how much of an increase you will be able to provide?

21 DEPUTY COMMISSIONER RESNICK: In rides?

22 CHAIRPERSON CHIN: Yeah.

23 DEPUTY COMMISSIONER RESNICK: I don't  
24 think we know that yet, but it's going to depend on  
25 how the RFP is shaped and what the proposals look

1  
2 like but it's a very modest increase, and it's a very  
3 small program. And that's, you know, one of the  
4 difficulties is it's sort of looked as an alternative  
5 or complement to Access-A-Ride, but as you know from  
6 the numbers you just heard, it doesn't compare. So  
7 we are never going to be able to the Para transit  
8 system for older people with a \$4 million budget.

9 CHAIRPERSON CHIN: Yeah, but I guess it  
10 would be good to sort of like down the road to hear  
11 from you in terms of what will be a good optimal  
12 budget that can provide enough services where we can  
13 help seniors be able to access all these services and  
14 not being isolates. So if we wanted to do a good  
15 comprehensive job, what would it cost? So at least  
16 we could prepare for that. It was just, you know,  
17 it's \$4.2. What should we be fighting for to really  
18 help improve the system. So that's something that we  
19 look towards DFTA to really give us some guidance on  
20 that. Right. [laughs]

21 DEPUTY COMMISSIONER RESNICK: [off mic]  
22 We'll have to get back to you on that.

23 CHAIRPERSON CHIN: Okay, because we know  
24 we have to expand the service. But we're looking  
25 forward to seeing the RFP and seeing how we can at

1  
2 least take the first step. So thank you for being  
3 here--

4 DEPUTY COMMISSIONER RESNICK:

5 [interposing] Yep.

6 CHAIRPERSON CHIN: -- and next we're  
7 going to call on the next panel. I know some of you  
8 have to take Access-A-Ride back. So, if you're still  
9 here, we really appreciate it. Eileen Cox from JASA,  
10 Leslie Reese, also from JASA from Brooklyn, Anthony  
11 Sette--Sette--Setteducate--Setteducate. [sp?] And we  
12 also have Molly Krakowski and Abigail Adler. All  
13 from Brooklyn. Thank you for being here and  
14 hopefully Access-A-Ride will for you, right, to go  
15 back. Thank you. If not, we're going to call the  
16 MTA and make and get a special accommodation.

17 [background comments, pause]

18 CHAIRPERSON CHIN: Okay, we're going--  
19 we're going to have to set the clock. So please  
20 summarize your point because we have a lot of people  
21 waiting to testify. So thank you.

22 MALE SPEAKER: How much time did you say?

23 CHAIRPERSON CHIN: Oh, it's three  
24 minutes.

1  
2 ALEEN COX: I want to thank the committee  
3 for sponsoring this hearing.

4 CHAIRPERSON CHIN: [interposing] Be sure  
5 your mic is on please.

6 ALEEN COX: Okay, thank you for allowing  
7 us the chance to express our concerns about Access-A-  
8 Ride. My name is Aleen Cox. On Sundays I'm one of  
9 the 164 seniors that attend Sundays at JASA at John  
10 Jay College in Manhattan. Many of us use Access-A-  
11 Ride to attend this continuing education program.  
12 Some of us use walkers, motorized wheelchairs and  
13 canes. In my own case, using public transportation  
14 has become very difficult and risky because I have  
15 Spinal Stenosis and Osteoarthritis. I'm 84 years  
16 old and I'm very anxious to maintain the quality of  
17 my life as I grow older. So I have included in the  
18 testimony a letter sent by members of JASA concerning  
19 the frustrations in using Access-A-Ride. I believe  
20 it was sent to the--to the MTA in January. We  
21 haven't heard a response from them as yet. And since  
22 apparently, there's an advisory committee, I would be  
23 very happy to receive a response. We would all be  
24 happy to be able to talk directly to them. So let me  
25



1  
2 underscore some of the issues that have been  
3 mentioned here.

4 1. Waiting. We told to prepare to wait  
5 for 30 minutes. We frequently wait for more than an  
6 hour. Sometimes Access-A-Ride doesn't come at all,  
7 and we're left stranded and helpless. And Access-A-  
8 Ride does not call us, and notify us if there's a  
9 delay or a problem. So on one occasion, I was called  
10 at home to be told that my trip was cancelled, but I  
11 am standing outside on the street waiting for a  
12 return trip. So I have no way to receive that  
13 message. Many of us use cell phones to obtain help.  
14 But we don't feel that there's an awareness that we  
15 are old, we are disabled, and we need help. And to  
16 be stuck standing on a street corner somewhere with--  
17 with only our cell phone, we are the ones reaching  
18 out and saying what's going on? What's happening?

19 2. Dispatcher Communication to Drivers.  
20 Dispatcher communication to drivers is poor or non-  
21 existent. Drivers are not informed of major delays,  
22 special events, blocked streets, traffic tie-ups or a  
23 bridge and tunnel closing. Very often I'm the one  
24 saying to the driver, there's a marathon today. Did  
25 you know? No, he didn't know.

1  
2 3. Poor Route Planning and Driver  
3 Training. I see that there is driver training. It  
4 doesn't appear to be sufficient. Many drivers are  
5 not familiar with the best routes, and they are  
6 unfamiliar with alternative routes. Driving in New  
7 York City, as we all know, is a real challenge.  
8 Drivers need training to travel efficiently to  
9 prevent late arrivals and excessively long rides.

10 4. Ride Sharing and Route Planning.  
11 Recently, I made my weekly reservation to attend the  
12 Sunday's JASA Program. I was told to be ready at 8:00  
13 a.m. on No Neck Road in Long Island where I live. I  
14 was picked up and then driven to Co-op City in the  
15 Bronx. Then we did a second pick up at the Upper  
16 West Side of Manhattan. After two hours of riding, I  
17 arrived at John Jay College at 10:00 a.m. Is there  
18 any--I was physically drained by that time. I think  
19 when the dispatcher determines the routes, can the  
20 condition of a disabled senior citizen be taken into  
21 consideration? Ride sharing requires wise common  
22 sense judgment. It is a very important job and  
23 drivers need a lot of training. And I often sitting  
24 in the car can't understand how the dispatcher could  
25 have planned this ride.

1  
2 5. Proper Vehicle ID. Now, these  
3 dispatcher cars are often black cars with no sign on  
4 them. We don't know, you know, whether these are the  
5 Access-A-Ride cars. That means that we have to go  
6 there over to the car to try to find out is this an  
7 Access-A-Ride car. And, that's really an unsafe  
8 thing for us to have to do. They're supposed to  
9 have signs in the car or on the car indicating that  
10 they are Access-A-Ride, and many times we don't know.  
11 While we certainly depend on and appreciate the  
12 existence of Access-A-Ride, we need and deserve just  
13 and considerate treatment in our aging years.  
14 Therefore, of course, we look to improve  
15 communication, and coordination between us, the  
16 passengers, and Access-A-Ride. And I hope that we  
17 can be involved in some of these meetings that the  
18 speaker from the MTA told us of. Thank you very  
19 much. Thank you, Council Members.

20 CHAIRPERSON CHIN: Thank you. Next.

21 ANTHONY SETTEDUCATE: Good morning or I  
22 should say good afternoon. My name is Anthony  
23 Setteducate, and I have been using the Access-A-Ride  
24 program since 2009, which a surgical procedure left  
25 me with a damaged femoral nerve. Let me start by

1  
2 stating that I believe Access-A-Ride is a great  
3 program that has made it possible for me and others  
4 with disabilities to be able to lead full lives in  
5 this service--in this city, that is when it works  
6 properly. This is not always the case. Access-A-  
7 Ride is neither a privilege nor a benefit. It is a  
8 necessity that the New York City Transit System is  
9 obligated to provide in accordance with federal law.  
10 Many in the transit system, administrators,  
11 reservationists, drivers and other staff do not  
12 appear to understand. They seem to feel that the  
13 service they provide is out of the goodness of their  
14 hearts. We are expected to have full knowledge of  
15 our destination even though we may never have been  
16 there before. Stand outside in all sorts of weather  
17 waiting up to 30 minutes for a vehicle that may or  
18 may not show up on time.

19 Drivers that arrive early express  
20 annoyance when we are ready before the appointed  
21 time. Some refuse to get out of the car or bus to  
22 help a passenger. They seem to forget that we are  
23 the ones needing assistance, not you. When a ride  
24 fails to show up within the allotted 30 minutes, and  
25 I call in to report this, I am often left on hold for

1  
2 an extended period while someone tries to find out  
3 where the driver is. Remember, I'm standing in the  
4 street holding a cell phone while leaning on my cane.  
5 Often, the response is, "Did you call the car  
6 service?" "No, I didn't. Isn't that your job?"  
7 This can take an additional 20 minutes assuring me  
8 that I will be late for my appointment. Should I be  
9 offered a taxi voucher in lieu of the promised ride?  
10 I am forced to start--lay out extra money that I  
11 didn't budget for. Reimbursement from Access-A-Ride  
12 can take up to two months. For someone living on a  
13 monthly Social Security check, that means I have to  
14 do without food or other necessities.

15 That brings me to the cost of an Access-  
16 A-Ride trip. In every city seniors and people with  
17 disabilities are recorded a reduced fare on the  
18 Transit System. Why is it that Access-A-Ride  
19 passengers are being discriminated against and forced  
20 to pay full fare? Many of us have limited income.  
21 I for one have to consider the cost every time I  
22 arrange for an Access-A-Ride Trip. Thank you,  
23 Council Members.

24 CHAIRPERSON CHIN: Thank you. Next.  
25

1  
2           LESLIE REESE: Hello, my name is Leslie  
3 Reese, and I've been using Access-A-Ride for six  
4 years. The discomforts and disabilities of advanced  
5 age have been ameliorated to an extent by the  
6 services of Access-A-Ride. My life has changed, but  
7 Access-A-Ride has helped me to navigate these changes  
8 for the most part. I can now travel to doctor's  
9 appointments and take advanced education classes  
10 knowing that Access-A-Ride will get me there and get  
11 me home. For this, I am eternally grateful.  
12 However, there are some difficulties that I have  
13 encountered that need some attention. Almost all of  
14 these problems have been with the broker service, not  
15 the MTA. First of all, the scheduling of trips often  
16 is quite puzzling. Last week I had a doctor's  
17 appointment in Brooklyn that should have taken 15  
18 minutes to get to by car. We went from Prospect  
19 Heights where I live to Brooklyn Heights, an opposite  
20 direction from the doctor's office, and ended up 30  
21 minutes late for my appointment. I was in the care  
22 for 65 minutes. Another time, I was picked up in the  
23 Upper West Side, taken to East Harlem and then to my  
24 home in Brooklyn, more than on and a half hours in  
25 the car. Who does the scheduling? It often seems

1  
2 quite random and careless. Several times when a  
3 pickup has been late, I call the broker and am told  
4 the wrong information, i.e., he'll be there in seven  
5 minutes. I call after 20 more minutes and am told  
6 he's five blocks away. After a 30-minute wait, I  
7 call and get a taxi authorization. Why don't they  
8 tell us the truth? Some broker-drivers speak poor  
9 English, and it is hard to communicate with them. On  
10 two occasion, we were almost in the Holland Tunnel  
11 going to New Jersey when we should have been heading  
12 Uptown. Twice, drivers came more than one-half hour  
13 early to my home for a pickup and told me they would  
14 leave me if I didn't come out then. On two other  
15 occasions whenever the driver stopped for red lights,  
16 he opened his door and spit at every stop. I suggest  
17 that the brokers service--broker drivers receive some  
18 training about how to behave. And also not be hired  
19 if they--if they do not speak English well enough to  
20 be understood. Please consider these criticisms.  
21 They are made in the spirit of trying to improve  
22 Access-A-Ride for all of us elderly and disabled  
23 patrons. Thank you again for hearing our concerns.

24 CHAIRPERSON CHIN: Thank you. Next.

1  
2                   MOLLY KRAKOWSKI: Good afternoon. My  
3 name is Molly Krakowski. I'm the Director of  
4 Legislative Affairs at JASA, and I want to thank  
5 Chair Chin, Rodriguez, and Cohen for holding today's  
6 important hearing on Access-A-Ride. In preparing for  
7 today's hearing, I searched my computer for my files  
8 on Access-A-Ride. As many issues involving Access-A-  
9 Ride are not new, I discovered complaints going back  
10 to 1999, and prior to that they are probably just not  
11 in the computer. I remember attending a task force  
12 meeting relating to the subject in 2003 when I began  
13 at JASA. So we're still here, still looking Access-  
14 A-Ride, trying to improve the services available to  
15 individuals in need of transportation and assistance  
16 in New York City.

17                   I know that you've heard from all of  
18 these folks who are all brand new to testifying at  
19 City Hall, let alone attending a hearing at City  
20 Hall. I don't want to belabor what I know you're  
21 going to hear, but I do want to highlight one quick  
22 story of one of my members a long-time advocate,  
23 retired teacher, a very active person. She recently  
24 fell while get off of a New York City bus using the  
25 lower platform. And she said that she lost her



1  
2 balance, and as a result, she ended up with a broken  
3 hip. She should have had an Access-A-Ride  
4 application filled out for her, as far as I'm  
5 concerned, at the hospital prior to discharge. And  
6 in my mind, her doctor should have been able to  
7 clearly state her need for Access-A-Ride upon  
8 returning to the community, and neither of these  
9 things happened because it can't. And once home, she  
10 requested an Access-A-Ride form. She filled it out,  
11 but informed me that she could not complete it and  
12 required-- You know, because she didn't have an  
13 updated passport photo along with the application, in  
14 order to have the application processed it needs to  
15 be a full application.

16           So she was ready to throw out the  
17 application because she didn't have a photo or an  
18 easy way to get that photo. I offered to come and  
19 take a picture of her. She said that even if she was  
20 approved, she lives so close to 34th Street that she  
21 doesn't think that she'll be able to get anything but  
22 possibly a feeder service. But they'll probably say  
23 that she'll be able to just get on a bus, which she's  
24 fearful of doing because she just fell on a lowered  
25 ramp on one of those buses. Why can't we make life

1  
2 easier for people who are in need of this service?

3 Would it be possible to have a DMV style photo booth

4 or picture taking opportunity if they, in fact, have

5 to go to a processing center? Could we allow

6 hospitals to make a determination for patients before

7 discharge to ease their transition back into the

8 community. So that they have that service, and are

9 no re-hospitalized. You have a copy of the

10 testimony--a copy of the survey that was done

11 attached to one of the testimonies.

12 I just wanted to really urge if there is

13 any way possible to make some of the pilot programs

14 that have been suggested and tried out having to do a

15 taxi service and other door-to-door service

16 available. It seems like there might be a cost-

17 effective way to provide some of these trips, which

18 don't cost \$30 to people in the community. And

19 really with that aim of keeping people in the

20 community dignity and autonomy. And allowing them to

21 lead productive lives. So thank you.

22 CHAIRPERSON CHIN: Thank you for coming

23 today and thank you for testifying, and we will take

24 your suggestions and compile them for the MTA.

1  
2 COUNCIL MEMBER VALLONE: And thank you  
3 for waiting almost three hours to testify. We  
4 appreciate it.

5 CHAIRPERSON CHIN: Yes. Next, we'd like  
6 to call on James Weisman from the United Spinal  
7 Association; Mer--oh, Meola McDonald; Joe Rappaport,  
8 and Amy Paul.

9 [pause]

10 CHAIRPERSON CHIN: Please being.

11 [pause]

12 JOE RAPPAPORT: Good afternoon. I'm Joe  
13 Rappaport, and I'm from the Taxis for All Campaign,  
14 and we're here as a panel more or less. We represent  
15 independent not-for-profit organizations. We're  
16 citizen advocates with extensive professional and  
17 personal experience representing people with  
18 disabilities or older adults who live in New York  
19 City or travel here regularly. And there's a list on  
20 page 4 of our testimony. We're testifying today  
21 because the City and the Council have a rare chance  
22 to both reduce costs, and improve transportation  
23 services for people with disabilities and seniors.  
24 Our communities, aging senior communities and  
25 disability groups are appearing together. Something

1  
2 that doesn't happen often because we're united in  
3 suggesting how these cost-savings and improvements to  
4 Access-A-Ride and city taxi service can be achieved.  
5 As you've heard, Access-A-Ride is expensive.

6           It's inconvenient, but it doesn't have to  
7 be that way. Much of the service could be switched  
8 to taxis, and particularly to accessible taxis. The  
9 same may be true of other city funded transportation  
10 services such as those underwritten by DFTA. And Jim  
11 Weisman of the United Spinal Association who is here  
12 to my left is going to speak on some of these issues.  
13 There's an obstacle to making a full real switch.  
14 The taxi selected--we've talked about a little about  
15 that today. The taxi selected by the city, the  
16 Nissan NV200, the Taxi of Tomorrow, the so-called  
17 Taxi of Tomorrow, has significant design flaws that  
18 negatively impact the ability of people with  
19 disabilities and seniors to ride in them. And Amy  
20 Paul, Senior Advocate will speak to--to my right will  
21 speak to what some of those problems are, and I'll  
22 add a few notes as well. In its oversight role, the  
23 Council should ensure that this historic opportunity  
24 for better, cheaper transportation for seniors and  
25 people--people with disabilities is not squandered

1  
2 for another decade. And I'm going to turn now first  
3 to Jim and then to Amy for their comments, and you'll  
4 join them at the end, they're sort of here with the  
5 other, but you'll talk as well. Thank you.

6 JIM WEISMAN: Thank you. My name is Jim  
7 Weisman. I'm Executive Vice President and General  
8 Council of United Spinal Association. We used to be  
9 called Eastern Paralyzed Veterans Association, and  
10 when we were Eastern Paralyzed Veterans Association  
11 in '79, I sued New York City to make buses and  
12 subways accessible on behalf of people with  
13 disabilities. And it resulted in the creation of the  
14 Access-A-Ride program, too, because Mayor Koch--we  
15 sued just the buses and subways. But Mayor Koch was  
16 convinced by MTA that Paratransit would be cheaper  
17 than making buses and subways accessible. And he  
18 said he could take everybody in New York City who was  
19 disabled on a Paratransit trip whenever they wanted,  
20 wherever they wanted for \$9 million a year. They  
21 were setting up a duplicate transportation system so  
22 it made no sense, but that is what they said. And it  
23 took five years of litigation to settle that case.

24 And, of course, we got Access-A-Ride  
25 because the mayor insisted on it. Right now, I heard

1  
2 that the budget is \$425 million. It's actually way  
3 higher than that. I think--I think it's about \$60 a  
4 ride, not \$50 and closer to \$600 million. I'm not  
5 sure. We're going to have to get better numbers. I  
6 just want to point out that the numbers seem low.  
7 But the cost per ride is high no matter how you look  
8 at it. If you look at what's happened, MTA made a  
9 choice, which both the lawsuit and the most liberal  
10 Democrats in New York in 1984 who supported people  
11 with disabilities would only make key stations  
12 accessible. And ADA had to grandfather in MTA to get  
13 New York Democrats to vote for it. So, the deal we  
14 made in 1984, which is 30 something years old,  
15 dictates that 100 key stations will be made  
16 accessible by 2020. There's 466 subway stations.  
17 Long haul transportation, therefore, becomes the  
18 responsibility of Access-A-Ride because they keep  
19 eliminating inter-borough bus service.

20 That's why Access-A-Ride costs are high,  
21 one of the reasons Access-A-Ride's costs are high.  
22 The better Access-A-Ride gets, the more demand there  
23 is. It's a vicious cycle. It's going to--it's that  
24 kind of a service. So the real issues are how do you  
25 reduce cost per ride, and how do you reduce demand?

1 Feeder service, which people have complained about.

2 I've heard a little bad talk about it. Feeder

3 service actually turns people onto mass transit as

4 well, who don't use it. People using mass transit

5 with a disability is--is--a lot of it is just a state

6 of mind. Tom Charles said people with identical

7 diagnoses some can use mass transit and some can't.

8 A lot of that is functional impairment and

9 differences in functional impairment. But also

10 confidence in using the system, and relying on

11 accessible equipment that might be broken and you get

12 stranded in the subway and things like that.

13  
14 Right now--and I see I'm out of time

15 already--but right now, if you--you can take--if

16 you're taking a disabled person and he's trained by

17 the school system to use mass transit, if they're a

18 disabled child. Or is trained by MTA, which doesn't

19 really exist, a training program. But the feeder

20 service could be a de facto training program. If you

21 use mass transit, you can reduce demand and increase

22 capacity on Access-A-Ride. The real way, though, to

23 bring cost per ride is to switch people--and we've

24 been saying this for years to MTA. They're finally

25 listening--is to switch people from expensive Access-

1  
2 A-Ride service to less expensive accessible taxis and  
3 car services. They're out there anyway. They're  
4 purchased by somebody other than MTA. MTA buys the  
5 vehicles for its vendors for Access-A-Ride. Taxis  
6 are purchased by private businesses, by  
7 entrepreneurial people who want to provide service.  
8 They're already providing some service for Medicaid.

9           Ambulettes provide over \$200 million  
10 worth of wheelchair user medical transportation trips  
11 in the five boroughs every year. All that could be  
12 switched from expensive ambulette services to cheaper  
13 car services and taxis. Saving Medicaid healthcare  
14 dollars as well. So could all the other sponsored  
15 transportation like the Department of Veterans  
16 Affairs Vocational Rehabilitation. There's lots of  
17 benefits related travel for people with disabilities.  
18 All of that could be done cheaper in taxis.  
19 Therefore, it's important to create accessible taxi  
20 standards that people can depend on, feel are safe,  
21 can drive with others. And so I have a lot more in  
22 my written testimony, which I submitted. I want to  
23 pass the microphone to Amy, who is going to talk  
24 about the vehicle itself.  
25



1  
2           AMY PAUL: Hello. Good afternoon. Thank  
3 you so much, and thank you for the hearing  
4 opportunity for us to talk to you. As Joe and Jim  
5 has said, unusually we have come together in a way to  
6 beg you to look at this taxi because we--as our  
7 communities have found it does not work for our  
8 communities the way it is now. First, in terms of  
9 the people with disabilities community, as you know,  
10 there was a lawsuit. There was a settlement.

11 Supposedly, the TLC was going to develop a wheelchair  
12 accessible vehicle. What they have proposed now is a  
13 vehicle that requires a rear entry, and that means  
14 that if there's a rear entry, you're in traffic.

15           But it also means that the only that a  
16 person in a wheelchair can get out of that vehicles  
17 is by backing out when they cannot see where they're  
18 going into the traffic. The community has made its  
19 concerns known, and are seriously upset because that  
20 is--their concerns are not being taken into  
21 consideration right now. As to the seniors, I'm more  
22 familiar with seniors because I've been a  
23 professional and personal advocate on behalf of  
24 seniors for many, many years. The vehicle itself is  
25 structured terribly for older individuals, and in the

1  
2 interest of time I won't go into all the details. My  
3 written testimony there, and I can provide additional  
4 information, if you'd like. But asking seniors with  
5 frailty, with balance issues, with arthritis, with  
6 joint issues who need canes, who need walkers to go  
7 up two steps, especially when the step is small. Or,  
8 come down without any kind of real grab bar to hold  
9 onto, is a serious misunderstanding of what it's like  
10 to be aging.

11           And the typical common experiences of  
12 older individuals. The Comptroller Scott Stringer  
13 has written a letter to the TLC in February asking  
14 that our communities be more included in the  
15 understanding of how to develop and go forward with  
16 the TLC development. I mean with taxi development.  
17 And also suggested some contractual window  
18 opportunities that perhaps might be able to pursue  
19 some differences for our communities. And we are  
20 here to call on the committees to ask please help us  
21 get a taxi that works for seniors, that works for  
22 people with disabilities. We've heard how many  
23 times, and Jim has highlighted it further, that  
24 having an accessible taxi can be used as a  
25 supplemental vehicle, as a piggyback for other

1  
2 programs. But it won't work unless the vehicle is  
3 good for everybody and safe for everybody. Thank  
4 you.

5 JIM WEISMAN: Just a quick point about  
6 the taxi design. It was designed to be an  
7 inaccessible taxi and won the Taxi of Tomorrow  
8 Competition in its inaccessible form. Then we  
9 settled our lawsuit with Mayor Bloomberg as he was  
10 going out the door from being mayor for 50% Yellow  
11 Cab accessibility by 2020, but they had already made  
12 the deal with Nissan. So that required the taxi to  
13 be manufactured. Nissan didn't retool in response to  
14 our settlement agreement. They're building the same  
15 inaccessible taxi they intended to build shipping it  
16 from Mexico to Indiana and having it retrofitted, and  
17 at great cost. Which is paid for by a 30 cent fare  
18 increase that the de Blasio Administration supported.  
19 And then sent to New York. There's one passenger in  
20 the back in a wheelchair and one other passenger--  
21 space for just one other on the other side of the  
22 partition upfront with the driver. So it's a poor  
23 design, and it would never have won the Taxi of  
24 Tomorrow Competition if it was presented in the form  
25 that it's in now because it is not workable.

1  
2           AMY PAUL:  If I could just come in on the  
3 theme.  [sic]  My testimony talks about the fact that  
4 I've been--an individual has been brought to my  
5 attention who is seriously injured.  A senior living  
6 independently coming out of the vehicle had trouble  
7 exiting.  Not only does she have the injuries that  
8 I've mentioned, but she suffers from nightmares  
9 because it was such a traumatic experience for her.  
10 And this is heartbreaking and it's disrespectful for  
11 our seniors, and I know the city can do better.

12 Thank you.

13           CHAIRPERSON CHIN:  Now do we have--I'm  
14 just curious.  Is there some model?  I mean other  
15 countries have a fully accessible cabs.  I mean are  
16 there are some models that we can look at and say,  
17 hey, this is the one that we should be using in New  
18 York City.

19           JIM RAPPAPORT:  There are side entry  
20 models that are available.  London's--the London cab,  
21 which probably couldn't be used in New York is a side  
22 entry.  There's a company called the MV-1 or Mobility  
23 Ventures.  They have a side entry vehicle that you  
24 actually can see around the city now because--I don't  
25 know it came up during Tom's--Tom did not come up

1  
2 apparently, but there--the MTA is using hundreds of  
3 these MV-1 vehicles, which have a side entry. They  
4 have enough space for a wheelchair users--user and  
5 three other passengers. And so, they're on the  
6 market now. You know, they're--they--they cost more  
7 just most accessible vehicles at this point. Our  
8 goal is to make the accessible vehicle the standard  
9 vehicle. So that like the buses--one of the  
10 complaints about the buses is, oh, it will cost too  
11 much to make them accessible. This is 30 years ago.  
12 Now, when you see a city bus, it's always accessible,  
13 and no one talks about the cost, and you don't call  
14 it an accessible bus. You call it a bus. That's  
15 what we foresee happening here in New York. There's  
16 a bill, Intro 749, I believe that Council Member  
17 Johnson has introduced that would require side entry,  
18 as we've recommended. Getting rid of the rear entry  
19 and 100% accessibility in most of the taxi fleet, and  
20 we support that very--very strongly.

21 CHAIRPERSON CHIN: All right. Thank you.

22 Next.

23 MEOLA MAC DONALD: Good afternoon. My  
24 name is Meola V. MacDonald [sp?]. Thank you for this  
25 opportunity to speak before the committee today. I

1  
2 am representing the Senior Citizens and Health  
3 Committee of Community Board 12 in Queens. The  
4 members of the committee are from housing  
5 developments for senior citizens, moderate income co-  
6 ops with high percentages of older adults, community  
7 base organizations serving older adults. Senior  
8 centers, health organizations, and community boards.  
9 One of the issues very important to us is Access-A-  
10 Ride. We are grateful for this vital Paratransit  
11 service supported by the City of New York. Some of  
12 our committee members are used--have used it for more  
13 than 15 years.

14 Over the course of the past three years,  
15 customer service has declined tremendously. I'm sure  
16 you are aware of problems related to pickup and  
17 return times that have plagued the service since its  
18 inception. However, another area of concern has to  
19 do with the training of drivers for taxi and car  
20 services the city now contracts with. Simple acts of  
21 courtesy do not always translate culturally and,  
22 therefore, must be taught. Presently, drivers will--  
23 drivers will disembark a passenger on the other side  
24 of the street from where they were picked up, left to  
25 navigate wide boulevards using canes and other

1  
2 traveling devices. Drivers do not get out and open  
3 the door for an older adult passenger entering or  
4 debarking. Some do not speak the English language  
5 adequately.

6           If the driver is from another country,  
7 they are not attuned to the most basic of traveling  
8 courtesies to the extent one could interpret that  
9 actions and responses as racist. We feel training  
10 and proper monitoring should be part of the contract.  
11 And not just contracted as a regular driver taxi  
12 service with no responsibility regarding customer  
13 care, which is part and parcel of services to  
14 individuals in need of services such as Access-A-  
15 Ride. Our committee was fortunate to have Councilman  
16 Daneek Miller to meet with us to discuss this need  
17 and on his suggestion he thought the MTA, which has a  
18 state-of-the-art training department would be ideal  
19 to train drivers of car and tax services. It would  
20 begin to be a solution to the above issue. We  
21 request the Transportation Committee of the Council  
22 look into this, and see if there is a possibility for  
23 this to happen. Thank you very much.

24           CHAIRPERSON CHIN: Thank you very much to  
25 this panel for your suggestions and your work on this

1  
2 issue, and we look forward to working with you on  
3 that. We've also been--Council Member Johnson  
4 returned back to us, and we were joined by Council  
5 Member Arroyo earlier. Council Member Johnson, do  
6 you have something to add or--?

7 COUNCIL MEMBER JOHNSON: Thank you, Madam  
8 Chair for the opportunity to engage with this panel.  
9 It's good to see you all. Jim, I just wanted to go  
10 back to something that you had previously mentioned  
11 in your testimony. But, also I believe in the  
12 question and answer section you mentioned as well.  
13 So the cost currently for Access-A-Ride is \$60 per  
14 ride, and that isn't per trip? That is one-way, is  
15 that correct?

16 JIM WEISMAN: Right.

17 COUNCIL MEMBER JOHNSON: So if someone  
18 is--lives in Upper Manhattan and they need to go to  
19 Downtown Brooklyn and they need to get brought back,  
20 it's really \$120?

21 JIM WEISMAN: Yes.

22 COUNCIL MEMBER JOHNSON: So the cost that  
23 the City is paying right now is enormous, and what do  
24 you think the estimate would be in making all for-



1  
2 hire vehicles, as my bill does--would the City end up  
3 saving money as it relates to that?

4 JIM WEISMAN: I--I--I definitely think so  
5 because you'd have in a de factor way, the same way  
6 as MTA didn't propose accessible taxis or car  
7 services, but will use them if they exist. The more  
8 that's out there that runs cheaper than they do, the  
9 more they'll take advantage of it. The same with all  
10 other ride brokers for government paying agencies.  
11 There's a huge threat, however, which we didn't talk  
12 about, which is Uber, to the success of these  
13 accessible taxi programs. If you remember, three  
14 years ago we got a bill passed in Albany that created  
15 the Street Hail Program, the Green Borough Taxis, but  
16 also 20% of them had to be accessible. And it also  
17 was going to sell 2,000 new medallions to be placed  
18 only on accessible Yellow Cabs. They sold 400 and  
19 medallion values dropped like a rock because Uber has  
20 been so successful in taking market share away from  
21 Yellows, and perceived market share away from  
22 Yellows. And the number of Uber vehicles, 100% of  
23 which are inaccessible, is as big as the taxi fleet  
24 now. So, they can't sell new medallions because it  
25 would set a new low price for medallions. So those

1  
2 1,600 more that were supposed to come in the next  
3 year or two, aren't on our doorstep. So it's going  
4 to take longer to phase in accessible taxis for this  
5 to begin with. And, that will only be the Yellows.  
6 Uber uses the Greens in the boroughs. You can get--  
7 if you use the Uber app, you can get a Green  
8 accessible taxi in the boroughs. But that's not  
9 available in Manhattan.

10 COUNCIL MEMBER JOHNSON: In 1979, your  
11 organization sued the MTA to create accessibility in  
12 subways and buses, and then there were lawsuits after  
13 that with regard to the TLC for accessibility that  
14 you all had worked on this for years if not decades.  
15 I wanted to ask you do you believe that the Taxi of  
16 Tomorrow, the Nissan model actually is compliant with  
17 the Americans with Disabilities Act?

18 JIM WEISMAN: Well, you know, it's  
19 interesting because when we wrote the--I was also on  
20 the committee that write the regulations for the  
21 implementing regulations for transportation of ADA.  
22 At the time, it was 1991 when we wrote those  
23 regulations. There were no accessible factory built  
24 cars, and there were virtually no accessible taxis in  
25 the United States. No one could imagine an

1  
2 accessible sedan. So what the regulation said was  
3 if you operate a van, which seats less than eight,  
4 including the driver, seven passengers, it has to be  
5 accessible if you use it as a taxi. That has never  
6 been enforced in our city. So we have about 1,100,  
7 or as of a year or so ago, it was about 1,100 Dodge  
8 Caravans and Toyota Siennas that should have all been  
9 accessible because they're being used as taxis, which  
10 are not. It would be a Justice Department or  
11 individual disabled plaintiff or plaintiff group that  
12 would have to bring that lawsuit. But TLC could have  
13 incorporated those into--that into their rules and  
14 they did not. So, there's a--you have that problem.  
15 Now, there is factory built cars, at least one and  
16 made in America, that's accessible--an accessible  
17 purpose built vehicle for a taxi. So I think it will  
18 change, but the box itself, the space has never been  
19 defined for a taxi. How big does it have to be? But  
20 I will tell you if you watch a wheelchair in the  
21 NV200 it's a tiny little back. The cargo area, the  
22 back seat folds down. They enter from the rear.  
23 It's a tiny little box. The driver can barely move  
24 around in the box to strap the--to secure the  
25 wheelchair user. It will be very difficult for them

1  
2 to do that, and I would say that it's at a minimum  
3 inconvenient, and at worst, very, very dangerous  
4 having them in the rear where it's--I mean it's  
5 probably the most frequently hit place. I don't  
6 know. Front fenders maybe are. I don't know, but  
7 rear-enders are pretty common I would think. And  
8 that if you look at where the passenger is in the  
9 NV200, they are sitting right there on the back of  
10 the car. And right behind their head is the folded  
11 up ramp, which one--once a wheelchair user is in that  
12 car, there's a folded up ramp behind their head only  
13 inches. So when there's a rear impact I think it  
14 will be dangerous.

15 COUNCIL MEMBER JOHNSON: [interposing]

16 So do you believe--

17 JIM WEISMAN: But this hasn't been crash  
18 tested.

19 COUNCIL MEMBER JOHNSON: The Taxi of  
20 Tomorrow is a van? The NV200 is a van?

21 JIM WEISMAN: It is a van. It should  
22 have been designed to be accessible. There was no  
23 litigation over that. When we settled the lawsuit  
24 with the Bloomberg Administration, we agreed to  
25 forego the van argument. Which if we couldn't

1  
2 settle, it would have come up. But since they  
3 decided to make taxis accessible, we let it go.

4 COUNCIL MEMBER JOHNSON: And if the Taxi  
5 of Tomorrow, if Nissan decided tomorrow we're going  
6 to change the manufacturing of our vehicles from rear  
7 entry to side entry to make it safer for individuals  
8 that need it, would you think--do you think that that  
9 would then make the NV200 an acceptable vehicle?

10 JIM WEISMAN: I don't know. I would  
11 really have to see it to tell you. I know would be  
12 safer. It definitely would be safer. I--I--I still  
13 think it's a tight small space and tough to work  
14 with. Which is why they made it a rear-entry vehicle  
15 in the first place. Braun, the company that's doing  
16 the conversions are pros at this. They've been doing  
17 this for 30 years maybe.

18 COUNCIL MEMBER JOHNSON: So, if you're an  
19 individual--

20 JIM WEISMAN: [interposing] That's the  
21 best they could do with that van.

22 COUNCIL MEMBER JOHNSON: If you're an  
23 individual who uses a wheelchair or a scooter or has  
24 some type of injury where you need an accessible  
25 vehicle to get around, and were not including Access-

1  
2 A-Ride, and you live in South Brooklyn, and none of  
3 subway stations near you are accessible. And there  
4 are no Yellow Cabs really out in your neighborhood  
5 because they're typically operating below 96th Street  
6 in Manhattan. And the 20% of Green Cabs that are  
7 supposed to be accessible still haven't fully come  
8 online yet. And the number of Black cars and Uber  
9 cars and lift cars and livery cars there aren't that  
10 many that are accessible. But you need to get to  
11 your doctor's appointment in Midtown Manhattan or you  
12 need to go see a relative in Northern Queens, you  
13 don't have many options. You're sort of stuck.

14 JIM WEISMAN: There's one option. It's a  
15 non-option really because of the price. You can call  
16 those private ambulettes that take people on Medicaid  
17 trips. You can rent them. The guys that are the  
18 Medicaid carriers are rentable, but they cost  
19 hundreds of dollars each way. We had to bring a  
20 woman to a TV show from Bensonhurst to Fox News, and  
21 the--and it was \$475 round trip.

22 COUNCIL MEMBER JOHNSON: Wow. And in  
23 your testimony you said that last year Medicaid spent  
24 \$200 million depending on if the person was Medicaid  
25 eligible--

1

2

JIM WEISMAN: [interposing] Yes.

3

4

COUNCIL MEMBER JOHNSON: --to be able to  
get transport for themselves.

5

6

7

8

JIM WEISMAN: Right, and all that  
business could become livery business in the boroughs  
and Yellow Cab business in Manhattan if they were  
accessible.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

COUNCIL MEMBER JOHNSON: Well, thank you  
for your advocacy. I look forward to working with  
you, and members of this committee on-- I think it's  
actually frankly embarrassing that in 2015, if you're  
someone in New York City-- I mean we're hailing the  
fact that it's a big anniversary of the Americans  
with Disabilities Act. Well, our city has a long way  
to go to live up to its full promise under the ADA.  
So that people that need certain types of services  
are treated with dignity and respect. Putting  
someone in the trunk of a car. Trunks are for  
luggage, not for people. And that is why I think we  
need to ensure that our for-hire fleet in New York  
City is fully accessible, is safe, and treats people  
with the dignity and respect that they've deserved  
for many years and we still haven't achieved yet.

JIM WEISMAN: Your--

1  
2 COUNCIL MEMBER JOHNSON: Thank you, Madam  
3 Chair.

4 JIM WEISMAN: --your bill will do it,  
5 will--will permit spontaneous travel for the first  
6 time by--by people with disabilities.

7 COUNCIL MEMBER JOHNSON: I didn't pay you  
8 to say that.

9 JIM WEISMAN: [laughs]

10 COUNCIL MEMBER JOHNSON: Thank you, Madam  
11 Chair for--

12 JIM WEISMAN: [interposing] So, it's  
13 always been demand/response.

14 COUNCIL MEMBER JOHNSON: Thank you.  
15 Thank you, Madam Chair the ability to be part of  
16 this.

17 CHAIRPERSON CHIN: Thank you, and thank  
18 you to the panel. Next we want to call up Phillip  
19 Woods, Committee for Taxi Safety; Aditi Shah, New  
20 York Lawyer for Public Interest; Kathleen Treat, from  
21 Disabled Vets; Jean Ryan, Disabled in Action; and  
22 Lynn-Bonya Jacobson from the Alzheimer's Association.

23 [pause]

24 CHAIRPERSON CHIN: Okay, someone else  
25 from the Alzheimer's Association, Matt Kudish. Okay.



[pause]

CHAIRPERSON CHIN: Give it to the  
sergeant, yes. Maybe we could use the--the mic on  
the desk here in the front, Sergeant, or we could use  
the table, too. They could just sit up to the table.

[pause]

CHAIRPERSON CHIN: Okay. I think we have  
accommodated everyone. You want to start maybe from  
this end?

KATHLEEN TREAT: This is my husband  
Martin Treat. He is President of the Clinton Hill's  
Kitchen Coalition for Pedestrian Safety.

MARTIN TREAT: [difficulty speaking] Hi,  
hi. Taking the accessible is wonderful. I don't use  
it. I have my own vehicle. I just be reimbursed. I  
take a taxi when I need to. They're all accessible.  
It costs \$30. I should be reimbursed. Why not  
reimburse a member who has done that through the  
accessible cab? It would be cheaper. Now, that's  
the end of the accessibility as far driving vehicles.  
When I use that system and my scooter, I have done  
every crossing. The curb cuts are a disaster as they  
should be replaced by an entirely new system. And  
the buses to board in the snow are impossible. The

1  
2 MTA should be ashamed of their sidewalks here in  
3 snow. Thank you. [sic]

4 CHAIRPERSON CHIN: Thank you, Mr. Treat.  
5 We agree with you. The curb cuts are important, and  
6 also with the snow, we have to make sure that where  
7 the stops are that the snows are clear. And thank  
8 you for your suggestions.

9 MARTIN TREAT: You're welcome.

10 KATHLEEN TREAT: I'm Kathleen Treat. I'm  
11 Chair of the Hell's Kitchen Neighborhood Association  
12 and I'm married to this handsome guy. Martin is a  
13 Vietnam Vet. He depends on the buses, the MTA buses  
14 to get him to and from the VA Hospital on 23rd  
15 Street. I would like to say one thing, two things  
16 actually, the Access-A-Ride would be--helped a great  
17 a great deal if it had apps for passengers. Very  
18 simple. I don't think it requires a study. I don't  
19 think it requires 10 months, 12 months of discussion.  
20 They just got to do it. It's fabulous that app. I'd  
21 also like to put in a plug for the bus drivers and  
22 the MTA. We have found they are 100% cordial, kind,  
23 skilled. Kindness maybe that's something you can  
24 teach people. I'm not sure, but they're all union  
25 guys, and it's very disturbing to hear these remarks

1  
2 from people who rely on Access-A-Ride. Which, thank  
3 God we don't have to. Maybe--maybe making those  
4 drivers not privatized through some other bizarre  
5 system, but bringing in good MTA union trained  
6 people. Thanks very much.

7 CHAIRPERSON CHIN: Thank you for coming  
8 today, and I really thank you for your testimony.

9 COUNCIL MEMBER JOHNSON: I just want to  
10 thank, Madam Chair, thank Martin and Kathleen Treat  
11 for being here today. They are pillars of the West  
12 Side community and Hell's Kitchen. Marin and I  
13 served on the Community Board together for 8-1/2  
14 years. He still serves on the Community Board, and  
15 Kathleen is a key person in the neighborhood. I  
16 wanted to say this now because I have to actually  
17 leave and go to a meeting, but I'm deeply grateful  
18 that they're here. And, thank you for all of your  
19 hard work and community advocacy.

20 [background comments]

21 CHAIRPERSON CHIN: Okay, next.

22 [pause]

23 JEAN RYAN: My name is Jean Ryan. Is  
24 this on? Okay. From the Disabled in Action and  
25 Taxis for All Campaign. DIA is a civil rights

1  
2 organization. [coughs] This--this hearing is not  
3 just about seniors traveling. It's about people with  
4 disabilities and people with disabilities are of all  
5 ages and need to get around, you know, wherever they  
6 need to go. So, you know, it's important to keep  
7 that in mind. Especially since probably the younger  
8 you are, the more you want to go places, and [coughs]  
9 it's not right that a lot of us are really stuck in  
10 our houses. And with night services so bad that you  
11 really think twice before you go out at night.  
12 Because getting back home is going to be a problem.  
13 There aren't very drivers. There are not very many  
14 companies that drive at night and, of course, there's  
15 reduced demand. But it's really--I can pretty much  
16 be guaranteed of a hassle if I'm out past 8 o'clock  
17 at night. That's ridiculous, you know. I--I'm a  
18 active person and I like to go places.  
19               So do a lot of other people. So what we  
20 need are options. We can't just have Access-A-Ride.  
21 We can't just have the buses because the express  
22 buses the drivers are not necessarily nice. They're  
23 not necessarily trained to take people on--people  
24 with wheelchairs and know how to use a lift, or care  
25 about knowing. And it's--it's just so frustrating

1  
2 that I absolutely cannot count-- I'm that person in  
3 South Brooklyn that Corey Johnson talked about. I  
4 cannot count on taking the express bus in every into  
5 the city because it might take hours to get on one.  
6 That's ridiculous and it only runs every hour anyway  
7 most of the time. So, you know, the training that--  
8 even the interest in putting us on a bus is really--  
9 on most express buses is very, very low interest from  
10 the MTA. And I can make a complaint, and I get the  
11 same letter back every single time with no change.  
12 It's not a personalized letter. It's a, you know, it  
13 says the same thing.

14           So Access-A-Ride is mandated to be a  
15 provider of emergency transportation for people with  
16 disabilities when there's a large emergency and it's  
17 declared by the City or the State. But what about  
18 all of our individual emergencies where our equipment  
19 breaks down or our battery dies? Our caster breaks  
20 off, our motor stops. There's--there is nothing that  
21 we can do about that, and I think Access-A-Ride  
22 should be mandated to provide same-day service for  
23 people when their equipment totally breaks down.  
24 Because we have no way to get anywhere then, if our--

1  
2 if we have broken equipment. I'll be really quick on  
3 the rest of it.

4           The broker service is like the wild west  
5 there are so many complaints about it. I'm thankful  
6 that I don't have to use it because I can't get into  
7 those cars so that's why I can't--I don't have to use  
8 it. When people get threatened with suspensions,  
9 often times, there's like a no-show on there that  
10 they had nothing to do with that wasn't--that they  
11 were there. You know it's wrong. It's inadvertent,  
12 or their disability prevented them from taking a ride  
13 that day, or something that they couldn't stop from  
14 happening. And when people successfully appealed the  
15 suspension and win, it's still held against them in  
16 the future. Like people can look it up on the  
17 computer from Access-A-Ride, and see that it was  
18 there. And then they say, Well, that person, you  
19 know, already had a lot of no shows even when they  
20 successfully appealed it. So I am suggesting that  
21 those--that if you successfully appeal a suspension  
22 that it gets stricken from the record. That it can't  
23 be held against you in the future, which it shouldn't  
24 be if you successfully appeal it. And nobody every  
25 brings that up.

1  
2           So the other thing is that the  
3 certification centers I only go every five years, but  
4 every--the last two centers I've been to have had a  
5 lot of privacy concerns and inaccessibility. And,  
6 you know, I only--we only have to go every five  
7 years. But that shouldn't be. There shouldn't be  
8 any privacy problems there. You shouldn't--I--I  
9 couldn't--the last one I couldn't get into the room  
10 because there wasn't enough room to close the door  
11 between the person that I was talking to and me.  
12 And then she wanted to meet out in the hallway.  
13 That's not private. That's a HIPAA concern, and it's  
14 also just a concern about the Access-A-Ride and  
15 recertification or certification in the first place.

16           And the other--the last thing, well, two  
17 things: Language access is a huge problem. I hardly  
18 ever see anybody on the van who doesn't speak English  
19 fluently. Probably because they can't get the  
20 service and/or get a ride. And the last thing is the  
21 IVR notification of the--that the vehicle is coming.  
22 We can get it by text, email or phone, but it's so  
23 inaccurate, it's wildly inaccurate. Especially when  
24 the van is going to be late. The van might be an  
25 hour late or more, and we'll get a--we might get

1 something. We never get something saying it's going  
2 to be late. We'll get something saying it's going to  
3 come in 10 minutes and the doesn't. You know, it  
4 comes in an hour, or we get nothing. And the  
5 dispatchers do not calls us. It is so rare to get  
6 any kind of a cal from a dispatcher saying that the  
7 van is broke down, or some other van has to come. So  
8 that is really hard on us. People--you heard people  
9 testifying how difficult it is to stand and wait.  
10 Well, it's also difficult to sit and wait because we  
11 can't go to the bathroom. We can't leave. We have  
12 to be there. Because if the van does show up, or the  
13 vehicle, we have to be out there. And we don't know  
14 how long it's going to be. We can't go get food.  
15 Nothing. So, this--that needs to be improved. It's  
16 not the greatest thing that there ever was. Thank  
17 you.

19 CHAIRPERSON CHIN: Thank you. Next.

20 MATT KUDISH: [coughs] Good afternoon.  
21 Thank you for the opportunity to discuss the issues  
22 of transportation services for seniors and people  
23 with disabilities in New York City. My name is Matt  
24 Kudish. I'm Senior Vice President of Caregiver  
25 Services at the New York City Chapter of the



1  
2 Alzheimer's Association. Founded in 1978, the  
3 Chapter is one of seven statewide and 83 nationally  
4 that deliver services and provide care and support  
5 free of charge. The New York City Chapter serves an  
6 estimated 500,000 New Yorkers annually, those with  
7 Alzheimer's and related disorders as well as their  
8 caregivers. Alzheimer's is a progressive and fatal  
9 brain disease mostly affecting the elderly. Which  
10 threatens to overwhelm the healthcare system, if we  
11 do not find a way of preventing or hopefully curing  
12 it one day. Approximately five million people in the  
13 United States are currently living with Alzheimer's  
14 and we estimate that 5% reside here in New York City.  
15 Every 67 seconds a person in the United States  
16 develops Alzheimer's.

17 We expect by 2030, there will be seven  
18 million age 65 and older living with Alzheimer's.  
19 And by 2050, less than 40 years, that number can  
20 reach 16 million Americans. The financial  
21 ramifications of the disease are daunting and  
22 currently cost America \$214 billion annually. Today,  
23 an estimated 250,000 in New York City are living with  
24 dementia or Alzheimer's and they're experiencing  
25 losses that are unimaginable to those of us who do

1  
2 not suffer from this illness. This debilitating  
3 disease not only robs persons with dementia of their  
4 memory. But also causes problems with thinking and  
5 behavior severe enough to adversely impact nearly  
6 aspect of their daily lives. The person with the  
7 disease is no longer able to work, enjoy lifelong  
8 hobbies or a social life. The lives of their family  
9 members are profoundly affected as well. They become  
10 increasing isolated as their caregiving  
11 responsibilities escalate. Alzheimer's and other  
12 dementias are one of the leading causes of dependency  
13 and disability in older adults.

14 Today's hearing is focused on  
15 transportation services. This morning's testimony  
16 from Tom Charles of the MTA included a lot of talk of  
17 compliance. I think being in compliance is certainly  
18 better than not, but compliance as a goal sets a  
19 pretty low bar. How wonderful it would be to strive  
20 for better, and to aim to blow minimum standards out  
21 of the water. My testimony will address the Access-  
22 A-Ride program the perspective of our clients who are  
23 living with early stage Alzheimer's Disease, and in  
24 just a few minutes you will have the opportunity to  
25 hear from our client, Lynn Bonya [sp?] Jacobson, who

1  
2 is caregiver for her husband, Manny, who is currently  
3 living with Alzheimer's.

4           Resources for people living with early  
5 stage are incredibly limited throughout the city.  
6 The New York City chapter offers programs  
7 specifically designed for this population, which  
8 takes place at our Midtown Manhattan Office. We're  
9 grateful for the Access-A-Ride because without it,  
10 many of our clients would simply be unable to attend.  
11 However, the clients who utilize the program often  
12 experience--if you'll forgive the pun--a bumpy ride.  
13 If I were to categorize the issues for early stage  
14 clients who are--they are experiencing, the primary  
15 thing would be communication challenges followed by a  
16 lack of meaningful training in a number of ways.  
17 People living with early stage Alzheimer's are  
18 experiencing short-term memory loss, changes in their  
19 ability to communicate effectively, and impaired  
20 judgment.

21           However, they are able to function  
22 independently in myriad ways. We encourage them to  
23 do so. However, they must be set up for success.  
24 From rude dispatchers and drivers to errors on pickup  
25 times and locations, to late arrivals, to complete no

1 shows, our clients are met with difficulties nearly  
2 every time they arrive on Access-A-Ride. The use of  
3 unmarked vehicles is another significant stressor for  
4 our clients. Appropriately marked vehicles are easy  
5 for them to identify. All too often, however, we  
6 find vehicles are unmarked. Which means a vulnerable  
7 adult is approaching countless unmarked vehicles in  
8 an attempt to locate the vehicle that's there to take  
9 them home. Imagine what will happen if they get in  
10 the wrong one. To increase and improve access to New  
11 York City's transportation services for older adults  
12 and the disabled, the Alzheimer's Association  
13 recommends the following:  
14

15           Require and ensure that all vehicles  
16 clearly display easy-to-read signage at all times.

17           Allow vehicles to utilize bus lanes in  
18 order to pick up and drop off passengers at their  
19 intended address.

20           Require sensitivity training to the needs  
21 of older adults and disabled.

22           The Access-A-Ride staff should also be  
23 trained to better understand Alzheimer's and related  
24 dementias specifically so that they can better  
25

1  
2 address the needs of people living with dementia who  
3 rely on them.

4           The implementation of the use of or  
5 expansion of covert passengers to assist in  
6 evaluation performances would also be beneficial.

7           And the New York City Chapter of the  
8 Alzheimer's Association stands ready to provide  
9 expert guidance and assistance in considering these  
10 matters. Thank you very much.

11           CHAIRPERSON CHIN: Thank you. Next.

12           LYNN BONYA-JACOBSON: [coughs] Thank you  
13 for giving me the opportunity to share with you my  
14 exclusive experiences with Access-A-Ride. My name is  
15 Lynn Bonya-Jacobson, and for 55 years I have been  
16 married to Emanuel Jacobson. We have been using the  
17 Access-A-Ride service from April 4, 2012 to the  
18 present. Let me say upfront, this is a wonderful--we  
19 are very fortunate to have this wonderful service.  
20 However, improvements are sorely needed, and my  
21 purpose here today is to illustrate some major  
22 glitches in the service. Since October 2002, my now  
23 85-year-old husband has been suffering Alzheimer's  
24 Disease, and has also developed Parkinson's Disease,  
25 is incontinent, and wheelchair bound due to a

1  
2 blockage in his legs. Our life in Manhattan's Upper  
3 West Side and his living at home would not be  
4 possible without the Access-A-Ride transportation  
5 service. Neither would his frequent to multiple  
6 physicians, keeping monthly dental appointment and  
7 attending weekly rehearsals with the Unforgetables,  
8 which is a choral group composed of people with  
9 dementia and their caregivers. Not participating--  
10 nor participating in special museum programs designed  
11 for this population. These are important activities  
12 that greatly contribute to keeping his brain active.  
13 I'm trying with all the strength and energy in my 78-  
14 year-old body to keep him out of a nursing home.  
15 Physically and mentally his 24-hour care is a  
16 strenuous job that leaves me exhausted at the end of  
17 the day. Emotionally, it's a labor of love. I rely  
18 on available New York services to keep us together at  
19 home living out our remaining years as best we can.  
20 So to us, these Access-A-Ride issues are the  
21 difference between being apart and my caring for him  
22 at home with the limited help of four hours a day  
23 home health aid.

24 Let me tell you how a typical day goes.

25 If we have a medical appointment at 1:00 p.m., I call

1  
2 Access-A-Ride two days in advance at 7:00 a.m. to  
3 schedule a pickup for 11:30 a.m. to travel from West  
4 89th Street to West 168th Street. The alarm goes off  
5 at 6:30 a.m. It takes one hour to wake him up,  
6 another two hours to get him out of his electric  
7 hospital bed, bathed and dressed. One and a half  
8 hours to eat breakfast and another 30 minutes to get  
9 him into his coat. So we can sit and wait in the  
10 building lobby for pick up by Access-A-Ride.

11 Although our instructions were to be outside even  
12 when the weather could be bitter cold, snowing,  
13 sleeting, raining, or in extreme heat and humidity.  
14 If we are lucky, the van might arrive within the 30-  
15 minute schedule pickup time frame. If our van is  
16 coming from Brooklyn, Queens and the Bronx or even  
17 from Downtown, the wait is going to be longer.

18 Well past the 30-minute window, but we  
19 don't know that because after waiting the required 30  
20 minutes, when I call the dispatcher, I'm told, "The  
21 car is on its way to you." When I ask about the  
22 van's location, the often is--the answer is often, "I  
23 can't tell you that because the driver doesn't have a  
24 GPS." And so we sit and wait an undermined length of  
25 time. After being picked up, the driver may have

1  
2 another passenger who has also been waiting a long  
3 time, or one who may not be immediately available as  
4 was the case recently. At the direction of the  
5 dispatcher, we waited 30 minutes in the van for a  
6 passenger who did not show. When we arrived late for  
7 his appointment, the physician also sees us later in  
8 the day, and I must reschedule the return trip home  
9 because it was based on the pickup time frame that's  
10 no longer applicable. When I call the dispatcher for  
11 a new pickup time, I'm told to call when we are ready  
12 to leave. So we must now wait at least another hour  
13 to an hour and a half for our ride home. Longer if  
14 the driver has another pickup or drop-off that may be  
15 in another borough. You'll hear more about his later  
16 on. It could take up to six or seven hours before we  
17 return to our home after an appointment. And worst  
18 of all, my husband has been sitting in his waste not  
19 eating food or drunk any fluids because the car can  
20 arrive at any minute. And if we have gone to the  
21 bathroom, we could miss our ride and neither eating  
22 nor drinking are allowed in the van.

23 In the limited time I have here today, I  
24 would like to describe a few events that have  
25 happened to us between December--December and March



1  
2 of this year. If it was once, well, I understand.  
3 Things happen. But when it happens repeatedly, then  
4 it's a major system's problem. Early last December  
5 my husband was banned from using taxi authorizations.  
6 When I called Eligibility to inquire why, I was told,  
7 and I quote, [coughs] "You have abused the system  
8 with excessive rides. You are to used shared rides  
9 like everyone else." And then I hear, bang, as the  
10 person hung up the telephone. I immediately appealed  
11 to the Office of City Council Member Helen Rosenthal,  
12 and met with a member of her staff who called Access-  
13 A-Ride and was told the same thing. When asked how  
14 Access-A-Rides are determined and defined and by  
15 whom, no answer was forthcoming. The fact is in the  
16 Access-A-Ride handbook, there is no criteria defining  
17 excessive rides, nor a statement of how this decision  
18 is made, nor by whom. Further, no one called or  
19 wrote us a letter forewarning us of the impending  
20 suspension. The staffer was also told that my  
21 husband would receive a letter explaining all. As of  
22 yesterday, April 22nd, four months later, the letter  
23 has yet to arrive. Meanwhile, the first time we-we  
24 have ever heard from Access-A-Ride was early April  
25 apologizing and I quote, "The inconvenience that this

1  
2 has caused regarding a missed connection that  
3 occurred back in March." The driver claimed he was  
4 at the pickup point, although I was standing in front  
5 of it as I spoke to the dispatcher and the van was  
6 not there.

7 CHAIRPERSON CHIN: Ms. Jacobson, can you  
8 sum up? Because I know it's a very long testimony  
9 and we appreciate it and we have a copy of it.  
10 Because we still have a lot of people waiting to  
11 testify?

12 LYNN BONYA-JACOBSON: Okay. I will jump  
13 then directly to my recommendations at the end. If  
14 you would bear with me, I would greatly appreciate  
15 it. I waited a long time for this opportunity to  
16 testify here today, and this is of critical  
17 importance to me and my husband.

18 1. Assign drivers fixed routes so they  
19 can become familiar with streets, traffic patterns  
20 and customers who frequent the same addresses. This  
21 would contribute greatly to completing trips on time.

22 2. Allow greater time between pickups.  
23 Currently, they are spaced too closely to together.

24 3. Group riders being picked up at same  
25 location who are traveling to the same neighborhood.

1  
2 Let them know in advance of this time-saving  
3 convenience. Grouping of passengers might be  
4 possible at museums and medical appointments.

5 4. Provide an app riders can download  
6 to Smart Phones so they can track the location of  
7 their vehicles. This will greatly reduce frequent  
8 phone calls to dispatchers inquiring about location  
9 of the car.

10 5. Provide an Access-A-Ride payment  
11 card similar to the Metro Card used on subways and  
12 buses. This would be both a time-saver, and provide  
13 an accurate record of passenger pickup and drop-off  
14 time.

15 6. State very clearly Access-A-Ride's  
16 policy on the use of taxi authorizations, and there  
17 is more to that and I'll let you read that.

18 7. Grant greater flexibility--  
19 flexibility and scheduling end of medical and dental  
20 appointment pickup times. One never knows when a  
21 visit to a health provider will be completed.

22 8. Provide drivers with clear  
23 disruptions--descriptions of handicapped pickup sites  
24 when they are not located at the street address  
25 listed on the manifest.

1  
2 9. Consider granting automatic taxi  
3 authorizations for short trips within the same  
4 borough. It could greatly contribute to lengthening  
5 wait time.

6 10. Update the trip reservation software  
7 to include taxi authorizations for wheelchairs.  
8 Presently the block in the system must be overwritten  
9 by a supervisor.

10 Again, I want to thank you for the time  
11 you have given me to listen to my concerns, and I  
12 look forward seeing improvements in the Access-A-Ride  
13 system.

14 CHAIRPERSON CHIN: Thank you very much  
15 for your testimony. Next.

16 ADITI SHAH: Good afternoon. My name is  
17 Aditi Shah and I thank Chairpersons Chin and Cohen  
18 and Rodriguez for convening this oversight hearing  
19 today. New York Lawyers for the Public Interest is a  
20 civil rights law firm that has a longstanding  
21 disability rights practice. And on the various  
22 issues that we work on, we work with at least dozens  
23 of individuals each year who are trying to apply for  
24 and/or use the Access-A-Ride service. Unfortunately,  
25 through our work, we've identified two key problems

1  
2 that are blocking otherwise eligible people from even  
3 being able to get on the service. First that their  
4 assessment process that Access-A-Ride uses is really  
5 one in which the applicants have the odds stacked  
6 against them. And second is that the appeals process  
7 really lacks impartiality and adequate due process  
8 protections. These are issues of particular concern  
9 given that in recent years Access-A-Ride's denial  
10 rate has more than doubled in terms of its  
11 eligibility determinations.

12           So turning first to the application  
13 process, there are really three key problems that  
14 we've identified over the course of working with many  
15 clients, and getting Freedom of Information requests  
16 related to their individual cases. First is that the  
17 assessment process is ill-fitted for many  
18 disabilities, many people with many types of  
19 disabilities. Second is that Access-A-Ride through  
20 its assessment process really ignores often times the  
21 most relevant proof of the person's eligibility. And  
22 finally, we find that applicants find themselves in a  
23 Catch-22 situation. So in terms of the ill-  
24 fittedness of this--of the assessment process,  
25 particularly for people who have what we call

1  
2 invisible disabilities such as psychiatric  
3 disabilities. Relying on physical testing such as  
4 walking up and down the hallway or walking up a set  
5 of mock-like steps is far from relevant and far from  
6 representative of what their limitations are when  
7 they're actually trying to use the bus or subway.  
8 Unfortunately, this is exactly what Access-A-Ride  
9 does. And to the extent that Access-A-Ride has a  
10 psychologist interview the person at their assessment  
11 it's really again as the FOIL records clearly show, a  
12 brief maybe 10-minute interview that focuses on the  
13 person's mood and the ability to answer questions in  
14 that particular setting. But it does absolutely  
15 nothing to elicit how this person's disabilities  
16 really manifest when they're trying to use the subway  
17 or the bus. Which leads to the second problem, which  
18 is that Access-A-Ride routinely ignores what is  
19 really often the most relevant information. Taking  
20 the same example of a person with psychiatric  
21 disabilities who submits a concrete and detailed  
22 letter from their physician, who can really attest to  
23 all of these things. But again, as we've seen in  
24 many cases, this is routine ignored or dismissed or  
25 minimized.

1  
2           Again, the pattern that we've seen across  
3 many clients is the Transit Authority or Access-A-  
4 Ride uses really what's--the same pattern of reasons  
5 for denying people. But we find is that people are  
6 really in an impossible situation. If they attempt  
7 to do the assessment and are unable to do it because  
8 their disabilities limit them from being able to walk  
9 the full distance, for example, they're blamed for  
10 having refused or failed to complete the assessment.  
11 If they're forced to stop in the middle--and I will  
12 just wrap up briefly. If they're forced to stop in  
13 the middle because of their particular limitations,  
14 they're faulted for exaggerating their conditions.  
15 And these are all written in the records.

16           We've brought several Article 78  
17 proceedings to challenge these denials for their  
18 arbitrariness, and we've had some success doing that.  
19 But certainly individuals should not have to be  
20 forced to jump through legal hoops to get certified  
21 for this service. And just quickly in terms of the  
22 appeals process, given all of these underlying, you  
23 know, problems that are in the assessment, what we  
24 really find is that there is a lack of neutrality in  
25 the appeals process itself. The appeals--appeal

1  
2 hearings--excuse me--are conducted much more like  
3 cross-examinations than an impartial decision maker  
4 actually reviewing what the situation is. And second  
5 the appellants are given really no access to  
6 information. The denial letters that they received  
7 from Access-A-Ride are basically checked boxes  
8 identical from one applicant to the next. And they  
9 have no access to their records. They would have to  
10 file a Freedom of Information Request to even get  
11 access to those records. Most people don't even know  
12 that that's an option, and to the extent that people  
13 do, it often takes much longer to get those records  
14 than the time allows in the appeals process.

15           So I'll conclude here, but in my written  
16 testimony we've included a list of some  
17 recommendations that we think if Access-A-Ride  
18 incorporated those suggestions then we could help  
19 strengthen and make this a much more fair process  
20 that again doesn't feel like the applicants have the  
21 odds stacked against them. And that eligible people  
22 aren't unable to--to navigate that process. Thank  
23 you very much for your time.

24           CHAIRPERSON CHIN: Next.  
25



1  
2 TWEEPS PHILLIP-WOODS: Good afternoon, my  
3 name is Tweeps Phillip-Woods and I'm the Executive  
4 Director of the Committee for Taxi Safety. And on  
5 behalf of the Committee, we'd like to thank you for  
6 hosting this oversight hearing on accessibility in  
7 New York City Transport. The Committee represents  
8 licensed New York City taxi agents, managing  
9 approximately 20% of the Yellow Medallion vehicles in  
10 the city. And through those agents, more than 5,000  
11 drivers who drive tens of thousands of passengers a  
12 day. we want to thank Council Member Corey Johnson  
13 for introducing legislation last week that would  
14 provide 100% accessibility for all licensed TLC  
15 vehicles. We all believe that all major modes of  
16 transportation overseen by the City of New York  
17 should be accessible. True accessibility requires  
18 that the entire transportation industry regulated by  
19 the city be accessible. Having only a few segments  
20 of the transportation industry be held to this  
21 standard, not only fails to achieve the goal of true  
22 accessibility, but is also arbitrary. Making this  
23 requirement universal with a quicker turnover time  
24 would ensure that all New Yorkers receive the same  
25 service. This is a basic civil right. A person who

1  
2 uses a wheelchair should have the option for the same  
3 service as anyone else, and should be able to take  
4 advantage of all the innovations in the automotive  
5 world. By broadening the accessibility mandate to  
6 all forms of transportation in New York City, we can  
7 rank ourselves among cities like London, Washington,  
8 D.C., and Montreal that have already implemented  
9 superior accessible requirements. I want to thank  
10 you for this opportunity to speak to you today about  
11 this important topic, and we'd be happy to work with  
12 you further on this issue.

13 CHAIRPERSON COHEN: Thank you for your  
14 testimony. Ms. Shah, I was wondering--you heard the  
15 testimony of MTA. They said I believe it was  
16 something like 78% of the applicants are approved.  
17 However, they said that if you were denied, you--your  
18 chances on appeal were very poor. Do you contest the  
19 underlying numbers? Do you think that those numbers  
20 are accurate?

21 ADITI SHAH: The numbers that I have are  
22 from the State Controller's report from last year  
23 from 2014, which shows that the appeal at the appeal  
24 level the denial rate is still 80%. So 80% of the--  
25 basically the decisions to deny people are upheld.

1  
2 So I think there may be a little bit of a  
3 discrepancy, but we're certainly concerned that to  
4 the extent people are trying to go through this  
5 process, and again, don't really even have access to  
6 the information underlying their denial, they just  
7 really not given a fair shake at even, you know,  
8 trying to--to challenge that.

9 CHAIRPERSON COHEN: What about on the  
10 initial process where there--I think the agency said  
11 that something like 78% of people who applied are  
12 approved. Do you think those numbers are--are they  
13 reflected in your experience?

14 ADITI SHAH: From what I can tell you  
15 from my clients, I'm surprised to hear that number.  
16 It seems like we get many, many calls about--from  
17 people who--and these aren't even just people who are  
18 applying for the first time. It's people who have  
19 been on the service for 8, 12 years who call us and  
20 say I don't know what's going on. Suddenly I was  
21 kicked off. I have the same disabilities. In fact,  
22 they're worse now. I have my documentation. I went  
23 through the appeals, and what's going--what's going  
24 on. So that number is very surprising to me and does  
25 not match my experience.

1  
2 CHAIRPERSON COHEN: That you for your  
3 testimony.

4 CHAIRPERSON CHIN: Okay, we want--thank  
5 you to this panel for coming in to testify, and we're  
6 going to call the next panel. Thank you.

7 CHAIRPERSON COHEN: Okay. Mary Ella  
8 Austin, Michael Davoli, Ann DeShazo, and Ellen  
9 Garmin.

10 [pause, background noise]

11 CHAIRPERSON COHEN: Please.

12 [pause]

13 MALE SPEAKER: Thank you.

14 ELLEN GARMIN: My name is Ellen Garmin.  
15 I'm a resident of Manhattan. I'm a 75-year-old  
16 disabled woman living in and contributing to the  
17 city, living alone for 45 years. At one point I was  
18 Chair of a Council on the Aging in Southern Brooklyn.  
19 I'm a social--retired social worker, and now I'm  
20 advocating for myself after having advocated for  
21 others all my life. I would like to thank the  
22 Council members, all the Council members not only for  
23 calling this meeting, and these hearings, but also  
24 for the questions they have asked. The questions  
25 were concerning and persistent, and they need to be

1  
2 so. Because the answers are not always forthcoming  
3 unfortunately. I would like to speak to two issues,  
4 one briefly, but it has already been spoken to, and  
5 that's the Taxi of Tomorrow, which is on the streets  
6 now, and which I cannot get into unless I am pushed  
7 and pulled. Which I have been--subjected myself to  
8 because I had felt I had no other choice. This is  
9 clearly dangerous. I have asked drivers, my own  
10 sample only, how people feel about this Taxi of  
11 Tomorrow. They told well 80% like it. About 20%  
12 don't like it, and can't use it. Well, liking it and  
13 disliking are one thing. Not being able to use it is  
14 a different thing. That's 20% of the population on  
15 the street who are trying to use this taxi. And that  
16 means disabled people on the street use it. Which  
17 seems kind of silly since it's for the street.

18 I would also like to speak to an issues  
19 that's been alluded but perhaps not experienced as  
20 intensely as I have. And that is the use of taxis by  
21 Access-A-Ride, and the ability of a client of the  
22 service to use taxis. I have been able to use them  
23 for three months, and then I was blocked when I  
24 called to make my appointment. Nobody knew why I was  
25 blocked. I called my Councilperson then, Christine

1  
2 Quinn. And they received no answer except that after  
3 a certain amount of time I was not allowed to use it.  
4 I called this year because of something I received in  
5 the mail after having used taxis only for the past  
6 three years and paying for them myself, \$600 to \$800,  
7 which is a lot of money. And I was told the same  
8 thing as before. You have to use our regular  
9 services. Our being Access-A-Ride if you want to use  
10 the taxi.

11 How much time, I asked for each? What  
12 was the percentage of taxis. What was the percentage  
13 of Access-A-Ride vans or other transport? [bell]  
14 They said to me they couldn't tell me, and that they  
15 would not sign off on those taxis or other transport.  
16 They said to me they couldn't tell me, and that they  
17 would not sign off on those taxis. Two--two days ago  
18 I was at a meeting at the Borough President's Office,  
19 a meeting of her Advisory Board for the Aging with a  
20 representative from Access-A-Ride who said clearly  
21 the taxis are half the cost of the regular Access-A-  
22 Ride ride. And under those circumstances, they would  
23 not allow me to use taxis regularly because it was  
24 quote, unquote "a personal service." Clearly he had  
25 no empathy for the disabled. Has no idea what the

1  
2 life of a disabled person is like, and he even said  
3 when asked the mandate of Access-A-Ride from the  
4 Federal Disabilities Act that the mandate was to  
5 provide transport--transportation that is quote,  
6 unquote "Comparable to that of the able bodied. Not  
7 equal to it."

8 In New York State, it's the clearly  
9 stated policy that the disabled are to receive the  
10 estimation of comparable services to the disabled set  
11 by people who nothing about the life of chronic  
12 disability. That seems to me a shame in New York  
13 City. I titled my testimony *New York Is a Disabled*  
14 *Unfriendly City*, and that is how I've experienced it  
15 unfortunately. And the street people do not help  
16 you. There's no taxi etiquette or public services  
17 announcement. People run ahead of you constantly.  
18 They do not help you. The only people who help you  
19 are older women who probably have a lot more empathy.  
20 There should be some public service announcements  
21 about the rights of the disabled on the street. I  
22 have other pieces in my testimony, but I think I've  
23 made my points, and I'd like to turn it over to the  
24 next person.  
25

1  
2           MICHAEL DAVOLI: Good afternoon. My name  
3 is Michael Davoli. I represent the American Cancer  
4 Society Cancer Action Network. We are the non-  
5 partisan, non-profit advocacy affiliate of the  
6 American Cancer Society. We are very pleased to have  
7 an opportunity to speak to the committee today, and  
8 appreciate all of your leadership on this issue. I'm  
9 actually going to--I'm going very much abbreviate my  
10 testimony. A lot of what we would like to talk about  
11 has actually been said in terms of all the Access-A-  
12 Ride stuff. But what I would like to do is bring  
13 another element into this discussion, and that is how  
14 cancer patients relate to transportation issues in  
15 New York City with a special focus on seniors and  
16 those with disabilities.

17           Every single year in New York City 36,000  
18 people will hear the words, "You have cancer." And  
19 when you hear those words, there's two things that  
20 occur: A flood of emotions comes over you, and a  
21 flood of questions comes into your mind. Emotions  
22 from fear and anger take over. And questions from,  
23 you know, what does this mean? Am I going to live?  
24 What will happen to my family? What's the best  
25 treatment? All come rushing in, and there's nothing



1  
2 else you can think about. But unfortunately, one of  
3 the questions that people never really think, but is  
4 often a deciding factor in whether or not a patient  
5 gets to the treatment--that gets the treatment that  
6 they need. And gets the app and gets the support  
7 that they need is simple question of how will they  
8 get to their doctor's appointments?

9           How will they get to their chemotherapy  
10 treatments two, three times a week? Often, cancer  
11 patients have a choice. They can get a ride from  
12 their--their, you know, their children, their  
13 friends, their family. They can try to maneuver the  
14 buses. They can try to maneuver the subways. If  
15 they're age eligible or if they're eligible, they  
16 can--they can use Access-A-Ride. Many of these  
17 choices, though, are out of their control. And  
18 asking a cancer patient who is already physically  
19 weak and mentally weak to potentially maneuver the  
20 public transportation system is something that no one  
21 would ask of their own family member. Yet, the  
22 limitations put on cancer patients, and their ability  
23 to get access to things like Access-A-Ride, cause  
24 them to have to make some of these very decisions.

1  
2           The American Cancer Society spends a  
3 tremendous amount of resources every single year  
4 providing support services to help cancer patients  
5 get to treatments all across the State of New York.  
6 But out of 6,400 calls that we receive every single  
7 year for assistance in getting a patient to the  
8 doctor's office, we are only able to respond to 20%  
9 of all those. Because we simply don't have the  
10 volunteers or the resources necessary to fulfill all  
11 of the requests.

12           So the last thing I just want to say is  
13 of that 36,000 cancer patients diagnosed every year  
14 in New York City alone, 80% of them live in the outer  
15 boroughs outside of Manhattan. Yet, the vast  
16 majority of cancer centers, and the vast majority of  
17 oncologists live or work in Manhattan. Which means  
18 for a cancer patient to get into a life-saving  
19 treatment, it can take well over an hour to an hour  
20 and a half just to get to those appointments. So I  
21 just would like to--wanted to add that level of  
22 discussion. And thank the Committee for their  
23 leadership, and we look forward to partnering with in  
24 the future.

25           [background comments]

1  
2 ANN DESHAZO: Good afternoon. My name is  
3 Ann DeShazo. I'm the Director of Vision Services for  
4 the Blind and Visually Impaired located in Chelsea.  
5 Visions is an innovative service--an innovator of  
6 service delivery and we strive to meet the needs of  
7 New York City's youths, adults and seniors living  
8 with vision loss. Visions provides free service for  
9 low-income multi-disabled and ethnically diverse  
10 individuals and families. We focus on assisting our  
11 seniors with vision loss, with developing and  
12 maintain healthier lifestyles, providing an  
13 atmosphere that encourages social connections.  
14 Ensuring they all receive information in their format  
15 of choice, and can ask--access counseling and  
16 support. Visions provides nutritious meals,  
17 opportunities for physical activity, education  
18 seminars, adaptive technology training, photography,  
19 sculpture classes and so much more.

20 Visions is an 88-year-old non-profit  
21 organization and provided free services to over 6,000  
22 individual giving us direct and extensive experience  
23 of how Access-A-Ride service impacts our clients.  
24 More than half of Vision's clients are over 60, and  
25 the majority have low incomes. Through funding from

1  
2 the New York Department for the Aging and New York  
3 City Council Members, Vision's Senior Center has  
4 registered over 600 participants in caregiver support  
5 gram--a caregiver support program that has an  
6 enrollment of over 750 individuals. There is an  
7 ongoing and growing need for transportation services  
8 for seniors with vision loss. It is important to  
9 note that we have hundreds of participants that use  
10 Access-A-Ride, and we have Vision's employees and  
11 interns with Visions that also use Access-A-Ride  
12 services.

13           Access-A-Ride is an important service for  
14 people who need to get to work, attend medical  
15 appointments, and be active participants in their  
16 treatment programs. Our main objections to the  
17 current Access-A-Ride program is the unreliability  
18 clients, interns and staff members are expressing to  
19 us. Their issues with getting stuck, and trying to  
20 get home after excessive time--and also the excessive  
21 time spent in vans traveling to and from their  
22 destinations. Below are just a few quotes that we've  
23 obtained from employees and also interns and our  
24 seniors that sort of exhibit some of the problems  
25 that are being experienced with Access-A-Ride:

1  
2           You can't rely on them to pick you up on  
3 time. There is no way to use GPS to locate the  
4 drivers any more.

5           I experienced dispatchers telling me the  
6 driver will arrive in five or ten minutes, and it's  
7 an over--it's over an hour later.

8           I think drivers need some formal training  
9 on how to work with people who are disabled,  
10 especially people with vision loss.

11           Drivers need to pay more attention to  
12 address--to the addresses when picking people.

13           I live in a complex with multiple  
14 buildings, and numbers and the drivers are  
15 consistently pulling up to the wrong building or  
16 entrance complaining that I am not at the right  
17 location.

18           I am an elderly woman and I can't deal  
19 with the shared rides that are extremely long.

20           I've had many experiences in which  
21 drivers pick people up after me, and drop them off  
22 first making me late for my appointments.

23           It might be helpful if the dispatcher  
24 plans the routes better, and everyone can get to  
25

1  
2 their destinations as close to their times as  
3 possible.

4 One example came from a who was picked up  
5 from Queens at 7:00 a.m. She was coming to Visions.  
6 Her support group started at 10:30. It ended at  
7 11:45, and she didn't get there until almost 11:45.

8 One of our intern students shared a  
9 recent story where he was scheduled to be picked up  
10 at 4:30 at our Greenwich Street office location, but  
11 received the same day letting him know that he needed  
12 to take an earlier pickup of 3:30. Otherwise,  
13 Access-A-Ride could not guarantee when he would be  
14 picked up or when he would get home.

15 And one last final quote from another  
16 person stated if I were over an hour late to work  
17 everyday, I would be fired.

18 While currently a pilot program in--while  
19 currently a pilot program, which is two city  
20 neighborhoods, we strongly recommend that the Taxi  
21 Smart Car Program or something similar should be made  
22 permanent and expanded citywide immediately allowing  
23 eligible Access-A-Ride customers to use Yellow or  
24 Green taxis and/or for-hire vehicles for their  
25 travels allow for the maximum flexibility to serve an

1  
2 individual's transportation needs. And has proven to  
3 offer significant time and cost savings. This  
4 program offers a more fully integrated experience  
5 enabling seniors with vision loss to hail or e-hail a  
6 taxicab--taxicab or car. Thus, avoiding long waits,  
7 avoid the need to schedule in advance, and avoid  
8 missed pickups by Access-A-Ride vans.

9 I would like to thank--to thank all the  
10 Council Committee members for allowing me an  
11 opportunity to comment on such an important service--  
12 an important service. Thank you.

13 MARIA DE AUSTIN: Good afternoon. My  
14 name is Maria De Austin and I use Access-A-Ride and I  
15 have two concerns. One is the automated phone call  
16 that we get notifying that the driver will be there  
17 in 11 minutes, 13 minutes, which usually ends up  
18 being 30 minutes to an hour. I have questions where  
19 exactly the phone calls are coming from, whether  
20 they're coming from MTA, whether they're coming from  
21 the dispatchers, whether they're coming from the  
22 driver. I'm told that they come from MTA. I'm told  
23 they come from the driver because if the driver is  
24 ending the message, he knows he's not 11 minutes  
25 away. He's knows he's not 15 minutes away. He knows

1  
2 he's 30 minutes away. So just say you're 30 minutes  
3 away. Why? Because I go outside and I wait for you  
4 thinking you're coming in 10 minutes and I'm actually  
5 standing outside for 30, 40 minutes and I cannot  
6 stand long. So what happens is by the time I get  
7 home I'm in more pain than when I left in the  
8 morning. So all I can do is go home and get in bed.

9 My second concern is the Advisory  
10 Committee that there is no transparency. And if  
11 these individuals are actually advocating on behalf  
12 of passengers, how do they know the concerns of the  
13 passengers if they don't hear from the passengers?  
14 So I'm hoping that as a result of today's meeting  
15 that committee will be addressed. People will know  
16 exactly what they do, who's on the committee. How we  
17 can address that committee and our concerns. Thank  
18 you.

19 CHAIRPERSON COHEN: Thank you all for  
20 your testimony.

21 CHAIRPERSON CHIN: I just have a--I just  
22 have a comment. After today's hearing, we're going  
23 to be writing a letter to the MTA to get information  
24 about who's on the advisor group and how we can more  
25 advocacy groups participate, and also how they



1  
2 interact with the community. So we definitely will  
3 be doing that. Thank you.

4 MARIA DE AUSTIN: Thank you.

5 CHAIRPERSON CHIN: And thank you for  
6 being here today.

7 [background noise]

8 CHAIRPERSON COHEN: Okay. The next panel  
9 is Christina Rhodes, Agnes Amadyan--

10 AGNES ABRAHAM: [off mic] Abraham.

11 CHAIRPERSON COHEN: --Abraham, Michael  
12 McMahon, Michael--how do you say it?

13 MICHAEL O'LOUGHLIN: O'Loughlin.

14 CHAIRPERSON COHEN: O'Loughlin. Thank  
15 you.

16 [pause, background comments]

17 [bell]

18 CHAIRPERSON COHEN: Please.

19 CHRISTINA RHODES: Well, good afternoon,  
20 Chairs Cohen and Chin and thank you for hosting this  
21 oversight hearing to allow us to bring about some  
22 issues for transportation that are affecting  
23 wheelchair users in the City of New York. So thanks  
24 again. We really appreciate your time today. My  
25 name is Christina Rhodes and I am a T5 paraplegic as

1 a result of a spinal cord injury when I was young.  
2  
3 And as you can see, I use a manual wheelchair to get  
4 round, and have as long as I can remember. It  
5 happened just when I was 10 months old, a complete  
6 injury from domestic violence. And I'm here to say,  
7 though, that I am in love with the life that I live,  
8 and I'm very comfortable in the body that I have.  
9 But it's important to--to speak up so positive change  
10 can happen. In addition to being a motivational  
11 speaker, and a consultant and a mother and a wife,  
12 I'm also a marketing professional for the world's  
13 first ever purpose-built from the factory wheelchair  
14 accessible vehicle, called the Mobility Ventures MV-  
15 1. And they mentioned it a little bit earlier today,  
16 Jim Weisman and some of his colleagues. And I'm  
17 going to talk a little bit about that today, and kind  
18 of fill you in on what that vehicle is all about.

19 Mobility Ventures created the MV-1  
20 specifically to meet and exceed the guidelines and  
21 requirements of the Americans with Disabilities Act.  
22 Mobility Ventures is owned by the long-timer military  
23 vehicle manufacturer, AM General, which some of you  
24 may be familiar with. And MV-1s are built in a 100%  
25 union operated plant--assembly plant in Misahwaka,

1  
2 Indiana. MV-1 also meets the U.S. DOT's Buy America  
3 requirements. So a little bit about the  
4 accessibility about the car because that's really  
5 what's most important. The fact that is' built from  
6 the ground up is--is really a big deal because  
7 there's a lot of thoughtful design in the vehicles,  
8 and it works how somebody like me wants it to work.  
9 It features the side entry and floor round that comes  
10 out, and I'm able to wheel right up and into the  
11 spacious interior with my luggage or whatever I may  
12 have. And with the choice of either sitting in the  
13 passenger position or transferring out of my  
14 wheelchair and to some of the other spacious that are  
15 inside the vehicle.

16 As someone who really values my  
17 independence and as someone who has had to work hard  
18 to gain and maintain that independence, I'm proud to  
19 say that the MV-1 allows me to get out on my own in  
20 this world. And not only on my own, but on my own  
21 terms without asking me to sacrifice personal safety  
22 or dignity. It's important that you guys are aware  
23 that there are over 60,000 individuals who use  
24 wheelchairs, scooters, other mobility aids that  
25 reside here in the five boroughs. As somebody

1  
2 travels very often for my job, as well as for  
3 personal reasons--I travel all across the U.S. And I  
4 want to commend [bell] New York City for their  
5 advancements in the 50% accessible taxi rolling by  
6 2020. With Access-A-Ride with over 2,000 vehicles,  
7 which almost a fifth are MV-1s today and the side-  
8 entry vehicles that are easily accessed. But there  
9 is still a ways to go, and from a personal experience  
10 as somebody who travels into the city very often and  
11 has to rely on public transportation and taxis to get  
12 around, we still have some--some movement to make.

13 Most of the--as you heard earlier--most  
14 of the accessible taxis in New York City are rear  
15 entry. So they feature a rear entry ramp, which  
16 means it's a mini-van that is modified. They lower  
17 the floor. They put a ramp in the back, and I'm  
18 little wrenched up into the trunk of the vehicle next  
19 to the spare tire. I'm riding with anybody whether  
20 it be my colleagues, friends or if I try to venture  
21 out with my three-year-old daughter into the world,  
22 they would be completely separated from me in the  
23 vehicle. Possibly in the front seat if the luggage  
24 is in the seat in front of me. And then as they

1  
2 mentioned earlier, I've got the metal ramp folded up  
3 inches behind my head.

4           And then I--I want to talk for just a  
5 moment--I know--know my time is up, about the general  
6 nature of the mini-van. So let's think about the  
7 trunk space and what that is intended for. They call  
8 it the crumple zone because that's the--the area of a  
9 mini-van of a car that is intended to collapse when  
10 there's a rear impact collision so the passengers are  
11 safe. And this is where I'm riding after the back  
12 bumper and all of the structural support has been  
13 removed to put the ramp in. So that's--that's an  
14 issue and it's pretty scary. And so not--not to  
15 mention that I'm also separated from my luggage as  
16 well as having to hand the driver my credit card to  
17 pay my fare. I'm riding at a very uncomfortable  
18 angle, and I have to enter and exit the vehicle from  
19 the street.

20           So there's been a lot of strides in  
21 accessible vehicles. I don't want to take too much  
22 more of your time up today because I know you've  
23 heard a lot of these points throughout the day. But  
24 the reason--or I should say that I'm happy there has  
25 been conversion vehicles and other accessible

1  
2 vehicles. Otherwise, we would not have any option to  
3 leave our homes all these years. But, today there is  
4 another option and it's an OEM vehicle, purpose built  
5 from the factor that was built for this purpose.  
6 That means it's durable, it's reliable, and it's  
7 going to stand to what it's meant to do, and it's  
8 safe. It's crash tested and it's the safest option  
9 out there and it's really raising the standard for  
10 accessible transportation. So, as you can see, I'm  
11 pretty passionate about this, and as a long-time  
12 wheelchair user, I didn't know if a vehicle like this  
13 would be available in my lifetime. And I'm happy to  
14 say that today it is. So thank you again for your  
15 time, and I appreciate everything you guys are doing  
16 to hear us today.

17 CHAIRPERSON CHIN: Next.

18 AGNES ABRAHAM: Good afternoon to the  
19 Council for this stride in listening to your  
20 constituents in the five boroughs. The needs and the  
21 possibilities of making our lives as disabled persons  
22 living with challenges in this city much better.  
23 Thank you. I am a 54-year-old left under the knee  
24 amputee. I became disabled in 2011 on East 80th  
25 Street between York and East End where I was struck

1  
2 by a vehicle and left for dead. Thankfully, I have a  
3 God that understand and hears, and with the progress  
4 of science, I'm here today speaking to you. One of  
5 my greatest concerns is Astress-A-Ride [sic].  
6 Astress-A-Ride because when I started off as a  
7 disabled person I was on low blood pressure  
8 medication. I have advance from 10 MGs to 40 MGs in  
9 Novastat as a result of a Astress-A-Ride.

10 As recently as yesterday, I had an  
11 appointment at Kings County Hospital Center to visit  
12 my endocrinologist, and also to have an orbit on my  
13 limb. I had an appointment at 12:30 p.m. to be  
14 picked up for a 2:00 p.m. appointment. I left 45  
15 Lafayette Street on the fifth floor and sat in the  
16 hallway at 12:25 p.m. I have something called Call  
17 Out and Assist, which means 45 Lafayette is a one-way  
18 street, and I cannot cross the street unattended.  
19 The driver needs to leave the vehicle and assist me  
20 to the car or to the bus or whatever vehicle comes to  
21 pick me up. I was never called. I was never  
22 assisted and I was put as a no show. When I called  
23 dispatch to Access-A-Ride, I was given a 3:15 p.m.  
24 appointment for 2:00 p.m. doctor's appointment. Walk  
25 in my shoes, if you can.

1  
2           If I were a dog, ASPCA would have treated  
3 me better. If I were a horse, the horsemen would  
4 have treated me better. I am sure if you were to ask  
5 the thousands of people who ride Astress-A-Ride, they  
6 would give you volumes of stories. In between here  
7 and there, there are pearls of kindness, but the  
8 pearls are too far and few in between. We are paying  
9 for a service as upright citizens of this good  
10 country. After all, these are the United States of  
11 America that said to the world, Send me your poor,  
12 your tired and your hungry. We've give life and limb  
13 to this great city, and we expect nothing less than  
14 to be treated with dignity. I've been called every  
15 name in the book on Astress-A-Ride, and the monopoly  
16 that the MTA has on the vehicles like Maggie and  
17 Premier and Star and all of the other capitalistic,  
18 money-grabbing, greedy and outrageous subcontractors  
19 in the MTA must stop. Disabled people must be  
20 treated at least a semblance of dignity as we  
21 celebrate the 25th Anniversary of the ADA. Thank  
22 you.

23           MICHAEL O'LOUGHLIN: Ma'am, you should be  
24 a motivational speaker. Good morning--good  
25 afternoon. That was not an intentional joke. I



1  
2 accidentally read my testimony. Good afternoon. My  
3 name is Michael O'Loughlin, and I speak today on  
4 behalf of Cab Riders United. We're an organizing  
5 that provides a public voice on behalf of passengers  
6 of New York City's taxis, 1.2 million a day, taxis  
7 and for-hire vehicles. Our three-part agenda is to  
8 improve the safety, the quality of service, and the  
9 environmental impact of the taxi and for-hire vehicle  
10 industry. We appreciate the Council holding this  
11 hearing today, and [coughs] this-- These are crazy  
12 issues, and I really hope that you can make some  
13 progress on them. While most of that I'm going to  
14 say is focused on the taxi and for-hire vehicle  
15 sector, I do hope that it may also be helpful in  
16 addressing some of the Access-A-Ride and DFTA issues  
17 as they come up.

18 Two general principles we probably all  
19 share: Safety and environmental health. As we  
20 strive to achieve the goals of Vision Zero, the  
21 Mayor's 80 by 50 Greenhouse Gas Reduction commitment,  
22 the air quality goals of One NYC, policy decisions  
23 need to prioritize the safety of those inside the  
24 vehicle, both passengers and drivers whether they're  
25 ambulatory or in a wheelchair. And also the safety

1  
2 and environmental health of New Yorkers outside the  
3 vehicle, those with whom we share our streets and our  
4 air. All New Yorkers in every borough should be  
5 treated equality whether they are disabled or  
6 ambulatory. And while we advance toward the goal of  
7 100% accessibility in universal design, we've got to  
8 be really careful to get this right. And to do it in  
9 a way that doesn't compromise some of our other  
10 principles.

11 Here's my concern in part: Poor quality  
12 WAV, Wheelchair Accessible Vehicle conversions cause  
13 vehicles to deteriorate early before their expected  
14 retirement age creating potentially unsafe conditions  
15 for the passengers, and financial hardship for the  
16 drivers or owners. That is a recipe for losing  
17 support for the city's commitment for 50% wheelchair  
18 accessibility. [coughs] The temptation of  
19 inexperienced WAV operators can be to purchase low-  
20 cost conversions that break down over time. Let me  
21 quickly run through some specific issues we would  
22 urge you and the TLC to consider.

23 Safety. National Traffic Highway Safety  
24 Administration and the Federal Motor Vehicle Safety  
25 Standards. Every vehicle licensed as a taxi or for-

1 hire vehicle in New York should meet those standards.

2 To my knowledge, there are two that do that today

3 that can be wheelchair accessible. That is the MV-1

4 and the NV200. Those have both been crash tested as

5 outfitted for use as taxis. Some of the issues that

6 we see in low quality conversions [coughs] no OEM

7 seats or belts, alterations to the vehicle frame that

8 can create structural problems. There are a lot of

9 things to admire about the MV-1 in terms of safety,

10 but one of them is not airbags. NHTSA recommends

11 airbags. The MV-1, in fact, only has a pass--a

12 driver airbag. There are no airbags for passengers.

13 Oh, there is. Okay, that's great. That's good to

14 know.

15  
16 Secondly, in terms of rear entry or side

17 entry, we've heard sincere arguments for both. I

18 recently heard the TLC Commissioner make a point that

19 in the 10 years or so since wheelchair accessible

20 vehicles first started being used as taxis in New

21 York, no one has actually been--that she knows of has

22 been injured, hit in traffic while entering a rear-

23 entry vehicle. So that should also be part of the

24 record.

25

1  
2 Safety outside of the vehicle. In the  
3 United States we don't have pedestrian impact  
4 standards. Most of the world does. But vehicles that  
5 are licensed for use as taxis in a pedestrian rich  
6 environment like New York should meet the global  
7 standards for pedestrian impact to protect people.  
8 Because people do get hit by taxis all the time.  
9 Likewise, bicycles. One of the things that they did  
10 get right on the Taxi of Tomorrow was the sliding  
11 door. Dooring is, in fact, the leading cause of  
12 injury to bicyclists in New York. That's a real  
13 issue. [coughs]

14 ADA compliance. I'm submitting my  
15 written testimony to cover some of these points in  
16 more detail. It is important to note, though, that  
17 there are vehicles on the street right now being used  
18 as WAVs, WAV taxis that have disturbing features.  
19 We've seen some that lack interior quick release  
20 handles for use in case of an emergency. We've seen  
21 others that have been equipped with a flammable  
22 rubber matting. [coughs] Emissions and fuel  
23 economy, again there are some thing that are really  
24 admirable about the MV-1. One of them is not, what  
25 it brings to the environment. It's very fuel

1  
2 inefficient and it emits a lot of greenhouse gases  
3 unfortunately.

4           The last point, and this is Take Your  
5 Child to Work Day, and so let me urge the Council to  
6 consider one other accessibility issue. Children.  
7 We need to figure out a better and safer way to  
8 transport children in for-hire vehicles in New York.  
9 [bell] Thank you for your time and attention to  
10 these issues.

11           CHAIRPERSON CHIN: Thank you. Next.

12           MICHAEL MCMAHON: Thank you. Good  
13 afternoon, Chair Chin and Chair Cohen. It's good to  
14 see you. Nice to meet you. My name is Michael  
15 McMahon and I am here on behalf of Nissan North  
16 America, the maker of the NV200 and the 200WAV. And  
17 I presented to you with my testimony some fact sheets  
18 that were prepared by our partner in the conversion,  
19 the company by the name of Braun from Indian. And  
20 they have provided to you comparisons between our  
21 vehicle and the MV-1, which you've heard a lot about  
22 today. As well as clearly dispelling some of the  
23 things that were said before about our vehicle not  
24 being ADA Compliant, and about its measurements and  
25 how it functions in the converted state. It's not

1  
2 easy to present factual arguments in the light of  
3 very compelling emotional arguments that have been  
4 made here today. But I urge this committee to  
5 consider the facts of the vehicles, and the process  
6 that brought NV200 and the WAV to the City of New  
7 York. As I'm sure you're aware, this vehicle wasn't  
8 designed by Nissan in a factory by itself. It was  
9 done in consultation with various stakeholders that  
10 were identified by the City of New York over a multi-  
11 year process. And part of that process was to build  
12 a vehicle that could serve the most amount of New  
13 Yorkers from one-vehicle platform. And so, what you  
14 have before you is a vehicle that can really achieve  
15 many of the goals that this Council strives to do at  
16 the Access-A-Ride hearing. Which is to have a  
17 vehicle that serves many accessibility needs as well  
18 as can help this committee bring down the cost of the  
19 Access-A-Ride program.

20           Some of the--some of the features of our  
21 vehicle that I'd just like to highlight for you is  
22 that every Nissan vehicle--this is pre-conversion--  
23 every vehicle has Braille enhanced signage for the  
24 sight impaired, and extra floor space for companion  
25 animals. Every Nissan vehicle has a hearing loop and

1  
2 additional lighting and seat piping with contrasting  
3 colors. Again, for visual impairment and to help  
4 with that. The NV200 is the only vehicle that is  
5 manufactured on the assembly line conversation ready.  
6 The floor is not lowered. It is built in a way that  
7 the conversion could happen in consultation with the  
8 company Braun. And it has factory installed steel  
9 partitions that are crashed tested. The MV-1 and no  
10 other vehicle has a partition that is crash tested as  
11 well. And as you heard, it's very important about  
12 airbags. It's news to me, but according to the  
13 experts, the only vehicle that has airbags in the  
14 back for those with the wheelchairs is the NV200. I  
15 would also submit that the rear-entry feature  
16 provides a reasonable approach to access. Given the  
17 context of New York City-- And as you've seen the  
18 documents I've submitted prepared by Braun, they  
19 consider reasonable in the context of New York City.  
20 Given one-way streets, given limited access to  
21 curbside, and the rear-entry can be along the  
22 curbside, but it has other features as well as borne  
23 out in the diagrams that are submitted there.

24 And then as was mentioned in the fact  
25 sheet comparison between the vehicles, when it comes

1  
2 to emissions, fuel economy, the cost of operating the  
3 vehicle. You know, the owners and operators of the  
4 Yellow Taxis are under financial pressure. Our  
5 vehicle presents, if you will, the whole package.  
6 And I think it's quite clear that our vehicle is the  
7 most effective tool as designed, in cooperation with  
8 the City of New York, to meet all the needs of most  
9 New Yorkers. And I'd love to have any questions if  
10 you have them.

11 CHAIRPERSON COHEN: I think the question  
12 probably is best answered by the--the rider advocate.  
13 In terms of--you mentioned interior conversion. Do  
14 you think that there are acceptable versions, or do  
15 you think that converting existing vehicles is not  
16 really a tenable way?

17 MICHAEL O'LOUGHLIN: Yeah, I--I mean I--I  
18 think I would point for example to the vehicle on my  
19 right and the vehicle on my left both of which are  
20 designed to be wheelchair accessible or made  
21 wheelchair accessible. There are standards that  
22 should be in place. It's--it's similar in a way to  
23 actually the partition issue, right? For decades  
24 we've been improvising partitions in the back of  
25 taxis. And that actually compromises the structural



1 integrity and the safety of the taxi. It creates a  
2 fresh impact hazard for people with faces or heads  
3 who are riding in the back of the taxi. The  
4 wheelchair conversions shouldn't compromise the  
5 structural integrity of the vehicle. They should be  
6 respectful of the passengers' safety. They should  
7 make sure that the materials used are safe. The idea  
8 that there are vehicles that don't include an  
9 emergency escape latch is frankly disturbing. The--  
10 one of the issues that come up is the storage of the  
11 latches, and that should be done in a way that--that  
12 they don't get lost. They don't get filthy dirty,  
13 you know, floating around in the back of the taxi.  
14 And shoot, I had one more I was going to give you but  
15 I--

17 MICHAEL MCMAHON: [interposing] I just  
18 want to add one other thing that's been said here  
19 today that in the NV200 WAV that the rider sits in  
20 the back. I know one of the prior test--speakers  
21 said with the luggage. That's absolutely in correct.  
22 as you see in the diagram, the seat, the bench, the  
23 main bench goes all the way forward, and the chair  
24 sits exactly in the same position as that bench had  
25 been in. So it is in the same position that the

1  
2 bench rider is in. It is not in the back of the  
3 vehicle.

4 CHAIRPERSON COHEN: Thank you for your  
5 testimony.

6 CHAIRPERSON CHIN: Thank you very much  
7 for coming in today. Is there anyone else that would  
8 like to testify? You will have to fill out a slip.  
9 Well, thank you all for being here today. The  
10 hearing is adjourned. Thank you.

11 MALE SPEAKER: Thank you.

12 [gavel]

13

14

15

16

17

18

19

20

21

22

23

24

25

COMMITTEE ON AGING JOINTLY WITH THE COMMITTEE ON  
TRANSPORTATION AND THE COMMITTEE ON MENTAL HEALTH,  
DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE  
ABUSE AND DISABILITY SERVICES 211

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date May 2, 2015