#### Amtrak sucks for disabilities—USFG is key

The Arc 12 (The Arc is the largest national community-based organization advocating for and serving people with intellectual and developmental disabilities and their families, Transportation Issues for People with Disabilities” http://www.thearc.org/page.aspx?pid=2730)

Amtrak has increased its ridership by 32 percent between 2002 and 2008. Within that ridership, 288,000 were passengers with disabilities. Although all Amtrak trains meet or exceed the requirements of ADA, not all stations are accessible. Currently, 94 percent of Amtrak passengers board at accessible stations. Congress mandated a deadline of July 26, 2010 for all stations to be accessible, but Amtrak does not have enough funding to make this a reality. It is estimated they will need $1.6 billion, but have only been allocated $144 million from Congress.

#### Fed key to ensure states fall in line—they can’t do it on their own

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However, despite these two landmark federal laws, transportation services are often not accessible to individuals with disabilities as policies are not implemented and adequate funding is not provided. A recent settlement of a class action suit brought against the Jackson, Mississippi public transportation system is an example of the federal government’s efforts to ensure that localities provide accessible transportation for individuals with disabilities.

#### DC has insufficient access too

Iezzoni et al 6 (Professor of Medicine, Harvard Medical School, with Mary B Killeen, PhD at the University of Michigan, and Bonnie L O’Day, senior researcher who specializes in conducting research and evaluation studies on disability and employment, “Rural Residents with Disabilities Confront Substantial Barriers to Obtaining Primary Care”, August 2006, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1797079/>) RF

Our study was not designed to compare barriers with health care for rural and urban residents with disabilities. Nonetheless, in focus groups we conducted in Boston and greater Washington, DC, we also heard from persons with disabilities about insufficient knowledge of clinicians regarding certain disabling conditions, problems identifying appropriate primary care and specialist physicians, difficulties with continuity of care (especially when persons change insurance), inadequate physical access, local transportation problems, and inaccessible information (Iezzoni 2003; O'Day, Killeen, and Iezzoni 2004; Iezzoni, O'Day et al. 2004; O'Day et al. 2005; Iezzoni and O'Day 2006)—findings consistent with the clinical and access needs of many persons with disabilities regardless of where they live (Burns et al. 1990; Andriacchi 1997). Other studies, primarily involving largely urban populations, corroborate these barriers to care confronting persons with disabilities (Beatty and Dhont 2001; DeJong et al. 2002; O'Day et al. 2002; Hanson et al. 2003; Harris Interactive 2004). Relatively little has yet been done to address these problems except in small targeted programs, again primarily in cities (Master et al. 1996; Blanchard and Hosek 2003; Eichner and Blumenthal 2003; Reis et al. 2004).

#### DC sucks for disabilities

National Council on Disability 5 (“The Current State of Transportation for People with Disabilities in the United States National Council” p. 47-48, published June 13th, 2005)

Despite these gains, paratransit riders in many cities still experience a variety of problems, sometimes very significant ones, with ADA paratransit service, including substantial problems with service quality and limitations in capacity. Typical of problems that have been seen in many cities are those alleged by riders in Washington, D.C. A Washington Post article in March 2004 described a lawsuit just filed there. Riders alleged the following: • Vehicles are often late, appearing hours after they were expected, or fail to show up at all; • The service takes far too long to transport passengers; • The telephone reservation system is staffed by rude operators who do not answer calls, place calls on hold for long periods, or hang up; • Managers do not give accurate information about the location of assigned vehicles and do not respond to complaints; and • Some drivers do not know how to secure wheelchairs and scooters inside vans, operate dangerously, and falsely accuse passengers of not showing up for trips, which can cause a rider to be suspended from service. Marc Fiedler, cofounder of the Disability Rights Council of Washington, says, It’s not just an inconvenience. It’s people who may end up losing their jobs because [the service] over and over and over again isn’t getting them to work on time. It’s people who miss dialysis appointments. It’s people who rely on oxygen, whose trips are so circuitous they run out of oxygen. Lives are endangered instead of enhanced.