



375 Beale Street, Suite
800
San Francisco, CA 94105

Meeting Agenda

Blue Ribbon Transit Recovery Task Force

Members

Monday, December 14, 2020

1:05 PM

Board Room – 1st Floor (REMOTE)

The Blue Ribbon Transit Recovery Task Force will meet on Monday December 14, 2020 at 1:05 p.m., in the Bay Area Metro Center (Remotely). In light of Governor Newsom's State of Emergency declaration regarding the COVID-19 outbreak and in accordance with Executive Order N-29-20 issued by Governor Newsom on March 17, 2020 and the Guidance for Gatherings issued by the California Department of Public Health, the meeting will be conducted via webcast, teleconference, and Zoom for Task Force members who will participate in the meeting from individual remote locations.

A Zoom panelist link for meeting participants will be sent separately to Task Force members.

The meeting webcast will be available at <http://mtc.ca.gov/whats-happening/meetings>. Members of the public are encouraged to participate remotely via Zoom at the following link or phone number. Task Force Members and members of the public participating by Zoom wishing to speak should use the "raise hand" feature or dial *9. In order to get the full Zoom experience, please make sure your application is up to date.

Attendee Link: <https://bayareametro.zoom.us/j/85875856765>

Join by Telephone: 888 788 0099 (Toll Free) or 877 853 5247 (Toll Free)

Webinar ID: 858 7585 6765

International numbers available: <https://bayareametro.zoom.us/u/kdiaC4gShP>

Detailed instructions on participating via Zoom are available at:

<https://mtc.ca.gov/how-provide-public-comment-board-meeting-zoom>.

Members of the public may participate by phone or Zoom or may submit comments by email at info@bayareametro.gov by 5:00 p.m. the day before the scheduled meeting date. Please include the committee or board meeting name and agenda item number in the subject line. Due to the current circumstances there may be limited opportunity to address comments during the meeting. All comments received will be submitted into the record.

1. Roll Call / Confirm Quorum

A quorum of this Task Force shall be a majority of its voting members (16)

2. Chair Comments

Commissioner Jim Spering

3. Consent Calendar

- 3a. [20-1709](#) Minutes of the November 16, 2020 Meeting

Action: Approval

Attachments: [DRAFT Minutes BTRTF 11 16 2020](#)

- 3b. [21-0063](#) BTRTF #7 Meeting Summary

Action: Approval

Attachments: [Summary BTRTF Meeting #7](#)

4. Advancing Equity (Action Plan Goal 2)

A set of draft equity principles for the Transformation Action Plan will be presented for feedback and discussion.

- [20-1710](#) Memo Draft Equity Principles

Action: Information

Presenter: Steve Kinsey, CivicKnit

Attachments: [Draft Equity Principles](#)
[Goal 2 Draft Equity Principles Presentation](#)

5. Transit Operator Recovery (Action Plan Goal 1)

Transit operators will provide an update on recovery.

- [20-1712](#) Transit Operator Recovery Update

Action: Information

Presenter: Transit Operators

Attachments: [Transit Operator Recovery Update Presentation](#)

6. Network Management (Action Plan Goal 3)

A presentation on MTC's legislative authority will be provided as context for the network manager discussions. Additionally, the Task Force will begin discussions on defining the problem to be addressed and transit operators will share their current efforts related to these topics.

6a. [20-1711](#)

MTC Authority

Action:

Information

Presenter:

Therese McMillan, MTC

Attachments:

[MTC Authority](#)

6b. [21-0064](#)

Network Management: Defining the Problem

Action:

Information

Presenter:

Steve Kinsey, CivicKnit and Transit Operators

Attachments:

[Network Management: Defining the Problem](#)

7. Current Regional Initiatives (Action Plan Goal 4): Bus Transit Priority

The December Task Force meeting will kick off Goal 4 with an introduction of the current regional initiatives and an overview presentation of the Bay Area Toll Authority (BATA) efforts to prioritize transit in traffic.

[20-1725](#)

Current Regional Initiatives: Bus Transit Priority

Action:

Information

Presenter:

Steve Kinsey, CivicKnit and Andrew Fremier, MTC Staff

Attachments:

[Current Regional Initiatives -- Bus Transit Priority](#)

8. Public Comments / Other Business

[20-1713](#)

Correspondence Received

Attachments:

[BTRTF Member Randi Kinman Impacts of COVID-19 for people with disabilities](#)

[Transit Operators Letters 13 DEC 20](#)

[Small Transit Operator Letter 13 Nov 20](#)

8. Meeting Summary

Steve Kinsey, CivicKnit

9. Adjournment

The next meeting of the Blue Ribbon Transit Recovery Task Force will be held Monday, January 25, 2021 at 1:05 p.m. remotely and by webcast as appropriate.

Public Comment: The public is encouraged to comment on agenda items at Committee meetings by completing a request-to-speak card (available from staff) and passing it to the Committee secretary. Public comment may be limited by any of the procedures set forth in Section 3.09 of MTC's Procedures Manual (Resolution No. 1058, Revised) if, in the chair's judgment, it is necessary to maintain the orderly flow of business.

Meeting Conduct: If this meeting is willfully interrupted or disrupted by one or more persons rendering orderly conduct of the meeting unfeasible, the Chair may order the removal of individuals who are willfully disrupting the meeting. Such individuals may be arrested. If order cannot be restored by such removal, the members of the Committee may direct that the meeting room be cleared (except for representatives of the press or other news media not participating in the disturbance), and the session may continue.

Record of Meeting: Committee meetings are recorded. Copies of recordings are available at a nominal charge, or recordings may be listened to at MTC offices by appointment. Audiocasts are maintained on MTC's Web site (mtc.ca.gov) for public review for at least one year.

Accessibility and Title VI: MTC provides services/accommodations upon request to persons with disabilities and individuals who are limited-English proficient who wish to address Commission matters. For accommodations or translations assistance, please call 415.778.6757 or 415.778.6769 for TDD/TTY. We require three working days' notice to accommodate your request.

可及性和法令第六章: MTC 根據要求向希望來委員會討論有關事宜的殘疾人士及英語有限者提供服務/方便。需要便利設施或翻譯協助者，請致電 415.778.6757 或 415.778.6769 TDD / TTY。我們要求您在三個工作日前告知，以滿足您的要求。

Acceso y el Titulo VI: La MTC puede proveer asistencia/facilitar la comunicación a las personas discapacitadas y los individuos con conocimiento limitado del inglés quienes quieran dirigirse a la Comisión. Para solicitar asistencia, por favor llame al número 415.778.6757 o al 415.778.6769 para TDD/TTY. Requerimos que solicite asistencia con tres días hábiles de anticipación para poderle proveer asistencia.

Attachments are sent to Committee members, key staff and others as appropriate. Copies will be available at the meeting.

All items on the agenda are subject to action and/or change by the Committee. Actions recommended by staff are subject to change by the Committee.

Legislation Details (With Text)

File #: 20-1709 **Version:** 1 **Name:**
Type: Minutes **Status:** Consent
File created: 11/6/2020 **In control:** Blue Ribbon Transit Recovery Task Force
On agenda: 12/14/2020 **Final action:**
Title: Minutes of the November 16, 2020 Meeting
Sponsors:
Indexes:
Code sections:
Attachments: [DRAFT Minutes BTRTF 11_16_2020](#)

Date	Ver.	Action By	Action	Result
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Subject:
Minutes of the November 16, 2020 Meeting

Recommended Action:
Approval

Attachments:



Meeting Minutes - Draft

Blue Ribbon Transit Recovery Task Force

Members

Monday, November 16, 2020

9:05 AM

Board Room – 1st Floor (REMOTE)

1. Roll Call / Confirm Quorum

Present: 31 - Chair Spering, Member Pedroza, Member Haggerty, Member Cortese, Member Josefowitz, Member Papan, Member Rabbitt, Member Worth, Member McMillan, Member Hursh, Member Powers, Member Ramacier, Member Mulligan, Member Tree, Member Whelan, Member Hartnett, Member Tumlin, Member Fernandez, Member Halls, Member Baker, Member Wu, Member Kinman, Member Beall, Member Kim, Member Lindsay, Member Currier, Member Griffiths, Member Wunderman, Member Rotchy, Member Ford, and Member Chiu

Absent: 1 - Member Murphy

Chad Edison acted as a delegate and voting member of the Task Force in place of David Kim. Actions noted below as “Kim” were taken by Chad Edison. Jonathan Perez acted as a delegate and voting member of the Task Force in place of Jim Beall. Actions noted below as “Beall” were taken by Jonathan Perez.

As of September 14, 2020 Member Carl Guardino, Silicon Valley Leadership Group was replaced with Member Jason Baker, Silicon Valley Leadership Group.

2. Chair Comments

3. Consent Calendar

Upon the motion by Member Cortese and second by Member Haggerty, the Consent Calendar was unanimously approved. The motion carried by the following vote:

Aye: 30 - Chair Spering, Member Pedroza, Member Haggerty, Member Cortese, Member Josefowitz, Member Papan, Member Rabbitt, Member Worth, Member McMillan, Member Hursh, Member Powers, Member Ramacier, Member Mulligan, Member Whelan, Member Hartnett, Member Tumlin, Member Fernandez, Member Halls, Member Baker, Member Wu, Member Kinman, Member Beall, Member Kim, Member Lindsay, Member Currier, Member Griffiths, Member Wunderman, Member Rotchy, Member Ford and Member Chiu

Absent: 2 - Member Tree and Member Murphy

Member Tree arrived after the approval of the Consent Calendar.

3a. [20-1472](#) Minutes of the October 26, 2020 Meeting

Action: Approval

Attachments: [Draft Meeting Minutes BRTRTF 10_26_2020](#)

3b. [20-1473](#) BRTRTF #6 Meeting Summary

Action: Approval

Attachments: [BRTRTF #6 Meeting Summary Memo](#)

4. Revised Decision Making Process

4a. [20-1628](#) Revised Decision Making Process

Action: Approval

Presenter: Steve Kinsey, CivicKnit

Attachments: [Revised Decision Making Memo](#)
[Decision Making Member instructions](#)

Upon the motion by Member Worth and second by Member Pedroza, the Revised Decision Process was adopted. The motion carried by the following vote:

Aye: 31 - Chair Spering, Member Pedroza, Member Haggerty, Member Cortese, Member Josefowitz, Member Papan, Member Rabbitt, Member Worth, Member McMillan, Member Hursh, Member Powers, Member Ramacier, Member Mulligan, Member Tree, Member Whelan, Member Hartnett, Member Tumlin, Member Fernandez, Member Halls, Member Baker, Member Wu, Member Kinman, Member Beall, Member Kim, Member Lindsay, Member Currier, Member Griffiths, Member Wunderman, Member Rotchy, Member Ford and Member Chiu

Absent: 1 - Member Murphy

5. Stage 3: Transformation Action Plan

5a. [20-1625](#) Revised Goals and Objectives

Action: Approval

Presenter: Steve Kinsey, CivicKnit

Attachments: [Revised Goals Intro Memo](#)
[Revised Goals and Objectives Presentation](#)
[Final Goals and Objectives Adopted 11_16_2020](#)

Upon the motion by Member Tumlin and second by Member Hartnett, the revised Transit Transformation Definition and Transformation Action Plan Goals & Objectives were unanimously approved (Revised Document attached). The motion carried by the following vote:

Aye: 31 - Chair Spering, Member Pedroza, Member Haggerty, Member Cortese, Member Josefowitz, Member Papan, Member Rabbitt, Member Worth, Member McMillan, Member Hursh, Member Powers, Member Ramacier, Member Mulligan, Member Tree, Member Whelan, Member Hartnett, Member Tumlin, Member Fernandez, Member Halls, Member Baker, Member Wu, Member Kinman, Member Beall, Member Kim, Member Lindsay, Member Currier, Member Griffiths, Member Wunderman, Member Rotchy, Member Ford and Member Chiu

Absent: 1 - Member Murphy

5b. [20-1627](#) Advancing Equity and Development of Principles

Action: Information

Presenter: Steve Kinsey, CivicKnit and Therese McMillan, MTC

Attachments: [Advancing Equity Presentation](#)

The following individuals spoke on this Item:
Adina Levin, Friends of Catrain; and
Roland Lebrun.

6. Short and long term funding priorities for Voices for Public Transportation

6a. [20-1626](#) Short and long term funding priorities for Voices for Public Transportation

Action: Information

Presenter: Ellen Wu, Hayley Currier, Ian Griffiths (Voices for Public Transportation)

Attachments: [Voices for Public Transportation Presentation](#)

[Transmittal letter for materials](#)

[1\) Voices for Public Transportation Voter Survey Research \(March 2020\)](#)

[2\) Regional Transportation Measure Revenue Estimates \(December 2019\)](#)

[3\) Operations Funding for a World-Class Transit System \(September 2020\)](#)

The following individuals spoke on this Item:

Adina Levin, Friends of Caltrain;

Roland Lebrun; and

Monica Mallon, transit advocate and rider in Santa Clara County.

7. Public Comments / Other Business

7a. [20-1624](#) Correspondence Received

Attachments: [Public Advocates comments to BTRTF](#)

7b. [20-1708](#) Additional Information

Action: Information

Attachments: [Transit Operator Ridership Update Handout](#)

8. Meeting Summary

8a. [20-1720](#) Roadmap

Action: Information

Presenter: Steve Kinsey, CivicKnit

Attachments: [Roadmap-Nov-BRTRTF](#)

9. Adjournment / Next Meeting

The next meeting of the Blue Ribbon Transit Recovery Task Force will be held Monday, December 14, 2020 at 1:05 p.m. remotely and by webcast as appropriate.

Legislation Details (With Text)

File #: 21-0063 **Version:** 1 **Name:**
Type: Action Item **Status:** Consent
File created: 12/7/2020 **In control:** Blue Ribbon Transit Recovery Task Force
On agenda: 12/14/2020 **Final action:**
Title: BRTRTF #7 Meeting Summary
Sponsors:
Indexes:
Code sections:
Attachments: [Summary BRTRTF Meeting #7](#)

Date	Ver.	Action By	Action	Result
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Subject:
BRTRTF #7 Meeting Summary

Recommended Action:
Approval

Attachments:

**TRANSIT RECOVERY
TASK FORCE**

TO: Blue Ribbon Transit Recovery Task Force

DATE: December 14, 2020

FR: Steve Kinsey, CivicKnit

RE: BRTTF Meeting #7 Summary

Mutual Understanding from Task Force Meeting #7 (November 16, 2020):

- 1) The Task Force unanimously agreed to revise its decision-making process to create a mechanism for gauging support before a formal vote is taken.**
- 2) The Task Force unanimously agreed on the revised Goals and Objectives.**

Identified Concerns

- 1) Funding for Network Management and new services should come from new sources.**
- 2) It is unrealistic to expect additional State funding will be available in the near term.**
- 3) Outreach, engagement and funding structures are critical to achieve broad appeal necessary for any funding measure's success.**

Meeting Summary

Chair Sperling convened the Task Force with commendations for progress on defining goals and objectives and observed that this meeting would establish the focus for the remainder of the Task Force's meetings.

Following unanimous approval of the Consent Agenda, Facilitator Steve Kinsey presented a decision-making technique to allow measuring Task Force support for refining a proposed action before a formal vote is taken. The technique was unanimously approved, though not used during the remainder of the meeting.

Draft Goals and Objectives revisions were presented to the Task Force. Members commented on the Revised language, including some proposed edits to include a focus on affordable, equitable service, consolidation analyses not being limited to small operators, cost savings to be considered in addition to new funding sources, and proposing that any savings from operator efficiencies be reinvested locally rather than funding new services.

A letter signed by 13 transit agency general managers recommended that the Task Force engage with local elected officials and local transit boards at this time regarding the Transformation Action Plan. It underscored their view that additional revenue to implement the Transformation Action Plan should not be drawn from potential operational efficiency savings that can be reinvested to improve the transit rider experience. It requests that those needs be considered prior to evaluating governance restructuring. It endorsed including a clear network manager problem statement as a Goal 3 Objective and encouraged defining what outcomes are expected.

After reaching informal consensus on several suggested revisions, the Goals and Objectives were unanimously agreed to by roll call vote.

Facilitator Steve Kinsey introduced agenda item 5b: Advancing Equity and Development of Principles, setting the context for Task Force discussion and describing a three-meeting timeline leading to adoption of Transformation Action Plan Equity Principles.

MTC E.D. Therese McMillan presented her agency's perspective on the topic of Equity, highlighting that context is important to setting definitions of equity, illustrating the four "pillars" MTC uses to guide its own Equity work, reviewing previous Task Force discussions related to equity, and showing examples of how data can inform decisions and measure effectiveness related to achieving equity. She emphasized the importance of getting direct input from riders.

Task Force members and the public spoke to inform development of Equity Principles. SFMTA Director Tumlin offered to share his agency's quantitative equity analysis experience. Other Task Force members commented on the importance of recognizing historic disparities, rebuilding the transit system around the needs of the disadvantaged including defined metrics to monitor progress, and tying funding decisions to their equity impact. Transit dependent, disabled, and student riders were specifically highlighted for consideration. Affordability, appropriate access and safe service levels were identified as key equity issues. A draft set of Equity Principles will be presented at the next meeting of the Task Force.

Voices for Public Transportation (VPT) presented their near and mid-term funding priorities. The coalition, which includes Task Force members from Urban Habitat, Seamless Bay Area, Transform, and Teamsters, has shifted its immediate focus to prioritize pandemic recovery efforts that minimize service cuts and job losses. They emphasized the importance of returning service levels to pre-pandemic levels as soon as possible and noted that more funding will be necessary to achieve a just transportation system.

VPT proposed that a regional funding measure could provide funds necessary for transformative transit investments, emphasizing the importance of a progressive tax structure to avoid putting an excessive burden on low-income residents. They noted that similar efforts have been successful in other regions when a multi-stakeholder process to generate alignment was organized by a public convener.

Task Force members noted the challenge of generating sufficient interest in funding in tough economic times, expressed concerns that business is already tax weary, and emphasized the critical importance of achieving alignment on funding priorities and mechanisms. Assemblymember Chiu acknowledged that a shared funding strategy remains to be defined and stated his support for increased transit funding, while noting the difficulty of gaining statewide support during this financial crisis. Public commenters emphasized the importance of public engagement in the development of regional funding plans.

Facilitator Steve Kinsey reviewed the Task Force's Next Steps, noting that network management, operator updates, draft equity principles, and connections to MTC's existing initiatives will all be on next month's full agenda.

Therese McMillan closed by commenting on regional funding considerations, sustainability of service levels, and options for shifting funding in response to the current challenges. She noted that the Programming and Allocations Committee will review this topic in December.

Legislation Details (With Text)

File #: 20-1710 **Version:** 1 **Name:**
Type: Report **Status:** Informational
File created: 11/6/2020 **In control:** Blue Ribbon Transit Recovery Task Force
On agenda: 12/14/2020 **Final action:**
Title: Memo Draft Equity Principles
Sponsors:
Indexes:
Code sections:
Attachments: [Draft Equity Principles](#)
[Goal 2 Draft Equity Principles Presentation](#)

Date	Ver.	Action By	Action	Result
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Subject:
Memo Draft Equity Principles

Presenter:
Steve Kinsey, CivicKnit

Recommended Action:
Information

Attachments:

**TRANSIT RECOVERY
TASK FORCE**

TO: Blue Ribbon Transit Recovery Task Force

DATE: December 14, 2020

FR: Steve Kinsey, CivicKnit

RE: Draft Equity Principles**Context**

At the core of the transit equity concept is the notion that transit is a fundamental public good that we all benefit from, regardless of age, race, or class. Public agencies should consider the pursuit of equity central to their mission, cutting across their portfolio of work; not a separate issue to be addressed only as part of planning processes. Working toward transit equity is important throughout the nine-county region, in both urban and surrounding suburban settings, where up to 70% of the current transit ridership is transit dependent.

Bay Area transit agencies have been committed to learning and working toward equity for some time, so sharing their experiences more collaboratively now can accelerate progress. MTC is also lifting up equity as a core value through its Equity Platform. The aim of the Equity Platform is to infuse an equity lens into all of MTC's work externally as well as internally through staff-led organizational development assessments.

There is no standard way to achieve transit equity. Still, policies and projects are more likely to improve racial equity and social justice outcomes when low-income and communities of color are able to participate in the decision-making process. Some of the most successful public engagement strategies to date have relied on partnerships with local civic organizations that can build trust by serving as intermediaries in the outreach process. This approach allows for co-creating specific equity objectives that reflect community needs and values.

Transit policies are considered equitable if they favor economically and socially disadvantaged groups, therefore compensating for overall inequities.

Draft Principles for Advancing Equity (Goal 2)

The Blue Ribbon Transit Recovery Task Force has adopted the goal of advancing equity through its Transit Transformation Action Plan.

Goal 2: Advance Equity

Integrate and be accountable to equity in policy, service delivery and advocacy recommendations, as embodied in MTC's Equity Platform.

- a) Develop specific Equity Principles to guide Transit Transformation planning.*
- b) Include focused outreach to current riders, underserved populations, and persons with disabilities to inform the Transformation Action Plan.*

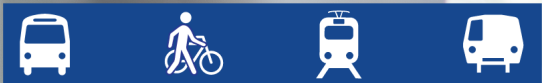
You are being provided a draft set of Principles that, once approved, will guide specific recommended actions in the Plan, which in turn, should inform future decisions related to transit’s recovery and expansion.

Please review these draft Principles to determine whether others should be added or these need to be modified to clarify or expand their purpose.

Blue Ribbon Transit Recovery Task Force - Draft Principles

Principles	Description
Acknowledge Disparities & Invest Equitably	Transit agencies should address disparities in levels of transit access experienced in low-income and communities of color through investment strategies that seek to eliminate persistent, existing barriers; expand opportunities; and provide greater proportional benefits to those most underserved today, and at greatest risk of continued exclusion.
Increase Accessibility	Increase access to transit for riders with disabilities and/or low-incomes by reducing fares and prioritizing facility and service improvements most heavily used by them.
Be Inclusive	Public agencies should establish the pursuit of equity as a central part of their mission. Ensure the full and fair participation of underserved residents throughout planning and decision-making by engaging with them meaningfully and directly, in partnership with culturally competent, community trusted local organization to co-create strategies and solutions.
Use Data to Inform Decisions	Measure progress based on geographically coded metrics informed by qualitative and quantitative data on race, gender identity, disability, age, and income to track equitable distribution of transportation benefits and burdens. Routinely monitor and adapt policies and investments to ensure equitable investment for underserved communities.
Advance Health & Safety	Maintain high health and safety standards on transit, and partner with social services and public health entities to address needs that intersect with transit.

BLUE RIBBON



TRANSIT RECOVERY
TASK FORCE

ACTION PLAN GOAL 2: ADVANCING EQUITY

Steve Kinsey
CivicKnit

December 14, 2020

DEVELOPMENT OF EQUITY PRINCIPLES

Today's Objectives:

- Introduce draft Equity Principles
- Receive Task Force and Public input on draft Equity Principles



GOAL 2: Advance equity

Integrate and be accountable to equity in policy, service delivery and advocacy recommendations, as embodied in MTC's Equity Platform.

Objectives:

- A. Develop specific Equity Principles to guide transit transformation planning

DRAFT EQUITY PRINCIPLES



Draft Principles:

Acknowledge Disparities & Invest Equitably

Increase Accessibility

Be Inclusive

Use Data to Inform Decisions

Advance Health & Safety

NEXT STEPS: EQUITY PRINCIPLES

November 2020

- MTC provides Equity context
- Task Force and Public identify possible Equity Principles
- Task Force and Public offer underserved outreach ideas

December 2020

- Task Force and Public comment on draft Equity Principles

January 2021

- Engage with CBOs to seek input on draft Equity Principles
- Task Force approval of Equity Principles



THANK YOU.

BLUE RIBBON



TRANSIT RECOVERY
TASK FORCE

www.mtc.ca.gov/mtc.ca.gov/blue-ribbon-transit-recovery-task-force

Legislation Details (With Text)

File #: 20-1712 **Version:** 1 **Name:**

Type: Report **Status:** Informational

File created: 11/6/2020 **In control:** Blue Ribbon Transit Recovery Task Force

On agenda: 12/14/2020 **Final action:**

Title: Transit Operator Recovery Update

Sponsors:

Indexes:

Code sections:

Attachments: [Transit Operator Recovery Update Presentation](#)

Date	Ver.	Action By	Action	Result
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Subject:
 Transit Operator Recovery Update

Presenter:
 Transit Operators

Recommended Action:
 Information

Attachments:

Transit Agency Recovery Update

Blue Ribbon Task Force
December 14, 2020



Agenda Item 5

Photo by: KGO-TV

Bay Area Transit Ridership

Consistent with national trends, Ridership has plummeted **77%** from a 2019 average of over 40 million trips per month to an average of 9 million since the onset of the COVID-19 pandemic

Bay Area Transit Ridership (all operators)



Ridership & Service Impacts for Big 7 Operators

Data for October 2020

SFMTA

Ridership: **-75%**

Muni Metro remains temporarily suspended.

BART

Ridership: **-88%**

Reduced hours and longer headways

ACTransit

Ridership: **-61%**

Most Transbay service suspended.

VTA

Ridership: **-70%**

Operating reduced service.

SamTrans

Ridership: **-63%**

Operating modified schedule.

Golden Gate

Ridership: **-87%**

2/3 of routes suspended.

Caltrain

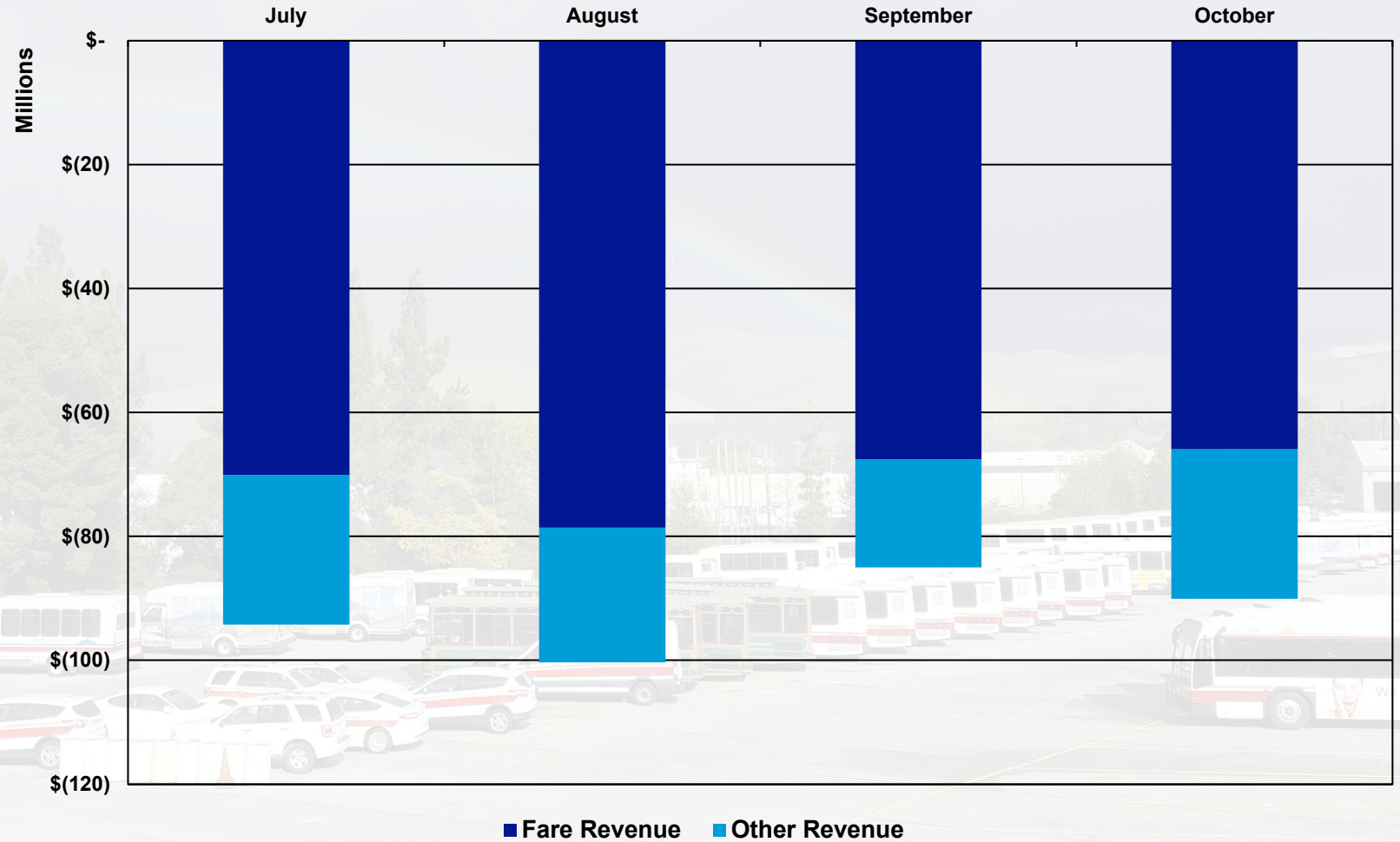
Ridership: **-96%**

Operating modified schedule.

Ongoing Monthly Revenue Loss

With both ridership and the economy slow to recover, operators continue to face monthly revenue losses of between **\$85-\$100 million per month.**

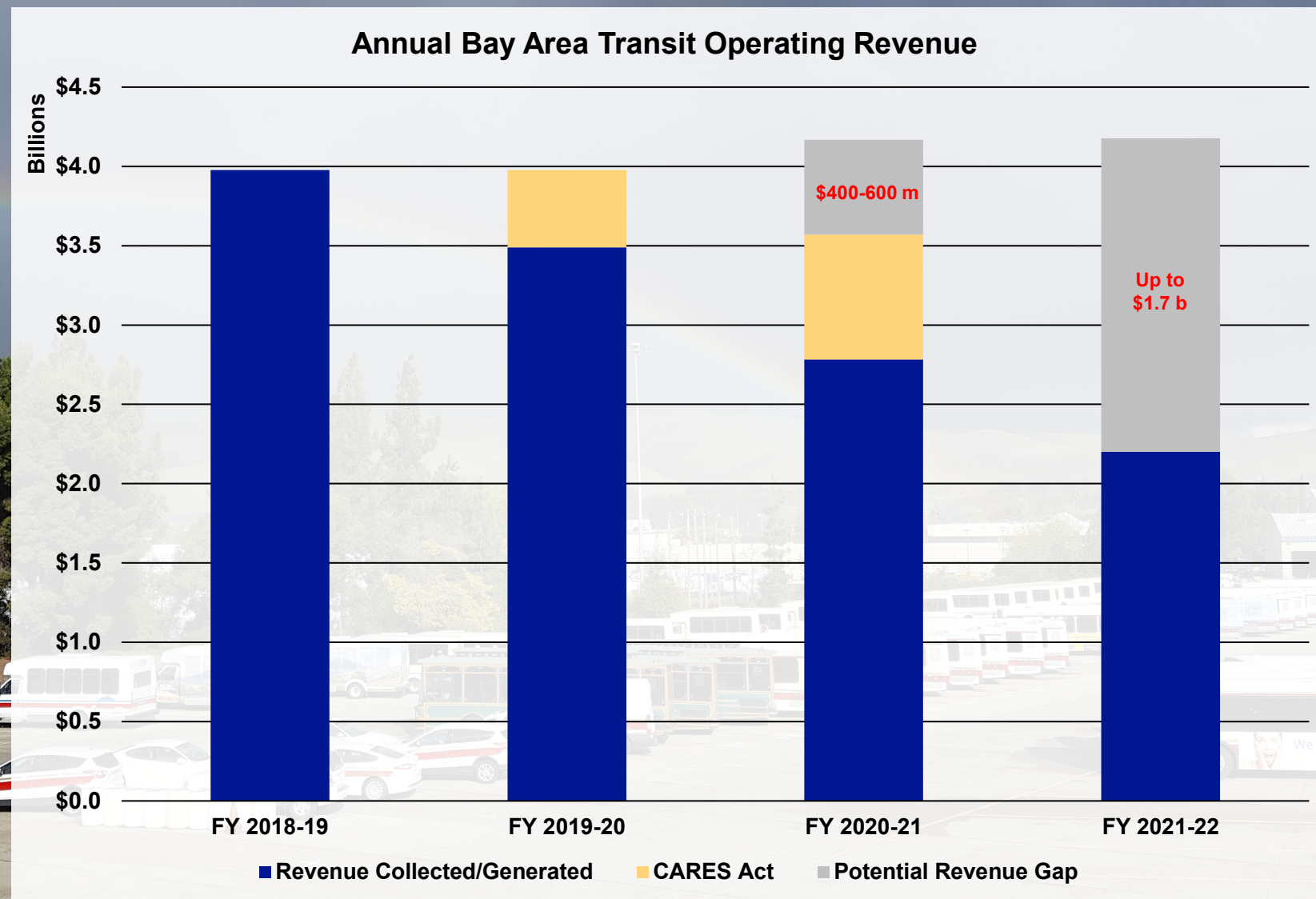
Monthly Revenue Loss between \$85-\$100 million Big 7 Operators



COVID-19 Impacts on Annual Revenue

COVID-19 and the Bay Area's shelter-in-place orders have impacted almost all sources of transit revenues, especially fare, sales tax, toll, and parking revenues. Allocations from the CARES Act have helped to address the full deficit for FY 2019-20 and will help *reduce* the shortfall in FY 2020-21.

Even with the support of the CARES Act, transit agencies still expect a gap of **\$400-\$600 million** between the revenue available in their operating budgets and what those budgets would have looked like in FY 2020-21 without the COVID-19 pandemic. Looking forward to FY 2021-22 and without additional federal support, transit agencies may face revenue losses of **up to \$1.7 billion**. **We are approaching a financial cliff that is not possible to close through local/regional action alone.**



Equity Focus

- Transit agencies are concentrating limited resources on service for low-income and disadvantaged communities making essential trips
- Equity is a key criterion in determining service adjustment during the pandemic
- **17** transit agencies have recently agreed to participate in MTC's Clipper START means-based fare discount program
- Despite the financial impact of the pandemic, **22** of the Bay Area's transit agencies are now offering 20-50% fare discounts for low-income riders

Service Planning & Operations Near-term Survival: Coordination

- Regular weekly coordination on multiple facets
 - General Manager Coordination
 - Operations Planning
 - Financial Sustainability
 - Communications and Outreach
 - Health & Safety
- Sharing of best practices on:
 - service planning strategies
 - public outreach and approval processes for pandemic related service adjustments
- Coordination on developing common service principles during the pandemic and into recovery
- Continue to implement and adhere to the Bay Area Healthy Transit Plan

Service Planning & Operations Near-term Survival:


Status of Service

- All transit agencies continue to limit or monitor passenger capacity amidst the pandemic
- Nearly all transit agencies are operating significantly **below** pre-pandemic service levels.
- Those that are operating higher service levels are doing so to accommodate passenger loads
- Transit agencies are balancing limited resources in FY-21 to provide appropriate service capacity and network coverage

Service Planning & Operations Near-term Survival:

Status of Resources

- Despite ridership demand and capacity limits, some agencies will need to **reduce or limit** service in FY-21 due to lack of funding
- Most transit agencies have a hiring **freeze** and some have approved or are considering staff **reductions**
- Prolonged duration of the pandemic is preventing the transit agencies from transitioning into recovery mode
- Given the unknowns resulting from the pandemic, revenue and service levels are in question in 2022 at the same time agencies should be planning for recovery

A photograph of a white bus with green and yellow stripes, labeled 'GOLDEN GATE TRANSIT' and '939', parked in front of the Golden Gate Bridge. The bridge's iconic towers and suspension cables are visible in the background, set against a clear sky and a body of water. The word 'Discussion' is overlaid in white text on the left side of the image.

Discussion

Legislation Details (With Text)

File #: 20-1711 **Version:** 1 **Name:**
Type: Report **Status:** Informational
File created: 11/6/2020 **In control:** Blue Ribbon Transit Recovery Task Force
On agenda: 12/14/2020 **Final action:**
Title: MTC Authority
Sponsors:
Indexes:
Code sections:
Attachments: [MTC Authority](#)

Date	Ver.	Action By	Action	Result
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Subject:
MTC Authority

Presenter:
Therese McMillan, MTC

Recommended Action:
Information

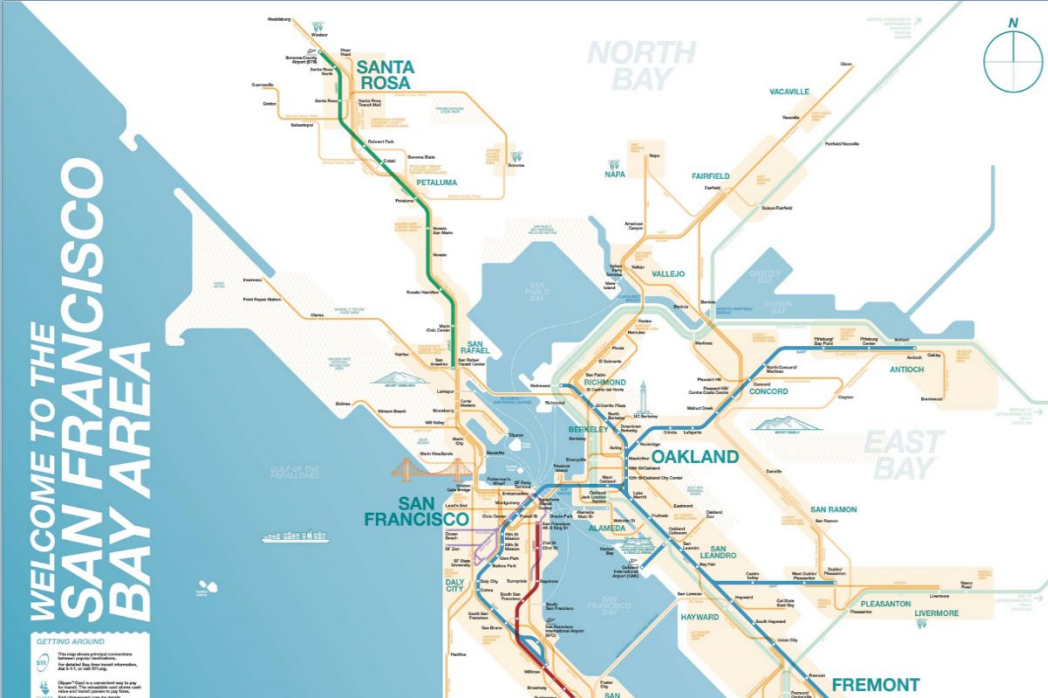
Attachments:



MTC'S PUBLIC TRANSIT COORDINATION AUTHORITY

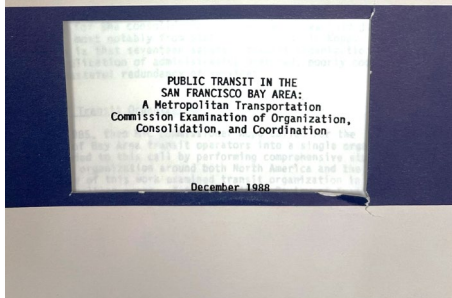
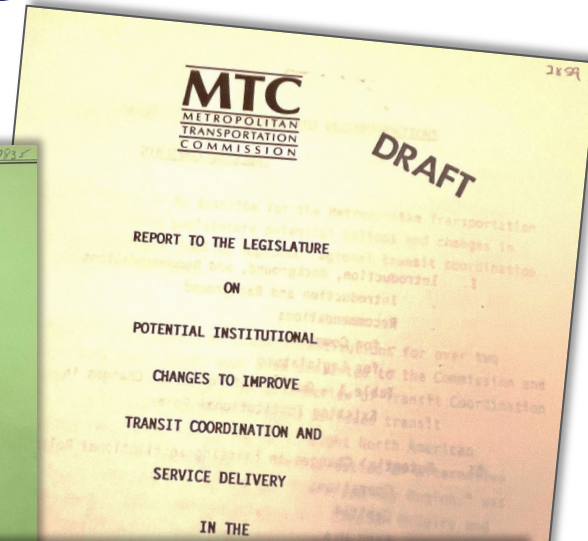
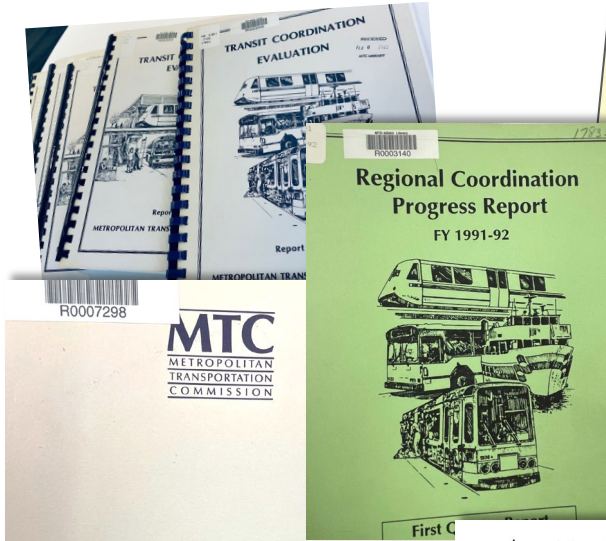
Presentation To Blue Ribbon Transit Recovery Task Force

December 14, 2020



LONG HISTORY OF TRANSIT, CONNECTIVITY LEGISLATIVE EFFORTS AND STUDIES

- Since the 1970's, many laws, studies and projects have taken aim at improving the Bay Area's transit connectivity
- MTC has played a key role in these efforts and been granted various types of authority
- Mixed success in implementation



An act to add Section 66516 to the Government Code, relating to the Metropolitan Transportation Commission.

[Approved by Governor September 22, 1989. Filed with Secretary of State September 22, 1989.]

The people of the State of California do enact as follows:

SECTION 1. Section 66516 is added to the Government Code, to read:
66516. The commission, in coordination with the transit operator coordinating council established by the commission pursuant to Section 29142.4 of the Public Utilities Code, shall adopt rules and regulations to promote the coordination of fares and schedules for all public transit systems within its jurisdiction. The commission shall require every system to enter into a joint fare revenue sharing

LEGISLATION GRANTING MTC TRANSIT COORDINATION AUTHORITY

1970s

1970: MTC's enabling statute establishes responsibility for coordination of public transit

1972: SB 325 established Transportation Development Act (TDA) funding sources and authorized RTPAs to play a funding role in STA

1977: AB 1107 authorized MTC to allocate 25% of BART sales tax and required MTC to establish a **Transit Operating Coordinating Council (TOCC)**, to set regional transit service objectives, and to establish efficiency and cost-control standards

1980s

1985: Commissioner Quentin Kopp proposes consolidating all transit agencies.

1988: AB 3972 (Cortese) introduced to authorize MTC to set fares, mandate operators fill service voids, etc. Bill dies.

1989: SB 602 enacted requiring MTC to adopt **rules and regulations to promote fare and schedule coordination.**

1990s

1996: SB 1474 authorized MTC to 1) identify functions that could be consolidated 2) to recommend functional consolidation and reductions to duplicative service in regional transit corridors, and 3) condition STA funds on compliance with **transit coordination requirements.**

2000s

2003: SB 916 authorized RM 2 and required MTC to develop and **adopt a Regional Transit Connectivity Plan.**

2015: Last update to **Res. 3866** which sets forth requirements to implement a regional transit network and applies to all funds subject to programming or allocation by MTC.

MTC/TRANSIT OPERATOR POLICY EFFORTS FOCUSED ON TRANSIT CONNECTIVITY

1970s

1977: MTC forms **Productivity Improvement Program (PIP)** in response to changes to TDA and convenes a Regional Transit Productivity Committee

1978: Regional Transit Association (RTA) formed as a JPA of the larger operators with numerous committees, including accessibility, maintenance, public information, etc.

1980s

1980: MTC conducts first **Transit Coordination Evaluation**, updated annually for the next decade

1987: MTC conducts studies in response to legislative calls for transit operator consolidation, holds seven public hearings and presents bill ideas to Legislature

1990s

1991: Regional Coordination Task Force formed as a subcommittee of the Transit Operating Coordinating Council (TOCC)

1992: MTC adopts Resolution 2467 establishing the **Regional Transit Coordinating Council (RTCC)**, comprised of transit GMs and MTC ED to replace duplication of RTA and TOCC

2000s

2003: SB 916 requires MTC to develop and adopt a **Regional Transit Connectivity Plan**.

2012: MTC completes **Transit Sustainability Project** to address declining ridership, growing costs, and incentivize improved performance

2015: Res. 3866 updated to incorporate 511, hub signage and Clipper requirements

MTC'S TRANSIT COORDINATION REQUIREMENTS ARE IN RESOLUTION 3866

- Transit agencies are required to comply as a condition of eligibility for transit funding administered by MTC.
- MTC covers regional costs while operators are expected to cover the cost to implement their own coordination roles and responsibilities.
- Sanctions may be imposed where an operator fails to meet requirements or fails to exhibit good faith in trying to meet them.

Applies to all funds subject to programming or allocation by MTC including, but not limited to:

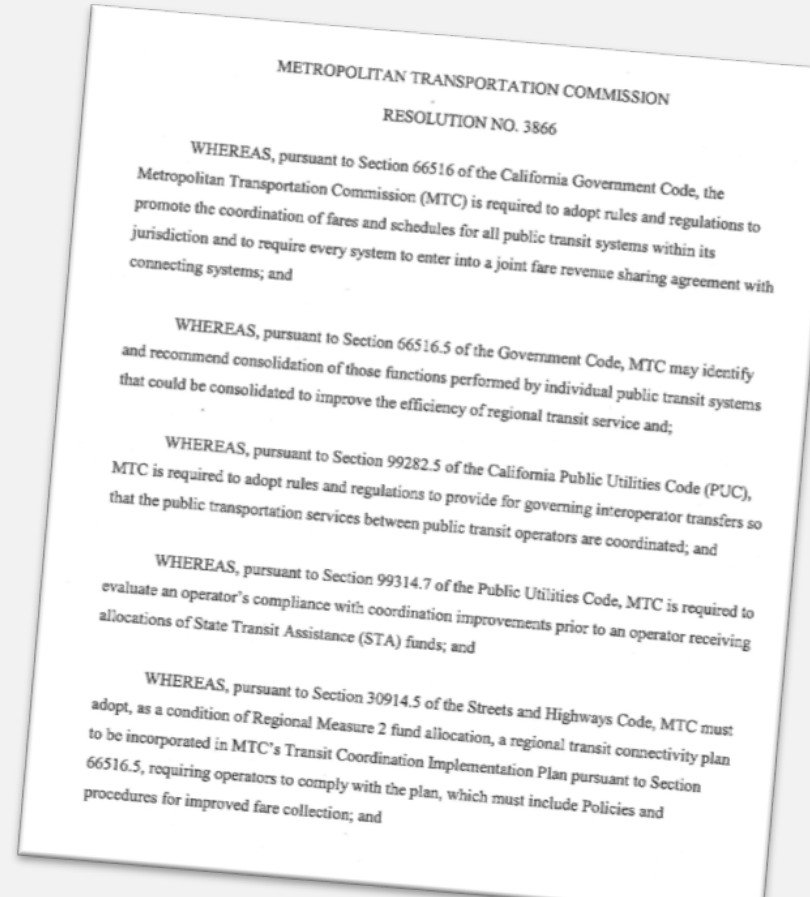
- ✓ State Transit Assistance (STA)
- ✓ Transit Development Act (TDA)
- ✓ Regional Measure 2 (RM2)
- ✓ Congestion Mitigation and Air Quality/Surface Transportation Program (STP/CMAQ)
- ✓ Federal transit formula funds

KEY COMPONENTS OF RESOLUTION 3866



Resolution 3866 contains three key elements:

1. Transit coordination implementation requirements
 - 511 transit program requirements
 - Regional transit hub signage
 - Clipper implementation
 - Maintenance of existing coordinated services
 - Transit rider survey program
2. Fare and schedule coordination requirements
3. Regional transit information



MTC'S AUTHORITY

MTC's transit connectivity authority:

- Allows MTC to identify, recommend, establish and coordinate transit connectivity improvements, requirements and performance standards – and condition regional discretionary funds based on compliance.

MTC exercises its authority by:

- Exerting funding influence – which MTC can do either by incentivizing and investing or by withholding funds.
- Advancing transit connectivity by delivering high-impact projects serving riders, such as Clipper® and 511®.



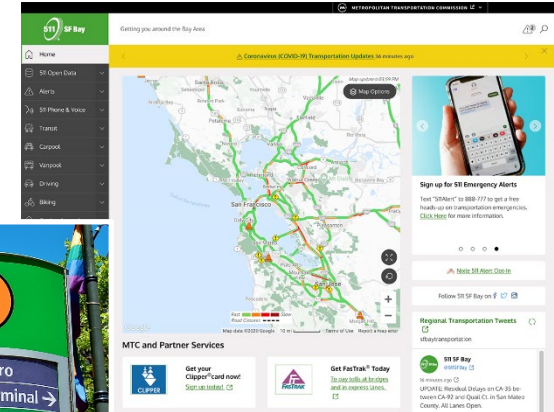
FUNDING HAS BEEN KEY TO THE REGION'S SUCCESSFUL CONNECTIVITY EFFORTS

With discretionary funding, MTC has invested in projects to improve connectivity over nearly four decades including:

- Clipper – the universal transit fare payment card
- 511 – website, phone, data feeds, and electronic displays with transit information and real-time transit departure times
- Hub signage/mapping/wayfinding
- Transit Connectivity Analysis Tool

Enforcement

- Coordination compliance with Resolution 3866 has been useful in 511, Clipper and the hub signage program implementation.





Operator
Input



Partnership
Feedback



Staff
Recommendations

RESOLUTION 3866: PROCESS FOR UPDATES

Changes to Resolution 3866 require consultation with transit operators when **defining new** coordination requirements or **updating existing** ones.

- Consultation process requires:
 - > **Step 1:** MTC to seek input from transit agency technical advisory committee
 - > **Step 2:** MTC to seek feedback from the Partnership Transit Coordination Committee (transit agency GMs) prior to submitting recommendations to Commission.
 - > **Step 3:** MTC staff to forward recommendations to the MTC Operations Committee and Commission

SUCCESSSES, LIMITATIONS, BARRIERS



Some Successes: MTC has delivered some meaningful, long-lasting transit connectivity successes, most notably with Clipper and 511.



Limitations: While MTC's ability to condition funds is important and has been critical in delivering meaningful connectivity improvements, MTC's authority is inherently limited; transit operators are guided independently, and coordination requirements are challenging to implement across a diverse system with over two dozen operators.



Bottom Line: Who Controls the Key Decisions?

Bringing about a seamless transit system may require moving away from decentralized decision-making. It involves giving up a degree of local control for the greater good of a better transit system overall.



THANK YOU.

BLUE RIBBON



TRANSIT RECOVERY
TASK FORCE

www.mtc.ca.gov/mtc.ca.gov/blue-ribbon-transit-recovery-task-force

Legislation Details (With Text)

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On agenda: 12/14/2020 **Final action:**
Title: Network Management: Defining the Problem
Sponsors:
Indexes:
Code sections:
Attachments: [Network Management: Defining the Problem](#)

Date	Ver.	Action By	Action	Result
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Subject:
Network Management: Defining the Problem

Presenter:
Steve Kinsey, CivicKnit and Transit Operators

Recommended Action:
Information

Attachments:

BLUE RIBBON



**TRANSIT RECOVERY
TASK FORCE**

**NETWORK MANAGEMENT:
DEFINING THE PROBLEM**

← **University Ave**

**Transit
Connections**



Presenter

Steve Kinsey, CivicKnit

December 14, 2020

NETWORK MANAGEMENT PROBLEM STATEMENT

Today's Objectives:

- Present draft Network Management challenges
- Receive Task Force and Public comment on Network Management challenge categories
- Review process for developing draft Problem Statement

GOAL 3: Identify near-term actions to implement beneficial long-term Network Management & Governance reforms

Develop business case and identify specific next steps to deliver public transit network management and governance reforms that will fulfill long-term transit transformation.

Objectives:

- A. Develop a clear Problem Statement** that addresses what issues or problems Network Management reforms seek to resolve.

TRANSIT SERVICE CHALLENGES

- Transit operator schedule coordination and hub transfers need improvement
- Uncoordinated transfers result in longer trips
- Interjurisdictional trips may require added transfers



CUSTOMER EXPERIENCE

- Lack of unifying branding, mapping and wayfinding makes riding transit challenging
- Lack of reliable real-time information
- Confusing array of independent trip planning tools
- Need for consistent security measures, sufficient lighting, and safe design



FARES

- Inconsistent fares, fare structures, and types of passes across different operators and modes
- Affordability -- including different transfer and discount policies (for youth, low-income, senior, disabled, etc.)
- Fragmented fare payment methods (multiple mobile apps and fare payment methods can be confusing)





PARATRANSIT

- Lack of a regional service provider results in travel uncertainty, forced transfers and longer trips
- Lack of a Clipper option for customers
- No centralized effort to recoup costs from medical providers and Regional Centers serving persons with disabilities
- Fragmented and inconsistent Paratransit Eligibility processes





EFFICIENCY AND EFFECTIVENESS

- Cooperation across multiple operators takes significant staff time and diverts from other efforts
- Reaching agreements across organizations is challenged by absence of a consistent decision-making process
- The absence of infrastructure and policies to provide transit advantages on congested streets and highways increases travel time and reduces reliability.
- Better coordination of data collection would improve information delivery and transit operations
- Sharing expertise and resources to deliver major transit capital projects could improve projects, speed delivery, and reduce costs.



NEXT STEPS: NETWORK MANAGER PROBLEM STATEMENT

January 2021

- Ad Hoc Working Group to draft Network Problem Statement
- Blue Ribbon Task Force Review and Comment at January meeting
- Identify Network Management Evaluation Categories

February 2021

- Approve Network Management Problem Statement
- Ad Hoc Working Group workshop to identify Network Management Concept Alternatives
- Sonoma County Transportation Authority - Service Consolidation and Governance options

March-May 2021

- Consultant Evaluation of Network Management Concept Alternatives
- Task Force selection of recommended Network Management next step actions

Transit Agency Network Coordination

Blue Ribbon Task Force

December 14, 2020



Photo by: Sherry LaVars/Marin Independent Journal

Transformative Action

Schedule and Transfer Coordination

Riders Benefit from Schedule and Transfer Coordination

- Transfers are an essential component of everywhere-to-everywhere transit networks
- Long travel time consistently cited as a reason for not riding transit
- Uncoordinated transfers make trips longer and more onerous
- Improving transfer experience will help attract new riders and improve experience for existing riders

Transformative Action

Schedule and Transfer Coordination

Schedule and Transfer Coordination Challenges

- The best solution is high-frequency service to reduce wait times
- High Frequency Service would require adding service in most corridors. However, doing that is not always possible with limited operating and capital resources
- Lower frequency service (30-60 minutes) must be timed to facilitate transfers
- Facilitating transfers may happen at expense of other connections (e.g. schools, employment centers and other transfer points)
- Vast majority of trips taken by riders are local trips within transit agency service areas

5 Strategies to Improve Schedule & Transfer Coordination

Hold regular coordination meetings for upcoming schedule changes

Establish key regional hubs list and map

Conduct in-depth pilot case studies e.g. El Cerrito Del Norte BART Station (6 operators)

Utilize technology to visualize and better understand connections

Align service sign-up calendars

Schedule and Transfer Coordination Results

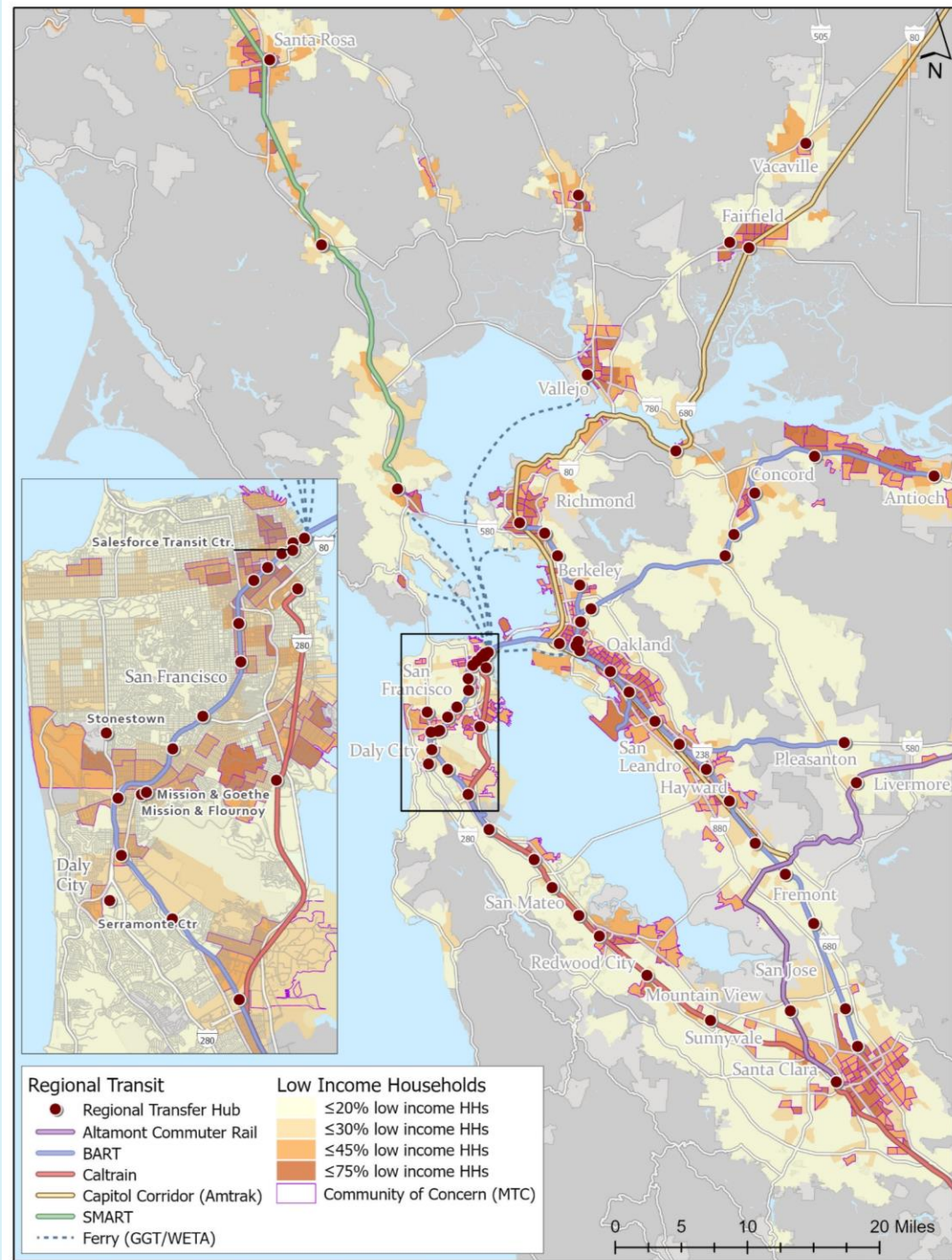
Pandemic Response:

- **SamTrans and Golden Gate Transit** have revised policies with **SFMTA** to allow local riders access to regional routes serving SF.
- **Golden Gate Transit and Marin Transit** coordinated schedules to jointly manage vehicle capacity limits. This allows GGT to focus on regional trips and Marin Transit to focus on local trips.

General Coordination:

- Communication between **BART and feeder transit agencies** in advance of Spring 2021 service adjustments
- Minimized scheduled gaps between **Caltrain and BART** at the Millbrae Station
- Coordinated schedules between **SMART train service and local transit agencies** for their bi-directional morning and evening services

Regional Network Map with Key Transfer Hubs, Low-income Households and Communities of Concern – 66 hubs identified



Support and Engage in MTC Initiatives



Clipper Mobile App

- Use smart phones to manage account and pay fares
- Launch anticipated in 2021



Regional Fare Integration/Coordination Study

- Study kick-off in early 2020
- Identify regional fare coordination and integration strategies



Regional Mapping, Wayfinding & Public Information

- Effort aims to make it easier to navigate and explore the Bay Area using public transit and connecting services
- System concept and business case under development



Bay Wheels

- Stations and bikes are available within San Francisco, the East Bay and San Jose.



Mobility Hub Standards and Pilots

- Design guidelines and implementation strategy for public/private mobility hubs

Transit Agency Recovery

Key Takeaways

- Transit agencies are in the midst of survival mode with no concrete prospects for near-term relief
 - Transit agencies are losing \$85-\$100 million/month in revenue
 - Ridership is down 70%
 - Difficulty meeting needed service levels given physical distancing guidelines
- Equity is a primary factor in service decisions
- Many transit agencies are projecting significant revenue shortfalls in FY 2022
- Despite challenges, agencies are capitalizing on the crisis to improve regional and subregional network coordination and performance
- Also an opportunity to explore improved Paratransit coordination and effectiveness



THANK YOU.

BLUE RIBBON



TRANSIT RECOVERY
TASK FORCE

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Legislation Details (With Text)

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On agenda: 12/14/2020 **Final action:**
Title: Current Regional Initiatives: Bus Transit Priority
Sponsors:
Indexes:
Code sections:
Attachments: [Current Regional Initiatives -- Bus Transit Priority](#)

Date	Ver.	Action By	Action	Result
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Subject:
Current Regional Initiatives: Bus Transit Priority

Presenter:
Steve Kinsey, CivicKnit and Andrew Fremier, MTC Staff

Recommended Action:
Information

Attachments:

BLUE RIBBON



TRANSIT RECOVERY
TASK FORCE

**ACTION PLAN GOAL 4:
CURRENT REGIONAL INITIATIVES
BUS TRANSIT PRIORITY**

Steve Kinsey, CivicKnit
Andrew Fremier, MTC
December 14, 2020

GOAL 4: CURRENT MTC TRANSIT INITIATIVES

Initiative: Regional Transit Priority
Forum: BATA Recovery Ad Hoc Working Group

- Transit Priority in Bridge Corridors



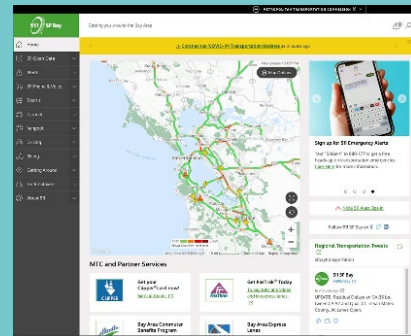
Initiative: Regional Mapping, Wayfinding Project
Forum: MTC Commission

- Wayfinding
- Mapping
- Branding



Initiative: Connectivity and Mobility
Forum: Partnership Board, Clipper Executive Board and other forums

- Data standards and coordination
- Technology platforms
- Mobility in support of transit



Initiative: Transit Fare Coordination
Forum: Fare Integration Task Force

- Fare Coordination Strategies
- Integration Opportunities
- Affordability/ Clipper START
- Fare Payment



GOAL 4: CURRENT INITIATIVES

Goal 4: Establish how current MTC transit initiatives should integrate with Network Management & Governance Reforms

Review the scope, timing and decision process of current MTC transit initiatives and identify specific actions to integrate them with Management & Governance Reforms

Network Management

1. Guideway

a. Rail

b. State facilities

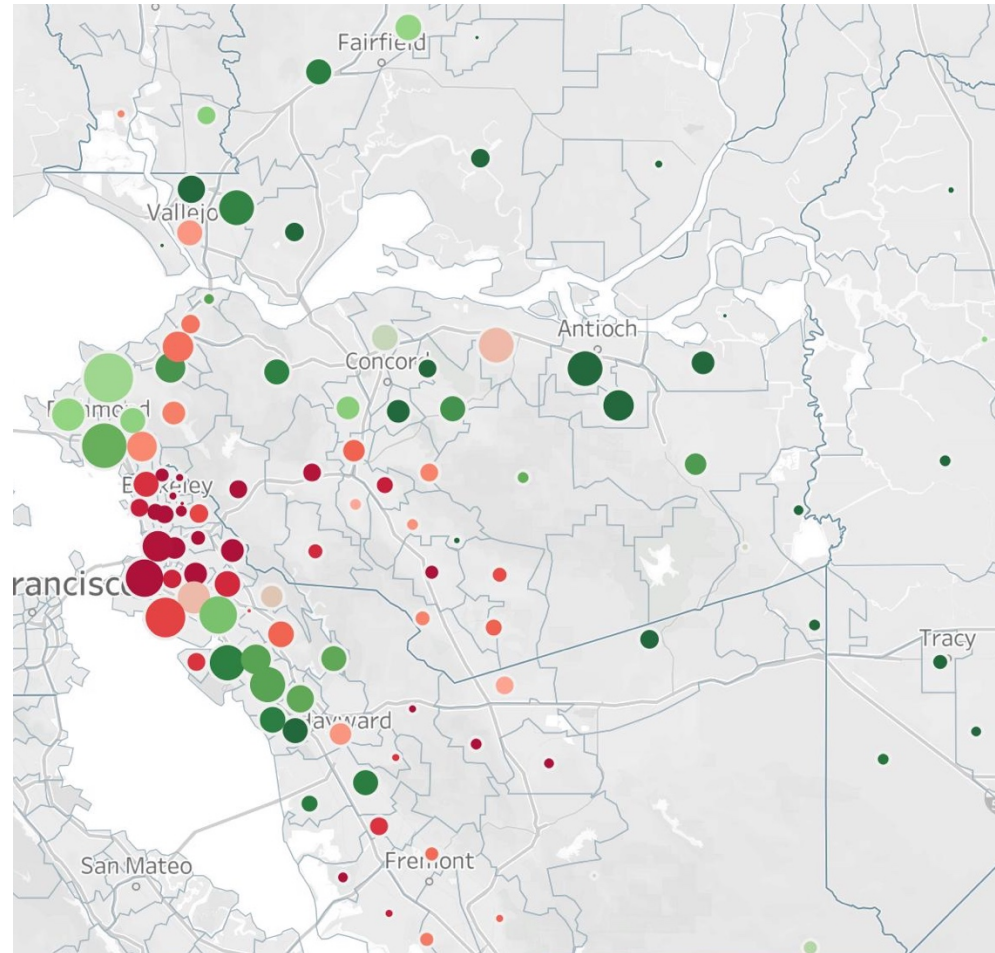
c. Arterials and Local Roads

2. Operating Express Service

BAY BRIDGE TRAFFIC RECOVERED FASTEST FROM LOWER INCOME AREAS

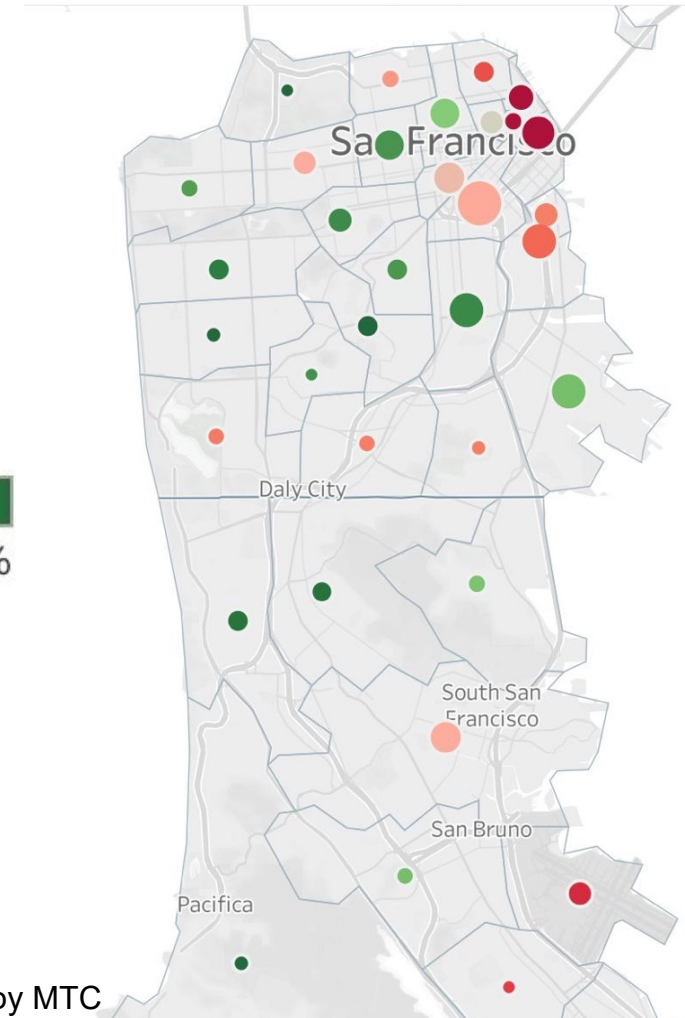
Origins

Largest Decreases From Nearby Higher Income Areas
Increases From Distant Lower Income Areas

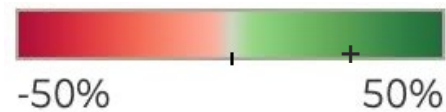


Destinations

Largest Relative Decrease in Trips Destined to SF Financial District & SFO Airport

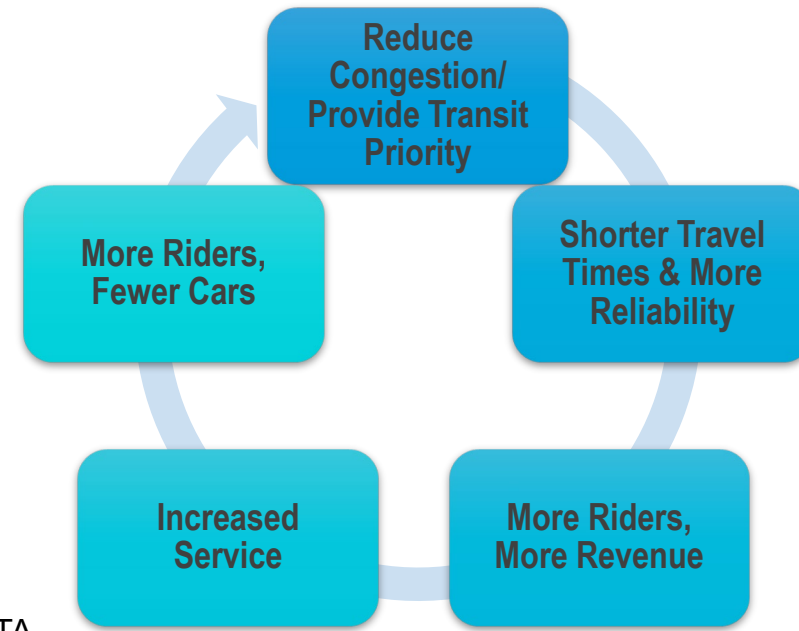
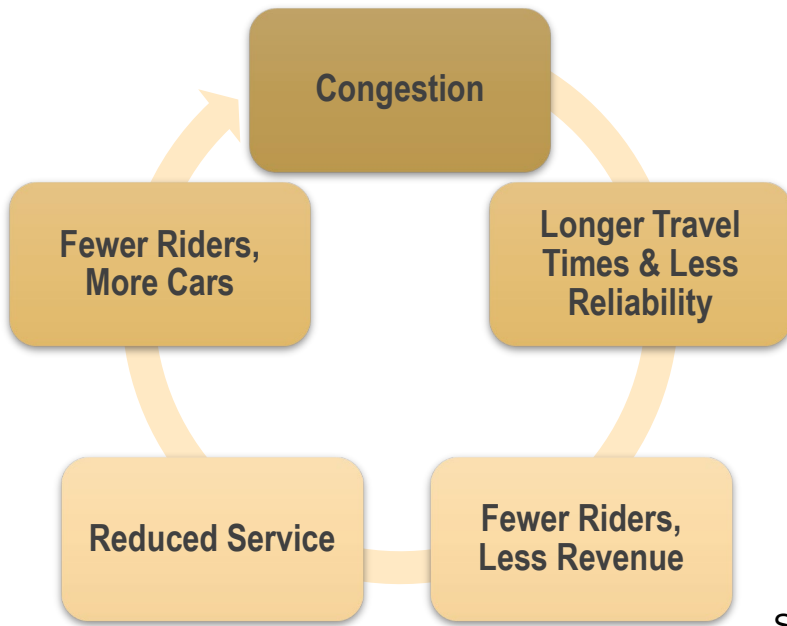


2020 vs 2019
July 1 – Aug 15
Weekday 5–10 AM



Size Proportional to
Trips in 2020

CONGESTION AND TRANSIT: VICIOUS AND VIRTUOUS CYCLES



Source: MTC 2020, VTA, SFMTA



Slowing Routes Require More Buses

Buses needed for 15-minute service on Route 22

1995
15.7 MPH  15 Buses

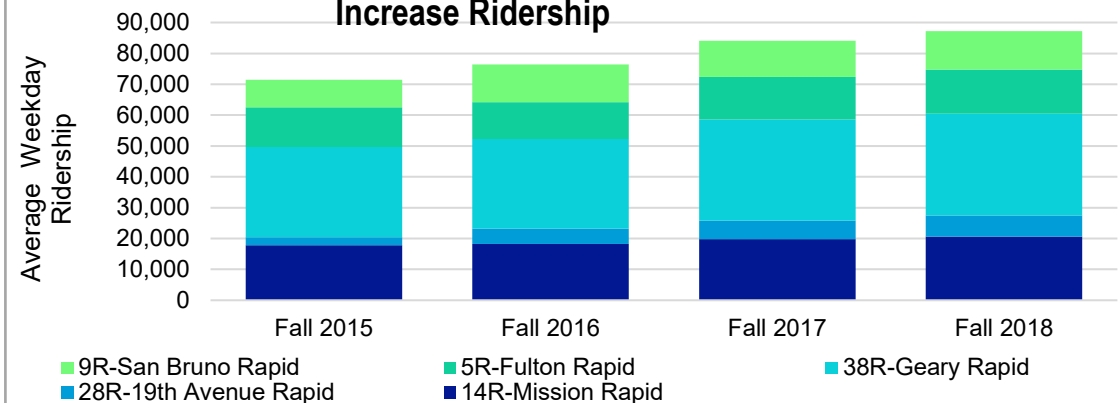
2018
10.3 MPH  22 Buses

20% Reduction in speed
over 30 years →
20% Increase in
operating costs



SFMTA

Transit Sustainability Project: Changes In Transit Speed, Reliability, And Frequency Can Increase Ridership



NEW FORWARD INITIATIVES: FOCUS ON TRANSIT PRIORITY LANES



Convert General Purpose Lane to HOV Lane



**Benefits AC
Transit Lines
B, CB, E, NX,
NX1, NX2, NX3,
NX4, NXC, P, V**



NEW FORWARD INITIATIVES: FOCUS ON TRANSIT PRIORITY LANES



Convert Freeway Shoulder to Bus/HOV Lane



Convert I-80 WB Shoulder to Bus/HOV Lane



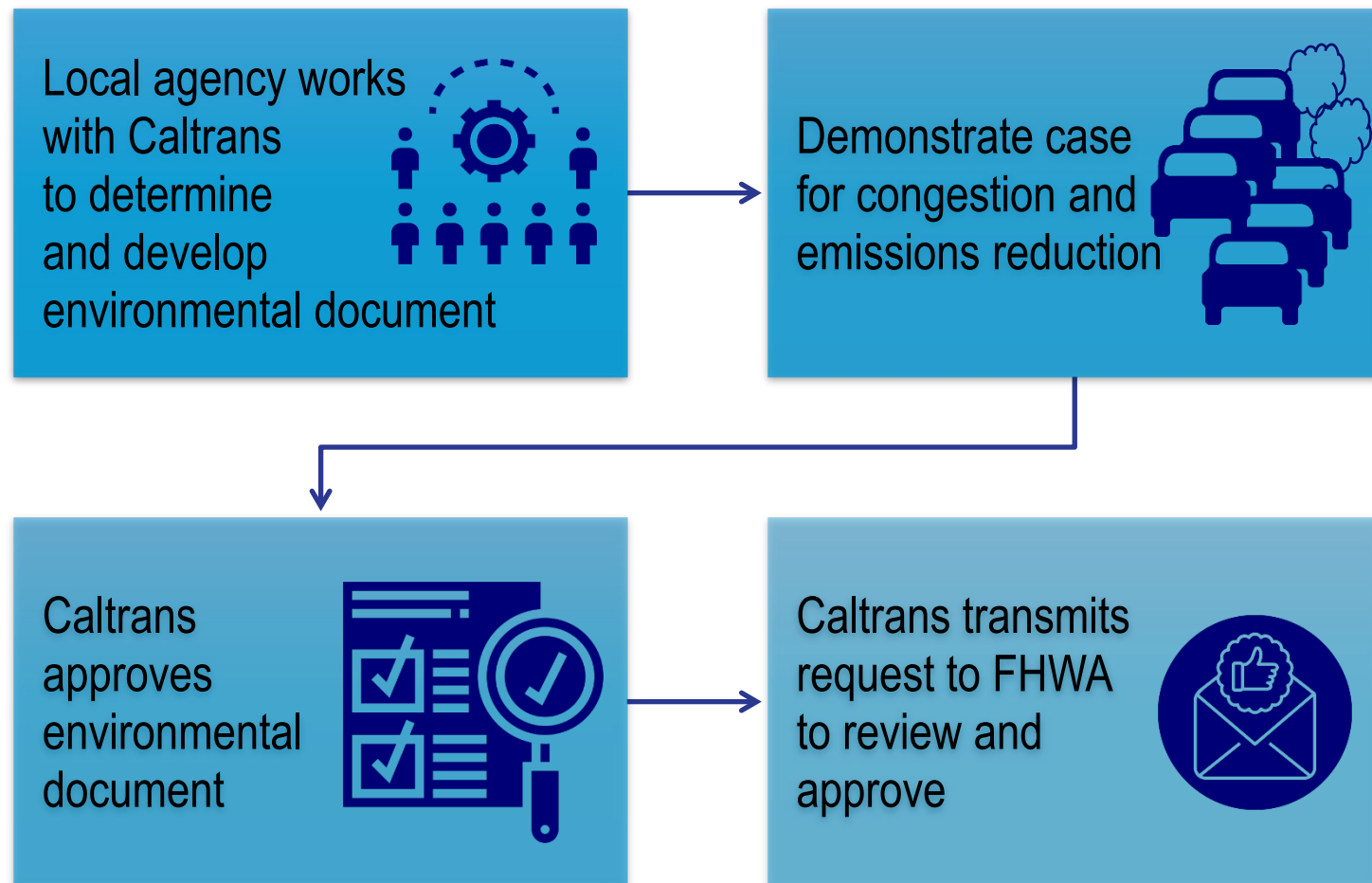
Benefits AC
Transit Lines
C, F, J

FHWA & CALTRANS GENERAL PURPOSE LANES CONVERSION TO HOV LANES

ASK:

*Caltrans to confirm and
commit to approval
process*

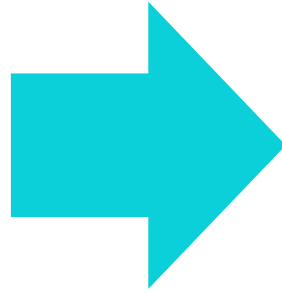
LANE CONVERSION APPROVAL PROCESS



HOW CAN THE BLUE RIBBON TASK FORCE SUPPORT THE DELIVERY OF TRANSIT PRIORITY PROJECTS?

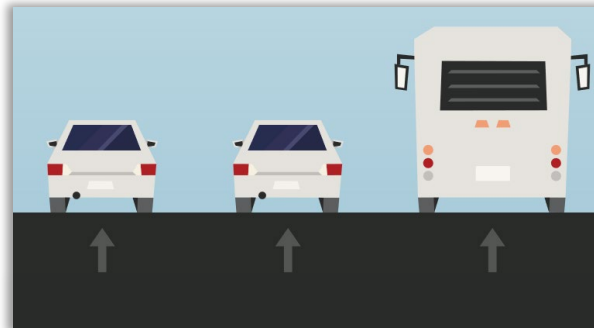
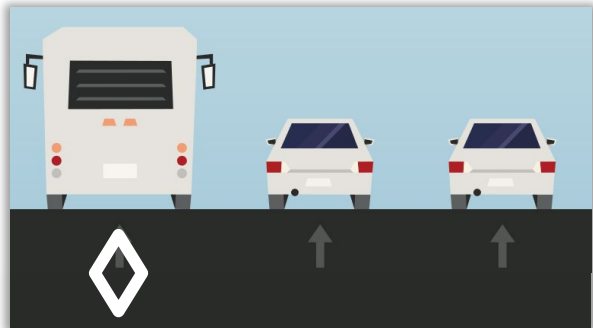
GOAL 4

Review the scope, timing and decision process of current MTC transit initiatives and identify specific actions to integrate them with Management & Governance reforms



Specific Actions to Integrate into Management & Governance Reforms

1. Add a seat at the decision table to include bus operators on matters related to congestion management, road infrastructure, and HOV policies
2. Prioritize funding for bus/HOV projects
3. Confirm and commit to an openness to assessing the benefits/disbenefits of converting general purpose lanes or shoulder lanes to bus/HOV lanes





THANK YOU.

BLUE RIBBON



TRANSIT RECOVERY
TASK FORCE

www.mtc.ca.gov/mtc.ca.gov/blue-ribbon-transit-recovery-task-force

Metropolitan Transportation Commission

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On agenda: 12/14/2020 **Final action:**

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Code sections:

Attachments: [BTRTF Member Randi Kinman Impacts of COVID-19 for people with disabilities.](#)
[Transit Operators Letters 13 DEC 20](#)
[Small Transit Operator Letter 13 Nov 20](#)

Date	Ver.	Action By	Action	Result
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Subject:
 Correspondence Received

Attachments:



Impacts of COVID-19 on access to transportation for people with disabilities

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ARTICLE INFO

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COVID-19
 Pandemic response
 Disability
 Travel behavior
 Health
 Interviews

ABSTRACT

People with disabilities may be particularly vulnerable to the direct health effects of the COVID-19 pandemic as well as the wider impacts of the pandemic response. People with disabilities experience numerous barriers to using transportation to access essential goods, like fresh food, and services, like medical care, that are necessary for maintaining health. The pandemic and the pandemic response threaten to exacerbate persistent health disparities and add to transportation barriers that disadvantage people with disabilities. To better understand difficulties that individuals with disabilities are facing using transportation and meeting their needs during the pandemic, I conducted in-depth interviews with 21 San Francisco Bay Area residents with disabilities between March 20 and April 6, 2020, immediately following adoption of the first shelter-in-place orders in the region. Analyzing these interviews, I find that the pandemic is aggravating many difficulties accessing transportation and other essentials that people with disabilities regularly encounter. These include challenges accessing reliable and safe transportation as well as up-to-date communications about transportation and public health, and difficulties getting needed assistance using transportation and completing activities of daily living ranging from personal care to getting groceries. I recommend that those involved in the pandemic response make a concerted and intentional effort to address barriers to accessing needed transportation, communications, and assistance that people with disabilities are facing during the pandemic, paving the way for a more inclusive pandemic response.

1. Introduction

As many as 1 in 4 American adults report having a disability (Okoro, 2018). There are a number of reasons why people with disabilities may be at higher risk during the pandemic; some are related to the direct health effects of the pandemic and others to consequences of the pandemic response (Boyle et al., 2020; Douglas et al., 2020; Turk and McDermott, 2020). These risks threaten to aggravate existing health disparities that disproportionately disadvantage those with disabilities (Krahn et al., 2015). In this article, I investigate if and how transportation challenges pose harm to individuals with disabilities during the pandemic by preventing them from accessing essential goods and services necessary for maintaining health.

Problems preventing, diagnosing, and treating COVID-19 among people with disabilities increase their vulnerability to the direct health effects of the pandemic. Circumstances associated with disability, including older age, having underlying health problems, experiencing poverty, belonging to minority racial and ethnic groups, and rural living, make this group more vulnerable to adverse health outcomes (Krahn et al., 2015; NCD, 2009a). Presently, such outcomes include

infection with the severe acute respiratory syndrome coronavirus (SARS-CoV-2) and illness from COVID-19. Some people may be at greater risk because of the nature of their disability. For instance, individuals with intellectual disability may find it challenging to understand and perform routine measures to prevent becoming infected with or spreading the virus such as handwashing, physical distancing from others, or self-isolating (Courtenay and Perera, 2020). Other people may not be able to physically distance given their personal care needs (Boyle et al., 2020). Difficulties diagnosing COVID-19 have been reported among people with disability due to spinal cord injury because of screening and triage challenges (Korupolu et al., 2020). Such difficulties can delay diagnosis and care for individuals with disabilities who have contracted COVID-19, posing harm to them and allowing additional time for the virus to spread to others.

People with disabilities are also at greater risk of experiencing negative consequences of pandemic response measures, which may impact their health. These can result from disruption of their support services and of essential services generally, including transportation (Douglas et al., 2020). People with disabilities—particularly individuals without reliable access to a household vehicle and/or who cannot drive—often

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need to rely on other people for help using transportation. This may be as simple as assistance with driving (i.e., asking for or hiring a ride) to as involved as help transferring into/out of a vehicle or securing a wheelchair. Asking for any form of assistance during the pandemic may be dangerous for travelers with disabilities as well as for those providing assistance, since they require relatively close contact. Using transportation is only one part of daily living; people with disabilities may also require assistance with other essential tasks. Some people with disabilities need help shopping because of their disability, for instance, if they cannot pick out or reach specific products. Other people with disabilities require assistance with personal care tasks, like bathing. Assistance may be provided by informal caregivers, including friends or family members, or formal caregivers such as hired attendants.

Though people with disabilities may require more care and support than others, people with disabilities have been shown to have smaller social networks than people without disabilities (Lippold and Burns, 2009). This may compromise their ability to get assistance during and after emergencies (Stough et al., 2017). Being relatively socially isolated and having a disability may also prevent some individuals from accessing important communications during emergency scenarios, including those related to transportation and public health (Matherly and Mobley, 2011). Without access to this information, such individuals may not be able to make informed decisions about traveling and otherwise acting safely, putting them at risk.

In this research, I analyzed in-depth interviews conducted with people with disabilities living in the San Francisco Bay Area to investigate how these individuals were meeting their needs during the COVID-19 pandemic. I found that respondents had more difficulty than usual accessing transportation during the pandemic, and had to rely to a greater extent on caregivers and delivery services to get groceries and medications. Difficulties were especially pronounced among respondents who did not have reliable access to a household vehicle and someone who could drive it. Barriers to accessing transportation as well as other essential goods and services included concerns about health and safety; a lack of awareness of available options (i.e., what transportation services were running); a lack of access to up-to-date transportation and public health communications; and issues getting needed assistance using transportation and shopping. Issues accessing transportation, getting groceries and medications, and concerns about obtaining medical care all posed health risks. Findings of this study shed light on issues with the pandemic response that are likely to exacerbate existing health disparities between people with and without disabilities. They also demonstrate some ways that people with disabilities have found to cope during the pandemic, thus revealing both problem and opportunity areas for those involved in the pandemic response to intervene. I make recommendations for how planners can use this information to reconsider pandemic response strategies and mitigate adverse health consequences for people with disabilities.

2. Background

2.1. Transit and paratransit during the pandemic

The pandemic response has been devastating to the nation's public transportation systems, which are grappling with how to continue providing safe service in the face of unprecedented budget constraints (Badger, 2020). Fare revenue for most systems has been severely diminished by low ridership. Other funding streams for public transportation, including sales taxes, payroll taxes, parking fees, tolls, etc., are dwindling because of low household spending, high unemployment, and low levels of travel. Agencies have been forced to cut services most everywhere, eliminating routes and limiting hours of operation among other actions, including in the transit-rich Bay Area.

While some of these services are being restored as cities relax travel and activity restrictions and employees and riders return (Prado, 2020), transit agencies are not yet operating services at pre-pandemic levels (Castillo, 2020).

Though paratransit services, which must be provided for riders with disabilities who cannot use fixed-route services according to the 1990 Americans with Disabilities Act (ADA), have experienced changes as a result of the pandemic, most agencies have not cut paratransit service even where fixed-route services are not operating. Transit agencies have implemented measures to minimize risk of virus transmission on transit and paratransit services that are still running. These include infrastructural interventions, for instance, installation of in-vehicle barriers between riders and drivers, as well as operational changes, like asking passengers to board buses using the rear doors and to pay using contactless systems. Additionally, transit agencies have changed operations, capping vehicle capacities, for example, to reduce crowding on board and allow for safe distances between drivers and passengers. Paratransit services, which typically provide shared rides in ADA accessible vans, have limited the number of passengers they will transport per trip (McDonough, 2020). Additionally, many paratransit programs have limited rides to essential trips, or destinations such as grocery stores, pharmacies, and medical facilities (Weiner and Armenta, 2020). Many paratransit and transit operators, concerned about the possibility of virus transmission during fare payment, eliminated fares for fixed-route and paratransit services in the early months of the pandemic response. Some, but not all, have since returned to charging fares.

More than 20 operators provide transit services in the Bay Area. Everywhere these services operate, paratransit is also available for eligible riders. As of November 2020, a few paratransit operators in the Bay Area were offering significantly modified services in response to the pandemic and local travel restrictions. For instance, fares were suspended and rides were only being provided to those receiving dialysis and chemotherapy treatments on DART paratransit, which complements Fairfield and Suisun Transit (FAST). Most paratransit services in the region, however, were operating normal service with small changes, like asking riders to wear face coverings.

2.2. The travel behavior of people with disabilities and social exclusion

Traveling during the COVID-19 pandemic may be particularly challenging for people with disabilities who use personal vehicles less and rely on public and shared transportation services more than the rest of the U.S. population (Brumbaugh, 2018; U.S. Department of Transportation, 2003). Using data from the 2017 U.S. National Household Travel Survey, Henly and Brucker (2019) found that having a disability was associated with lower odds of taking trips for shopping and running errands, socializing, or for going to work when controlling for other sociodemographic characteristics. Transportation problems have been shown in other studies to keep people with disabilities from finding and keeping employment (e.g., Loprest and Maag, 2001), and participating in social and community activities (Bascom and Christensen, 2017; Bezyak et al., 2019).

Limited transportation puts people with disabilities at increased risk for experiencing social exclusion, defined as "circumstances where individuals or groups of people are unable to participate in activities or to access goods, services, and opportunities that are available to others as a fundamental part of belonging to society" (Mackett and Thoreau, 2015, p. 3). People with disabilities often express a desire to travel more than they do, particularly to participate in leisure, recreation, and social activities (Mattson et al., 2010; Páez and Farber, 2012; U. S. Department of Transportation, 2003). Social exclusion can contribute to feelings of perceived isolation, which are associated with poor physical and mental health outcomes (Repke and Ipsen, 2020). The COVID-19 pandemic has put increased attention on problems of loneliness and social isolation, particularly among already isolated

groups including older adults and people with disabilities (Berg-Weger and Morley, 2020).

2.3. COVID-19, disability, transportation barriers, and health disparities

While disability, in itself, is not intrinsically linked to risk of becoming infected with the coronavirus and contracting COVID-19, there are a number of reasons why people with disabilities may be at higher risk during the pandemic (Boyle et al., 2020). People with disabilities are generally in poorer health and at greater risk of experiencing adverse health outcomes than the rest of the U.S. population (Krahn et al., 2015; NCD, 2009a). Death and severe illness from COVID-19 are more likely to occur among people with underlying health conditions (CDC, 2020). Prevalence of disability is higher among those over age 65, as well as among people living in poverty and members of minority racial and ethnic groups (Okoro, 2018). People over age 65 are more prone to severe illness from COVID-19, and Latino and African-American residents of the U.S. in all age groups are more likely than white residents to be infected with the coronavirus and to die from COVID-19 (Oppel Jr. et al., 2020). COVID-19 incidence is rising in rural areas where a high proportion of people with disabilities live (Paul et al., 2020), which is likely to increase their risk of becoming infected.

In the first published study examining the relationship between COVID-19 cases and disability characteristics in the U.S., Chakraborty (2020) found that people with disabilities who belong to racial and ethnic minority groups, are experiencing poverty, aged 5–17 years, and female were overrepresented in counties with higher COVID-19 incidence. This highlights the importance of examining the impacts of the pandemic on people with disabilities generally, as well as giving specific attention to sub-groups that may be particularly vulnerable.

Examining data from the National Health Interview Survey, Wolfe et al. (2020) found that transportation barriers to health care, which may result in delayed care or missed appointments, disproportionately impact individuals with disabilities. Others have found that while people with disabilities use health care at a much higher rate than people without disabilities, they also encounter many transportation-related barriers to accessing medical care and are generally more likely than people without disabilities to have inadequate transportation, a recognized social determinant of health (Brucker and Rollins, 2016; Drainoni et al., 2006; Krahn et al., 2015; NCD, 2009a). During the pandemic, these transportation barriers might add to problems diagnosing and treating COVID-19 in patients with disabilities. Transportation barriers might also discourage individuals with disabilities from maintaining their health by seeking normal preventative and non-urgent care, thereby exacerbating existing health disparities. The rurality of disability in the U.S. may intensify difficulties getting medical care among this population, as people with disabilities living in rural areas face more transportation and access-related challenges than their urban counterparts (Iezzoni et al., 2006).

2.4. Communicating with people with disabilities during emergencies

It is critically important that those involved in emergency planning and response are able to effectively communicate with vulnerable populations, including people with disabilities and those with special health-care needs, in times of crisis (Nick et al., 2009). Inaccessible communications have proved problematic in the past for alerting people with disabilities to emergencies and keeping them informed during response periods (Waterstone and Stein, 2006). These issues have been especially pronounced for people who are deaf or hard of hearing and require an interpreter and/or closed captioning, and people who are blind or have low vision and cannot easily read print or otherwise readily access visual information (NCD, 2009b; Waterstone and Stein, 2006). As web-based platforms are utilized more for

disseminating emergency communications, new accessibility issues have arisen, keeping those who are unable to access or use devices and software required to receive these communications from being properly informed (Bricout and Baker, 2010; Wentz et al., 2014).

Matherly and Mobley (2011) identified gaps in communicating about transportation with vulnerable populations, including people with disabilities, in emergency scenarios. They found that many gaps stemmed from a lack of coordinating emergency preparedness, response, and recovery at the local level, where community stakeholders know and understand diverse communities of vulnerable populations in their area. Transportation agencies must be a part of this local effort, and work with existing networks of social service agencies, community-based organizations, faith-based organizations, and non-governmental organizations to reach and effectively communicate with vulnerable populations (Matherly and Mobley, 2011). The authors offered specific strategies and tools for overcoming communication barriers, including a lack of access to or understanding of mainstream media and/or the internet, such as making translation and interpreter services available, disseminating information in a variety of formats and adapted for target audiences, using simple messages, and communicating through alternative as well as mainstream media outlets.

Communicating with people with disabilities may be uniquely difficult during the COVID-19 pandemic given the nature of the emergency and evolving response. Armitage and Nellums (2020) identified three key barriers to including people with disabilities in the pandemic response: (1) inequities in access to public health messaging; (2) measures such as physical distancing and self-isolation potentially disrupting service provision for people who rely on assistance for delivery of food, medication, and personal care; and (3) disproportionate risk of severe disease resulting from coronavirus infection, and issues accessing health care during the pandemic. To address these barriers and avoid widening existing health and risk disparities, these authors called on planners to consider the needs of people with disabilities in their COVID-19 mitigation strategies, and to include individuals with disabilities in planning processes.

In this research, I build on Armitage and Nellums' work by examining how barriers that they identified and others are actually affecting individuals with disabilities during the pandemic. Data from interviews reveal how barriers impacted people differently based on personal characteristics, such as primary disability type, as well as based on factors like household vehicle access. Results highlight the need for researchers and planners to recognize people with disabilities as a heterogeneous population, conduct intra-categorical analyses (e.g., Chakraborty, 2020), and tailor interventions for members of this population accordingly.

3. Research design and methods

3.1. Sampling and interview data collection

Study respondents had previously participated in interviews for related research in the fall of 2019. All were over age 18, self-identified as having a disability, and lived in the San Francisco Bay Area. I recruited respondents for initial interviews using a combination of purposive and snowball sampling techniques. Specifically, I worked with two local organizations that serve people with disabilities, LightHouse for the Blind and Visually Impaired and The Center for Independent Living, to distribute a call for research participants. Individuals who were potentially interested in participating then contacted me, and, if they consented to participate, we scheduled an in-person interview. All initial interviews were conducted in September and October 2019.

After I made contact with potential respondents regarding this follow-up study and they consented to participate, we scheduled a

phone interview. Phone interviews were conducted between March 20 and April 6, immediately after adoption of the first shelter-in-place orders in the Bay Area on March 16, 2020 (Allday, 2020). I used an interview protocol (see Appendix A) approved by the Institutional Review Board at the University of California, Berkeley, to structure the conversation during follow-up interviews. All interviews were audio recorded with respondents' permission. Interviews ranged from approximately 15 to 55 min in length.

The sampling strategy employed in this research was not intended to produce a representative sample. The study sample did capture a relatively diverse group of adults with disabilities in terms of the distribution of certain sociodemographic characteristics, including age, gender, and primary disability type. Detailed information about respondents is included in Table 1. Respondents' median age was 66 years. 8 respondents reported their gender as female; 13 reported their gender as male. Most respondents reported being blind or having low vision as their primary disability type. Almost all respondents reported using some kind of mobility aid when they traveled. 10 respondents were employed either full- or part-time; 11 were not employed. All but one of the respondents were nondriving, though some had been drivers in the past. Two-thirds of respondents (14) had access to a household vehicle, while one-third (7) did not.

3.2. Methodology for analyzing interviews

All 21 interviews conducted for this study were audio recorded and transcribed verbatim. I analyzed the interview transcripts using a modified version of Deterding and Waters' (2018) "flexible coding" approach. This method combines inductive, or data-based, with deductive, literature- and theory-based, strategies for identifying important concepts and themes in interview data. Deterding and Waters suggest flexible coding as an appropriate set of procedures for analyzing large amounts of in-depth interview data solo or in teams, using modern tools like qualitative data analysis (QDA) technology. To code interviews for this research, I built off of the coding scheme developed previously to analyze interviews conducted with respondents in the fall of 2019. Many of the codes remained applicable to follow-up interviews, particularly attributes—codes representing high-level data descriptors that guided the research design such as "Disability type" and "[Respondent] Age." Attributes are the top level of a hierarchical, phased coding scheme used in the flexible coding approach. Index codes—codes marking answers to questions in the interview protocol

—were applied to the data after attributes. For instance, answers to the question, "What kinds of unique challenges do you think people with disabilities are facing regarding transportation and travel in wake of the COVID-19 outbreak?" were coded with, "Index COVID Challenges." Finally, analytic codes were assigned to the transcripts. These represented fine-grained concepts that were particularly useful for understanding key themes in the data (e.g., "Assistance"). I coded all transcripts in Dedoose, a web application developed to facilitate team-based, mixed methods research.

To explore if and how people with disabilities were using transportation and meeting their needs during the pandemic, I analyzed the occurrence and co-occurrence of codes. For instance, to identify difficulties that respondents and other people with disabilities were facing using transportation and accessing the essentials, I could examine all excerpts assigned the index code, "Index COVID Challenges." To better understand these challenges, for example, by investigating whether they were arising from respondents' use of particular services, I could look at excerpts in which "Index COVID Challenges" co-occurred with codes such as "Bus" or "Paratransit." If I wanted to analyze how these challenges were related to feelings of dependence among respondents, for example, I could look at instances where "Dependence" co-occurred with "Index COVID Challenges." Fig. 1 illustrates the coding process using an example transcript and excerpts.

4. Findings

I organize findings by describing barriers and facilitators to people with disabilities meeting their needs during the pandemic in three areas that deserve special attention from those involved in the pandemic response: transportation, communications, and assistance.

4.1. Transportation issues

4.1.1. Health and safety concerns posed barriers to using public and shared services

When asked what was challenging about using transportation during the pandemic, a man in his fifties who is blind reported that a "lack of transportation options" and "reluctance to use them" [R13] were keeping him from doing things that he would normally do readily, like using app-based ridehailing (e.g., Uber/Lyft) to travel to get groceries or go to a medical appointment. He and other respondents worried about being infected with the virus by coming in close contact with

Table 1
Detailed demographics of interview respondents (N = 21).

Respondent ID	Age	Gender	Disability type	Mobility aid	Employment status	Household vehicle
R01	29	Female	Blind or Low vision	Dog assistance	Employed part-time	Yes
R02	72	Female	Blind or Low vision	White cane	Not employed	No
R03	35	Male	Blind or Low vision	White cane	Employed part-time	Yes
R04	51	Female	Blind or Low vision	Dog assistance	Employed full-time	Yes
R05	47	Male	Blind or Low vision	White cane	Employed full-time	Yes
R06	75	Male	Blind or Low vision	White cane	Not employed	Yes
R07	73	Male	Blind or Low vision	White cane	Not employed	No
R08	64	Female	Blind or Low vision	White cane	Not employed	Yes
R09	94	Female	Blind or Low vision	Support cane	Not employed	Yes
R10	66	Female	Blind or Low vision	Dog assistance	Employed part-time	No
R11	69	Male	Blind or Low vision	White cane	Not employed	Yes
R12	78	Male	Blind or Low vision	White cane	Not employed	No
R13	51	Male	Blind or Low vision	White cane	Employed full-time	No
R14	72	Male	Deaf/Hard of hearing	Support cane	Not employed	No
R15	47	Female	Mobility disability	Motorized wheelchair	Employed full-time	Yes
R16	79	Male	Mobility disability	Walker	Not employed	Yes
R17	86	Male	Multiple disabilities	Walker	Employed part-time	Yes
R18	53	Male	Multiple disabilities	Dog assistance	Employed full-time	No
R19	59	Female	Multiple disabilities	Manual wheelchair	Not employed	Yes
R20	32	Male	Multiple disabilities	Motorized wheelchair	Employed part-time	Yes
R21	74	Male	Chronic illness	None	Not employed	Yes

people in transit, including drivers and passengers. Several also worried about the cleanliness of transportation facilities and vehicles, for they were afraid that the virus could be transmitted via surfaces. This was particularly troubling for respondents who are blind or have low vision and rely heavily on touch for navigating and using transportation. A woman in her twenties who is blind explained that without sight, “You have to touch something in order to know what it is or where it is” [R01]. She feared that touching door handles, handrails, ticket machines, and other surfaces that she usually does while taking transit or using ridehailing would put her at risk.

A man in his seventies who is blind summarized a number of concerns echoed by other respondents who did not have access to a household vehicle and driver,

“I think that all the problems that everyone are having are probably magnified somewhat with disability, because, I mean, if I really had to go someplace right now, and I didn't want to use Lyft or Uber, and I'm a little nervous about the bus and BART—I'm stuck. Now, even to the extent that if I didn't feel well and thought I needed to go to the doctor, Boy, I'd have to take my chances and probably go with a ride[hailing] service and hope that I'd get one! And it would be tricky because ... if I were ill, I'm getting in somebody's car and I'm ill ... and they might be ill! I think the disability piece makes that harder. For instance, a lot of my friends are not going to hop on their bike, or they don't have a car. And if they're not using public transit ... there aren't that many alternatives.” [R07]

Other respondents who were regular transit users were disturbed by some of the pandemic response strategies that were simply not accommodating of particular riders with disabilities. A woman in her forties who uses a motorized wheelchair explained that she has a “hesitation” to use transit that she does not normally have because of concerns about the pandemic and response strategies. She explained,

“One of the things about the way that transit is responding [to the pandemic] is the move to rear-door boarding, to help people stay distanced and separate. And, the fact is, for somebody like me [using a motorized wheelchair] on a bus or for anybody using paratransit, you can't be distanced from the driver; it's just not an option.” [R15]

Because using a bus or paratransit meant needing to enter through doors with ramps (typically front doors) and requiring a driver to be in close contact to secure her motorized wheelchair, this respondent felt that her and other people who require such accommodations were at an increased risk using these services.

4.1.2. Respondents encountered additional transportation barriers to seeking medical care

Several respondents felt they would be exposing themselves to risk of infection using any public or shared service. This caused some respondents to severely limit their use of transportation and abandon

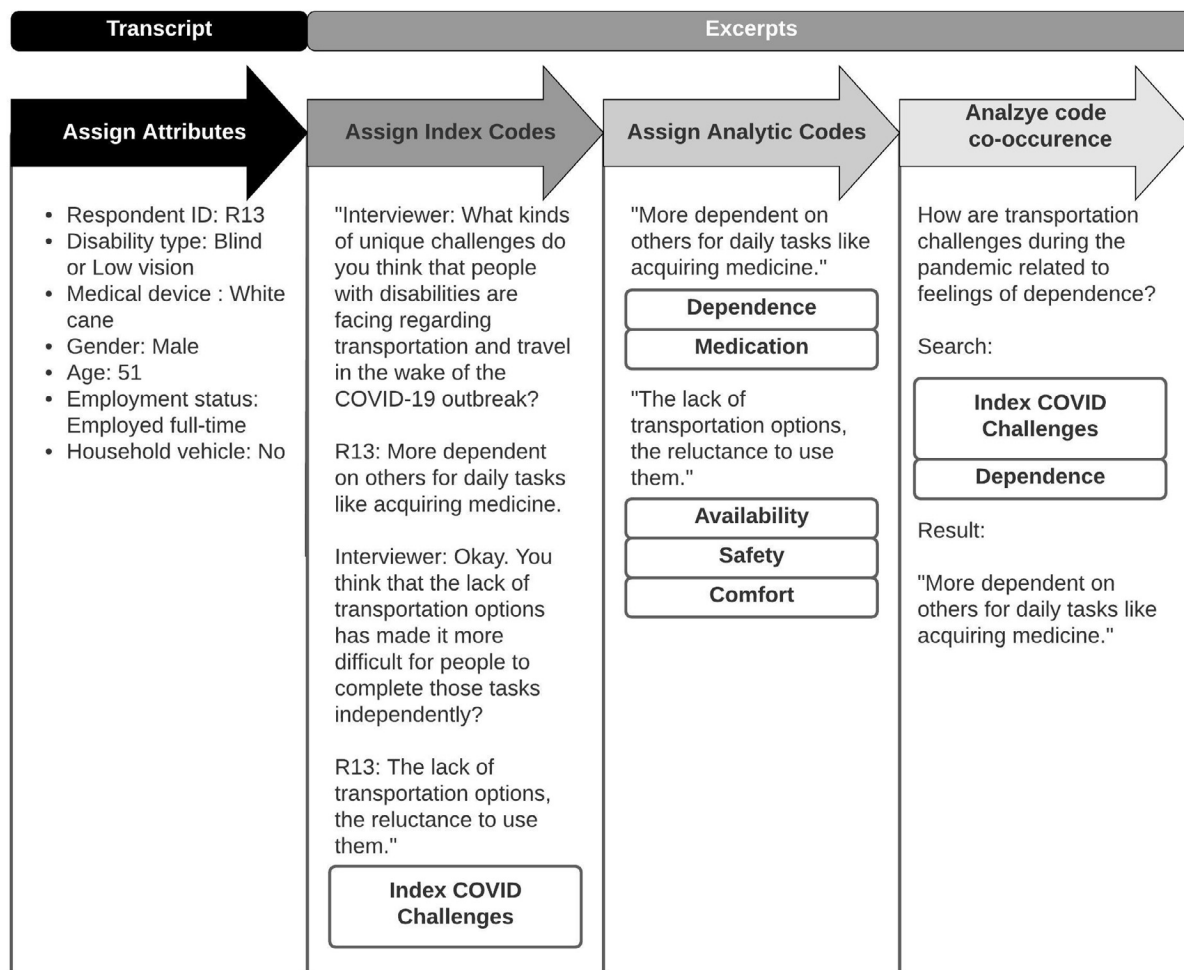


Fig. 1. Diagram illustrating the coding process employed in this research. Index and analytic codes are bolded and enclosed in rectangular borders. Adjacent codes are co-occurring, or assigned to the same excerpt.

particular activities, including going to the doctor. In a previous interview conducted during the fall of 2019, a woman in her fifties with multiple disabilities reported that she was not driving because of her disabilities. At that time, she was using transit, paratransit, and occasionally ridehailing services to get around. During our follow-up interview in March 2020, she reported that she had regained the ability to drive and had been using her personal vehicle for most trips within 5 miles of her home. Since the beginning of the pandemic, she had only left the house to go to a few nearby doctor's appointments. Had she not been driving, she said,

"I would not have probably gone because I would not have wanted to expose myself to whatever the environment was in whatever mode of public transportation I took, whether that would have been paratransit or a bus or BART. It's not worth the risk." [R19]

Transportation barriers are known to keep people with disabilities from accessing health care (see [Section 2.3](#)). Concerns about becoming infected with the coronavirus while using public and shared transportation services added to these barriers for some respondents. Some transit and paratransit services have changed their operations to try to reduce barriers during the pandemic, for instance by eliminating fares and adopting more intensive vehicle cleaning and disinfecting procedures. For respondents in this study, these changes were not enough to overcome added barriers, suggesting the pandemic may exacerbate health disparities by making it riskier and/or more difficult for people with disabilities to seek medical care. It further indicates that nondriving people with disabilities who do not have access to a household vehicle and rely predominantly on public transportation deserve special attention, for they may be at greater risk of delaying or forgoing care.

4.1.3. Respondents felt more dependent on others to get around and access the essentials

Nearly all respondents lamented feeling more dependent on other people to travel and/or get what they needed, even if they had access to a household vehicle and a reliable driver. Results of other studies examining the travel behavior of people with disabilities and older adults suggest that independence and dependence are complex notions ([Schwanen et al., 2012](#)), and often "independence" may not mean doing something entirely on one's own, but instead, doing something on one's own terms. For instance, [Kameswaran et al. \(2018\)](#) found that using ridehailing services positively affected notions of independence among people with visual impairments in India. These individuals felt that being able to use ridehailing reduced their dependence on others to get around even though it required collaborating with a driver.

Independent travel has long been recognized as key to independent living ([Suen and Mitchell, 2000](#)), and independent living situations can be difficult for people with disabilities to achieve and maintain. Furthermore, feeling as though one cannot travel independently can result in discouragement, frustration, and other negative emotions, and contribute to depression, stress, and anxiety in people with disabilities, posing harm to their health ([Crudden, 2018](#)). During the pandemic, when people with disabilities are already at higher risk, feeling more dependent may be especially damaging.

In this study, respondents felt particularly dependent when they needed to rely on informal caregivers, like family and friends, more than usual for transportation. Respondents who lived with people over age 65, including spouses and parents, worried that relying on these individuals for help getting around or shopping put their loved ones at risk. This caused some respondents to feel not only more dependent than usual, but also guilty. One man in his sixties who has low vision recalled a recent trip to the grocery store,

"Thursday morning my partner and I went down to the Safeway for their, sort of, 'Early Bird Specials.' They open the store up at seven o'clock for people over 60, because of COVID-19. And so we went

down and got a bunch of groceries and it was the first time we've been out for some time. Today, upon reflection, we concluded that it may not have been the safest thing to do." [R11]

When asked why not, he explained that "in a place where there are a lot of folks together, i.e. stores, mass transit, etc.," he felt that him and his wife were not safe. "I'm 69, and my wife is 74. It's just not the way we want to be operating in the current climate." He said that they were planning to try ordering groceries online going forward, even though "we don't have a lot of confidence that [delivery services] are necessarily going to work right." He didn't want to ask his wife to continue shopping in person because, he said, "She's very anxious about getting ill."

Barriers that respondents encountered using transportation were, thus, both personal and relational. Respondents worried about using transportation because they were concerned about their own health and safety, but also about the well-being of individuals that help them use these services, including professional drivers and, more so, informal caregivers such as friends and family members. Several respondents limited their transportation use because of their concerns, cutting back even on essential trips, like those to the grocery store or to medical appointments.

4.2. Communications issues

4.2.1. A lack of up-to-date communications made respondents question if and how to travel

Respondents encountered a number of difficulties using transportation and accessing the essentials because they were not aware of whether services or facilities were operating or open. Some also reported problems accessing up-to-date public health communications that might influence their travel decisions. A woman in her forties who uses a motorized wheelchair explained that a challenge for her and, she suspected, others using transportation during the pandemic was initially making decisions about, "Should I be traveling? What is essential?" She continued,

"I think there's been so much mixed messaging for people ... that's the first issue, it's deciding: are you getting the right advice or support? And then it's figuring out what is the best methodology for the trip. People don't know if paratransit is running or not ... so people just have a lot of uncertainty. They're like, 'Can I take this service I normally take? Will this service come and get me?' You know, answers are a little bit different for everyone because all the services are really scrambling to figure out what their answers are and what is safe." [R15]

Several respondents reported that not knowing where and how to access accurate, timely transportation and public health guidance was a problem for them. Respondents were accustomed to taking routine transit trips using services and schedules that they knew. Some used apps like Google Maps for real-time transit information and navigation. They doubted now, first, whether it was advisable to use their usual services or to be traveling at all; second, whether the services were operating in their usual ways; and third, whether their sources for getting transportation information would be updated to reflect any changes.

4.2.2. Some individuals encountered additional challenges because communications were inaccessible or because they did not use certain technologies

Individuals who had less access to certain forms of information because of their disability (for instance, people who are blind or have low vision and cannot read print) and/or less access to and knowledge of how to use communications technologies such as smartphones encountered additional challenges. A man in his thirties who is blind remarked with frustration that accessing up-to-date information about

the state of COVID-19 where he lived was difficult because digital media outlets were not providing alternative text explaining information contained in charts and graphs [R03]. So, although he is very skilled at using screen readers and otherwise technologically savvy, he was unable to access up-to-date information about the virus and felt that this left him unable to judge the risk of traveling or participating in certain activities. When alternative text was provided, he said, it tended not to be particularly detailed. He suspected this was because the information was changing rapidly, but that it was nevertheless a problem that needed to be addressed.

Another respondent expressed worry that people with disabilities would suffer because they are already less connected and harder to reach. She explained,

“I think that it’s a big issue ... how connected a person [with a disability] is. Not only is their lack of transportation access a problem, but how are they able to access information and know how to behave, or not, to protect themselves and the community?” [R19]

She echoed other respondents’ comments that being able to use technology, assistive or otherwise, is extremely important for people with disabilities when it comes to staying connected and informed. When individuals are unable to access or use technology, she said, “for whatever reason, whether it’s, they are physically not able to, they don’t have the financial means, they’re cognitively not able to ... then they’re isolated.” She worried that being relatively isolated would leave some people unaware of how to meet their needs during the pandemic if their usual services were disrupted and unsure of how to act in accordance with public health guidelines.

4.2.3. Paratransit operators kept riders informed through established communication channels

Several respondents who used paratransit regularly reported that they were informed about service changes when they called to schedule a ride. Using paratransit typically requires scheduling a trip at least 24 hours in advance. This reservation system makes it such that paratransit agencies communicate to a greater extent and more directly with their riders than do other transit agencies. While such a system has its disadvantages (i.e., it poses a barrier to spontaneous travel), it did seem to be advantageous for disseminating updated transportation information to riders during the pandemic. In accordance with best practices described in Section 2.4, those involved in the pandemic response could leverage established avenues for communicating with some people with disabilities, such as paratransit reservation lines, to impart relevant messages. These might include communications about transportation system changes as well as public health updates.

4.3. Assistance issues

4.3.1. Respondents worried about getting needed assistance and asking too much of others

Just as respondents were concerned about getting the information they needed to stay safe and healthy during the pandemic, several were also concerned about getting required assistance with tasks of daily living ranging from personal care to grocery shopping. Respondents who are blind or have low vision may rely on assistance from sighted people for help with navigation, or to pick out particular items while shopping. This assistance is usually provided using sighted guide, a technique in which a person who is blind or has low vision follows an individual that is guiding them by holding their arm. Sighted guide, and other strategies that some individuals who are blind or have low vision depend on, are difficult to perform from a distance. As one man in his sixties who has low vision bemoaned of getting help from store employees, “I had the luxury, from today’s perspective, of being able to be close to people in physical proximity, without concern. That’s no longer the case” [R11]. As a result, he

didn’t feel comfortable shopping independently anymore. A woman in her sixties who is blind described some challenges that she had encountered recently getting assistance,

“I think people are a lot more reticent to help me because they have to come up and be near me, and I have to take their arm. So at one supermarket [store employees] were very skittish about giving me an assistant, whereas at another one, they were just normal. Also, I’ve had a volunteer who has walked with me once a week or so for the last couple of months, and I haven’t heard anything from him ... so I’m not sure whether that’s because he’s away from the community, or he just assumes that it’s not going to happen, or whether he wouldn’t want to get near me.” [R08]

Other respondents reported that they were much more concerned about receiving continued assistance from strangers and store employees during the pandemic than from family, friends, and neighbors. However, some did not feel comfortable asking too much of their informal supporters. One woman in her fifties who has multiple disabilities described having set up a kind of “rotation” [R19], in which she asked certain friends for help some number of weeks apart so that she could continue to get needed assistance with shopping and delivery, but, hopefully, wouldn’t burden any one friend too much.

Some respondents who used at-home formal caregiving services were having difficulty navigating concerns about their own health and safety, as well as caregivers’ concerns during the pandemic. One woman in her forties who requires daily help with personal care explained,

“There are a lot of decisions I feel like I have to make right now. Like, you know, somebody who has childcare, they can say, ‘Oh, don’t come. I’m going to take care of my kids.’ I can’t tell my caregivers, ‘Don’t come.’” [R15]

So she said that she was working on continuing care with a few trusted personal attendants who had agreed to keep working and to taking precautions to avoid getting or spreading the virus.

4.3.2. Respondents were turning to delivery services, but had mixed experiences using them

Several respondents were using delivery services to get essential goods, like groceries and medications. They hoped that using these services would reduce their own risk of infection, as well as risk that family and friends who normally help them with transportation and shopping might incur. Some respondents, however, were having trouble. A man in his seventies who is blind described a recent experience,

“I’m using a delivery service for groceries, which is very interesting because I called Saturday with a grocery order and they said, ‘Okay, it will be delivered Friday.’ Meaning, this coming Friday! A whole week! That’s because they’re completely in demand. And so that’s the best I could do schedule-wise.” [R07]

Similarly, a man in his fifties who is blind and had used grocery delivery services without any problems in the past reported that lately his attempts to use them were “unsuccessful” [R13]. While he was able to select grocery items online and put them in his virtual cart, he said that there were no delivery times available when he tried to check out, so he was unable to ultimately place an order. He was relying on friends more than usual to get groceries and medications. He said that he intended to try alternative grocery and meal delivery options looking ahead.

Another respondent, a woman in her sixties who has low vision and had used grocery delivery services in the past, said that she had not used them recently. Although she recognized that they could be particularly useful during the pandemic, she explained,

“The minimum order for most [grocery delivery services] is \$35. I don’t have a lot of storage space, and they don’t seem to understand

the older disabled client who lives in a small space and does not have a pantry closet.” [R10]

A myriad of personal circumstances influenced respondents’ decisions to use delivery services or not. Some individuals who had access to household vehicles and drivers were less inclined to use them because they felt they didn’t need to and perceived them to be unreliable. Other individuals used delivery services because they considered them to be better options than alternatives, like asking friends or family members for help; however, some were dissatisfied with the present quality of the services. A few respondents did not use them because of concerns about affordability or other practical matters, like storage space. Interestingly, several respondents in this study said that they used delivery services for their prescription medications but did not use grocery delivery options, suggesting barriers and facilitators to using delivery were unique to certain services.

5. Limitations and strengths

The research design employed in this study was not intended to produce a sample that was representative of any larger population of people with disabilities. The study sample includes notably high representation of individuals who reported being blind or having low vision as their primary disability type. This can be attributed to the study’s sampling strategy, as many respondents were initially recruited to participate through Lighthouse for the Blind and Visually Impaired. All respondents were residents of urban areas, whereas people with disabilities in the U.S. tend to live disproportionately in rural areas. Furthermore, all respondents were living independently in the community rather than in group homes or other congregate settings. As discussed in Section 3.1, respondents represented a subset of participants recruited for a study conducted in the fall of 2019. Additional individuals were not recruited specifically for this research because of time and resource constraints. While this may have limited the sample somewhat, it was an advantageous approach for gathering respondents’ perspectives at a critical and particularly uncertain time in the pandemic response, immediately following the adoption of the first shelter-in-place orders in the Bay Area.

Considering the sample is not representative and that transportation and public health conditions differ across geographies and are constantly evolving, it is not known how or whether the views that respondents expressed in this study capture those of individuals with disabilities more generally. This study’s findings are nevertheless valuable, as they point to a number of ways in which the pandemic and response measures have affected if and how some people with disabilities have been able to access essential goods and services and maintain their health. They thus reveal avenues for intervention to make the pandemic response more accommodating to, and inclusive of individuals with disabilities.

6. Conclusions and recommendations

Findings from this study suggest that the pandemic is exacerbating many difficulties accessing transportation, as well as other essential goods and services that people with disabilities always face. These include challenges accessing reliable and safe transportation as well as up-to-date communications about transportation and public health, and difficulties getting needed assistance using transportation and completing activities of daily living. The pandemic response has made individuals with disabilities, particularly those without access to a household vehicle, worry that they have few options to get around and obtain what they need. Safety and health concerns kept many individuals from using transportation—even services that they believed were still operating, and even to perform essential activities like going to the doctor. Limiting travel poses a health risk to people with disabilities who are already more prone to transportation-related social

exclusion and associated health risks, like feelings of perceived social isolation and delaying health care.

While more travel should not necessarily be encouraged during the pandemic, transportation professionals should consider how they could mitigate wider health consequences of COVID-19 among people with disabilities. One way might be to provide members of this group with new, safe, accessible service options to make essential trips on demand. Transit agencies could accomplish this by partnering with on-demand service providers, like taxi and ridehailing companies. The San Francisco Municipal Transportation Agency leveraged such a partnership with Flywheel Taxi to develop the Essential Trip Card (ETC) program for San Francisco residents who have a disability and residents age 65 and older. The ETC program launched in April, and as of mid-July, over 15 hundred individuals had been approved for an ETC card and more than 5 thousand subsidized trips had been taken through the program (Graf, 2020). Other cities should explore developing and implementing similar initiatives.

People must be aware of the transportation options available to them before they can make a trip. A lack of up-to-date communications about transportation and public health kept some respondents in this study from feeling comfortable venturing out, even for essential trips. Others received updated information through established communication channels such as paratransit ride reservation lines. Those involved in the pandemic response must make a purposeful effort to ensure communications shared through established and new channels reach and are accessible to individuals with disabilities during this time of crisis. Public agencies and others who are in communication with vulnerable groups during the pandemic should work together to ensure that important health- and transportation-related messaging is available to members of such groups, and is provided in a timely manner and in a variety of formats (Matherly and Mobley, 2011; Nick et al., 2009). Planners could coordinate these integrated communications efforts and reach out to entities that they may not normally work with, like medical providers, to do so. Though some individuals with disabilities may be seeking medical care less than usual during the pandemic, many people must still get needed treatments and care. Innovative communications interventions could involve disseminating medical information as well as public health and transportation updates at points of care.

Because they found it difficult to use transportation and shop independently like they normally would during the pandemic, respondents in this study were relying on help from external supports, including formal and informal caregivers as well as delivery services, to get what they needed. Findings of this study agree with other works suggesting that people with disabilities may need to rely more than usual on their care networks and social support systems during emergencies; if these networks are disrupted, overwhelmed, or otherwise diminished, individuals with disabilities are at risk of having their needs go unmet (Stough et al., 2017). Those working on the pandemic response should consider creative ways to help people with disabilities access the essentials during the pandemic without having to rely on potentially vulnerable support systems. This might require identifying and monitoring individuals who are at particularly high risk (e.g., older adults with disabilities living alone), and offering them assistance and services directly.

The COVID-19 pandemic poses unique health risks as well as transportation and access challenges to people with disabilities. This population is not homogenous; results of this study and others, like Chakraborty (2020), highlight how challenges and risks differ based on individuals’ personal characteristics and other factors. Future investigations focused on understanding how the pandemic and response measures are impacting people with disabilities must examine how impacts vary between sub-groups based on disability type and other sociodemographic characteristics (e.g., Rosenblum et al., 2020), as well as across living situations and geographies. Ensuring people with disabilities are included in the pandemic response requires, first,

conducting such research to understand problems, and then crafting innovative, tailored solutions for improving access to the essentials among this population now and looking ahead. People living with disabilities themselves must participate in these research and response efforts, ideally in leadership roles (Simon et al., 2013). In the very near term, work is needed documenting the development, and more importantly, implementation of programs and strategies intended to improve access to transportation, up-to-date communications, and other essentials for people with disabilities to evaluate their local effectiveness and potential broader applications.

7. Author's statement

Abigail L. Cochran: Conceived, researched, wrote, and edited the entire article.

8. Funding statement

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

9. Competing interests statement

The author has no competing interests to declare.

CRedit authorship contribution statement

Abigail L. Cochran: Conceptualization, Investigation, Writing - original draft, Writing - review & editing.

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Appendix A. Interview protocol

1. Introduction

Hello, my name is Abigail Cochran. I am contacting you per our previous arrangement to follow up on our previous interview, and to ask you some more questions about your day-to-day travel experiences and attitudes towards transportation. I am particularly interested in whether and how your behavior and attitudes have changed since mid-February 2020, following the COVID-19 outbreak.

Before we begin the interview I would like to confirm that you have reviewed the consent form that I sent previously. Do you have any questions? If you're comfortable with it, I will record our conversation for the purpose of accuracy. The recording will not be shared with anyone outside of our trained research team, and will be stored securely. Furthermore, I will destroy the recording once I am able to transcribe it. Sensitive personal identifying information described during the interview, including your name, will be kept as confidential as possible barring your agreement of release. Is this okay with you? I expect this

follow-up interview will take between 15 and 45 min of your time. Know if you are uncomfortable with a question or continuing at any time, you may stop the conversation or ask to move on to another question. I really appreciate your participation.

2. Preliminary information

Demographics: Age, City of Residence, Employment Status, Disability Status

3. Follow up on a typical day

I'd like to get a sense of how or whether your daily routine has changed in the past month or so. Would you mind walking me through what you did yesterday?

Inquire/note what activities the interviewee engaged in, and how they traveled between activities (if they traveled at all).

How has the way you travel around, generally, changed since mid-February?

Do you feel as though it has become more difficult for you to get around in the past month? Has this made it more difficult for you to do things that you want to do? If so, why?

Inquire here about why – Service changes? Scheduling? Relying on others? Etc.

4. Transportation and Wrap-Up questions

Are you using transit or paratransit at this time? Are you taking taxis? Are you using ridehailing services like Uber and Lyft? Do you believe that your friends are using these services?

a. *Inquire why/why not? about the experience for each service.*

How has practicing self-isolation, if you've done so, affected your day-to-day travel? What about your interactions with others? [If respondent is employed] Have you been able to continue your work by telecommuting?

Do you usually require any assistance with completing tasks of daily living? What about occasional tasks, like shopping? If so, have you been able to get the care or assistance that you need from family, friends, or attendants/caregivers?

What kinds of unique challenges do you think people with disabilities are facing regarding transportation and travel in wake of the COVID-19 outbreak?

What are you most worried about in the realm of transportation when you consider the effects of, and responses to, the COVID-19 outbreak? How do you anticipate day-to-day travel and transportation may change for you in the next year?

Thank you for your time. If I have any follow-up questions or concerns about the information you have provided during this interview, may I contact you for clarification? Thank you, again.

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December 13, 2020

The Honorable Jim Spring, Commissioner
 Metropolitan Transportation Commission
 Bay Area Metro Center
 375 Beale St., Suite 800
 San Francisco, CA 94105-2066

Dear Blue Ribbon Transit Recovery Task Force Chair Spring:

Since the start of the pandemic, transit operators have been collaborating more than ever before to maximize service coordination and operating standards. That work has improved service for the hundreds of thousands of daily riders that continue to depend on the region's transit network. It has also created lasting venues for continued coordination and a path toward the transformational solutions to the challenges that will be discussed at our upcoming Transit Recovery Blue Ribbon Task Force meeting.

As service levels have evolved during this crisis, operators have collaborated to focus on:

- Adjusting service to be more relevant for a rider base that has trended toward lower income, transit dependent, essential workers
- Preserving service despite scarce resources
- Developing protocols that provide consistent rider expectations and experience
- Prioritizing operator and rider safety
- Improving access to services and minimizing gaps

We look forward to sharing some of the great work that has come out of this effort, including:

- Equity-focused service planning and adoption of means-based fare programs
- Region-wide enhanced schedule coordination in advance of planned changes
- Regional transfer hub identification and the El Cerrito del Norte BART pilot to improve hub connections
- Creation of new connections by providing new access for intra-San Francisco travel on regional bus services
- Inter-agency coordination in Marin to manage passenger loads
- Planning for coordinated operator schedule sign-ups to synchronize changes throughout the year

There is more work happening, and it is supplemented by the ongoing pre-pandemic regional efforts that our agencies have been fully participating in from the start to develop strategies for coordinated mapping, wayfinding, fare integration, fare payment, and mobility hub standards. Collectively, this work is orienting the region's transit network toward solutions that directly relate to the challenges that the Task Force will be using to define a Problem Statement.

We understand that the Task Force's work over the next several months will seek to better define that problem and explore overarching solutions to it. At the same time, with an immediate crisis ongoing, there is a very urgent need for operators to develop optimal strategies to prepare the regional network for transit recovery, including how our services can be designed to contribute to overall regional economic recovery. Given this urgency, it is essential that transit operators play a leadership role and not delay in taking steps to make improvements to meet the needs of both local and regional riders. We have already begun to organize ourselves and make sure these improvements evolve toward a roadmap and a business case for longer-term transformational change.

You have our commitment to continue this work and we hope it will be instructive as the Task Force continues to work with us on these critical issues.

Sincerely,



Michael Hursh,
General Manager
Alameda-Contra Costa
Transit District



Diane Feinstein,
Interim Transportation
Manager City of Fairfield



Rachel Ede,
Deputy Director
City of Santa Rosa
Transportation and Public
Works



Lori DaMassa,
Transit Coordinator
City of Vacaville

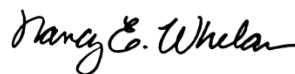
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Michael S. Tree,
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Livermore Amador Valley
Transport Authority



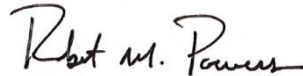
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Jared Hall,
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Petaluma Transit



Robert Powers,
General Manager
San Francisco Bay Area Rapid
Transit District (BART)



Jeffrey Tumlin,
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Transportation Agency



Jim Hartnett, General
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Nuria Fernandez,
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Farhad Mansourian,
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Bryan Albee,
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Jeanne Krieg,
Chief Executive Officer
Tri Delta Transit



Joan Malloy,
City Manager
Union City Transit



Nina Rannells,
Executive Director
Water Emergency
Transportation Authority



Charles Anderson,
General Manager
Western Contra Costa Transit
Authority



December 8, 2020

The Honorable Gavin Newsom
Governor, State of California
State Capitol, Suite 1173
Sacramento, CA 95814

Dear Governor Newsom:

Bay Area transit systems continue to struggle in the face of dramatically reduced ridership and revenues due to the COVID-19 pandemic. This challenge was already the most significant crisis in the history of public transportation, and now it has persisted far longer than any of us would have predicted.

Since the beginning, our workers have been on the front lines, doing their jobs as essential workers, responsible for providing other front line workers with a way to safely travel to and from essential jobs.

Now that the availability of a vaccine is on the horizon, we are proud to echo the attached call from the Amalgamated Transit Union (ATU). Specifically, we urge you to work to ensure that transit, paratransit, and school transportation workers are prioritized along with other essential workers to receive the vaccine following the critical need to vaccinate the State's healthcare workers.

Even with reduced ridership, an average of 8 million monthly riders continue to depend on Bay Area transit services. These riders are the healthcare workers, grocery clerks, caregivers, emergency services personnel and others doing the critical work that has kept California functioning during the pandemic. They cannot continue to do so without access to reliable public transportation, and are therefore dependent on the health of the transit workers that serve them every day.

Our agencies have worked hard to ensure the public health of riders and transit workers during this crisis. We coordinated to develop the Riding Together: Bay Area Healthy Transit Plan, which includes a baseline set of measures aimed at minimizing virus transmission on our systems. Among those measures is the provision of personal protective equipment (PPE) for all workers and a requirement that all riders wear face coverings. Prioritizing transit workers for vaccination as the attached letter suggests would ensure that our State is aided by a fully healthy transit workforce ready to carry a growing number of workers back to their jobs as our communities shelter in place, and then prepare to reopen safely.

Thank you for everything that you and your team have done and are doing to address this crisis, and thank you for considering the need to make sure transit workers are recognized for the daily sacrifices they continue to make on behalf of all of us.

Sincerely,



Michael Hursh,
General Manager
Alameda-Contra Costa
Transit District



Diane Feinstein,
Interim Transportation
Manager City of Fairfield



Rachel Ede,
Deputy Director
City of Santa Rosa
Transportation and Public
Works



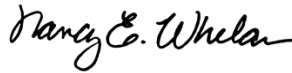
Rick Ramacier,
General Manager
County Connection



Denis Mulligan,
General Manager
Golden Gate Bridge, Highway
and Transportation District



Michael S. Tree,
General Manager
Livermore Amador Valley
Transport Authority



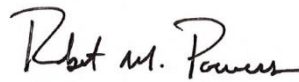
Nancy Whelan,
General Manager
Marin Transit



Kate Miller
Executive Director
Napa Valley Transportation
Authority



Jared Hall,
Transit Manager
Petaluma Transit



Robert Powers,
General Manager
San Francisco Bay Area Rapid
Transit District (BART)



Jeffrey Tumlin,
General Manager
San Francisco Municipal
Transportation Agency



Jim Hartnett, General
Manager/Executive Director
San Mateo County Transit
District/Caltrain



Nuria Fernandez,
General Manager
Santa Clara Valley
Transportation Authority



Beth Kranda,
Executive Director
Solano County Transit



Farhad Mansourian,
General Manager
Sonoma-Marín Area Rail
Transit



Bryan Albee,
Transit Systems Manager
Sonoma County Transit



Jeanne Krieg,
Chief Executive Officer
Tri Delta Transit



Joan Malloy,
City Manager
Union City Transit



Nina Rannel,
Executive Director
Water Emergency
Transportation Authority



Charles Anderson,
General Manager
Western Contra Costa Transit
Authority

Cc: Members, MTC Blue Ribbon Transit Recovery Task Force
David Kim, Secretary, California State Transportation Agency



Amalgamated Transit Union

10000 New Hampshire Avenue, Silver Spring, MD 20903
301-431-7100 Fax 301-431-7117

Office of the International President

November 30, 2020

The Honorable Gavin Newsom
State Capitol
Suite 1173
Sacramento, CA 95814

Dear Governor Newsom:

The recent promising news of multiple quality vaccines for the coronavirus has lifted the spirits of all Americans, including the hundreds of thousands of transportation workers who have been on the front lines working through this very dark period in our nation's history. On behalf of the Amalgamated Transit Union (ATU), the labor organization representing the majority of these brave workers, we urge you to **provide early vaccine access and availability for our members in the transit and school bus industries.**

This week, the Advisory Committee on Immunization Practices (ACIP), which is advising the U.S. Centers for Disease Control and Prevention (CDC) on who should get the first doses of COVID-19 vaccine agreed on initial priorities. The committee generally concurred that healthcare workers should get the first doses of vaccine, while essential workers should be in the second priority group because they often don't have the luxury of working from home and tend to be racially and demographically diverse. **We urge you to follow these guidelines and include transit and school bus workers in the category of essential workers.**

Nationwide, thousands of transit workers have tested positive for the coronavirus, and nearly 100 ATU members have died due to COVID-19. Our members are getting sick at a rate that is much higher than the general population because we are continuously exposed to large crowds of transit-dependent riders at close range, often times without the necessary personal protective equipment (PPE) to keep us safe. In addition, the air flow in transit buses flows from back to front carrying debris, viral particles and other pollution lofted in the air as aerosols and fine particles – an invisible enemy that is killing our members. And as if navigating a massive vehicle through heavy traffic and all sorts of weather conditions while enforcing rules and regulations was not dangerous enough, now our members are serving as the “mask police” during this politically-charged time.

Similarly, since school started up this fall in certain areas, school bus workers have been considered heroes for simply reporting to work each day, and rightfully so. In addition to their normal duties, they must make sure that children are seated far enough apart to avoid the spread of COVID-19. They are also tasked with sanitizing the vehicles, hoping that their employers provide the proper PPE to keep them safe. Even before the pandemic, the school bus industry was

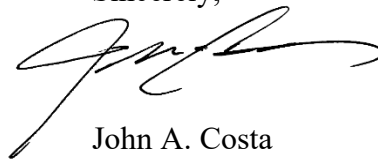
facing a severe driver shortage, and it has only gotten worse in the last year. Many school bus drivers (often older Americans) are just too fearful to return to the job without a vaccine. It takes a minimum of 12 weeks to get a new driver certified with a Commercial Driver License (CDL) and receive training before they can be put behind the wheel of a bus carrying schoolchildren. These factors are causing route cancellations, exposing children to much less safe ways to get to and from school.

In addition, our members and the industries we represent can play a critical role in vaccination logistics. Moving forward, we would welcome the chance to work with your office and local government, and of course transit systems to get masses of people to medical facilities or other staging areas for vaccinations or to transport medical personnel, equipment, and the vaccines to the population at large. But like the healthcare workers who are rightfully first in line because of the role they play in fighting the coronavirus, our members also need priority access and availability. I would also note that our membership is overwhelmingly made up of people who have been disproportionately affected by the virus — especially minorities, lower-income people, and older Americans — an added reason to move them up in line.

Transit and school bus workers are true heroes, and there are safer and easier ways for them to earn about \$15-20 per hour. The least we can do as a nation is to recognize the sacrifices that these workers and their families have made during this health crisis by providing them with early access to the coronavirus vaccine and to make it available to them. It is the right thing to do for the workers and it's in the best interest of the millions of people -- big and small --- who rely on their services.

Thank you for your consideration of our views. I look forward to your response.

Sincerely,



John A. Costa
International President

C: Arturo E. Aguilar, President, California Conference Board
Yvonne M. Williams, PR/BA, ATU Local 192, Oakland, CA
Ralph T. Niz, PR/BA, ATU Local 256, Sacramento, CA
John Courtney, PR/BA, ATU Local 265, San Jose, CA
Al Munoz, PR/BA, ATU Local 1027, Fresno, CA
Albert Garcia, PR/BA, ATU Local 1225, San Francisco, CA
Cesar Buenaventura, PR/BA, ATU Local 1309, San Diego, CA
Jesse Hunt, PR/BA, ATU Local 1555, Oakland, CA
Miguel Navarro Jr., PR/BA, ATU Local 1574, San Mateo, CA
Shane Weinstein, PR/BA, ATU Local 1575, San Rafael, CA

Michelle K Gray, PR/BA, ATU Local 1605, Concord, CA
Joanne Barnes, PR/BA, ATU Local 1704, San Bernardino, CA
Michael Cornelius, Trustee, ATU Local 1756, Arcadia, CA
James Lindsay III, International Vice President
Michael Costa, Transit Manager, City of Elk Grove, e-Tran
Theresa Parmigiani, Fairfield and Suisun Transit, City of Fairfield
Georgia Graham, Transportation Manager, City of Lodi, Transit Division
Ivette Iraheta, Grant Administrator, City of Madera Transit Department
Jared Hall, Transit Division Manager, City of Petaluma, Petaluma Transit
Jason Shykowski, Public Works Director, City of Roseville, Roseville Transit
Darlene Thompson, Finance Director, City of Tulare, Tulare Transit
Angie Dow, Executive Director, Kings County Area Public Transit Agency
George L. Sparks, Administrator, Pomona Valley Transportation Authority
Beth Kranda, Executive Director, Solano County Transit (SolTrans)
Michael Hursh, General Manager, AC Transit (Alameda Contra-Costa Transit District)
Rick Ramacier, General Manager, Central Contra Costa Transit Authority
Gregory Barfield, Director, Department of Transportation/Fresno Area Express (FAX)
Doran J. Barnes, Executive Director Foothill Transit
Denis J. Mulligan, General Manager Golden Gate Bridge, Highway & Transportation District
Kenneth McDonald, President and CEO, Long Beach Transit
Phillip A. Washington, Chief Executive Officer, Los Angeles County Metropolitan Transportation Authority
Carl G. Sedoryk, General Manager/Chief Executive Officer Monterey-Salinas Transit
P. Scott Graham, CEO/General Manager, OMNITRANS
Larry Rubio, Chief Executive Officer, Riverside Transit Agency
Henry Li, General Manager/CEO, Sacramento Regional Transit District
Paul C. Jablonski, Chief Executive Officer, San Diego Metropolitan Transit System (MTS)
Robert Powers, General Manager, San Francisco Bay Area Rapid Transit District (BART)
Gloria G. Salazar, CEO, San Joaquin Regional Transit District
Jim Hartnett, General Manager/Chief Executive Officer, San Mateo County Transit District (SamTrans)
Nuria I. Fernandez, General Manager/CEO, Santa Clara Valley Transportation Authority
Lauren Skiver CEO/General Manager, SunLine Transit Agency
Terry V. Bassett, Executive Director, Yolo County Transportation District
Sam Buenrostro, Superintendent, Corona-Norco Unified School District
Allan J. Mucerino, Superintendent, Alvord Unified School District
Brad Tooker, Superintendent, Dry Creek Joint Elementary School District
Christopher R. Hoffman, Superintendent, Elk Grove Unified School District



November 13, 2020

The Honorable Jim Spering, Commissioner
 Metropolitan Transportation Commission
 Bay Area Metro Center
 375 Beale St., Suite 800
 San Francisco, CA 94105-2066

Dear Commissioner Spering,

Thank you for considering comments on the Transformation Action Plan Goals and Objectives. The smaller transit operators discussed earlier versions of the goals and objectives with Steve Kinsey and we appreciate that many of our comments are reflected in the revised goals and objectives being considered by the Blue Ribbon Transit Recovery Task Force on November 16th. We would like to offer additional comments on the revised version. Our comments are grouped in three broad categories: funding, local engagement, and establishing a clear problem statement(s).

Funding

The region’s transit operators have underscored the need for additional revenues. The immediate need to support transit recovery is acknowledged in the first goal and supporting objectives. The CARES Act revenues are not sufficient to sustain transit services through the pandemic and into economic recovery. As currently framed, the immediate revenue need is not connected to the longer term transformation goal. The need for additional funding to stabilize our operations is a condition precedent for systemic transformation. We cannot achieve meaningful transformation without stability. Similarly, costs and funding must be identified for all elements of Goal 3, “Identify near-term actions to implement beneficial long-term network management and governance reforms.” As presented by MTC staff at the last Task force meeting, the potential for reallocating existing transit funding is extremely limited. The Goals and Objectives should fully acknowledge at the outset that the transformation action plan requires new funding.

Local Engagement

As you know, local elected officials and local transit boards have preeminent oversight of smaller transit agencies. A process for engaging them in discussions about equity, transit connectivity, funding, network management, and governance leading to transit transformation must be developed before work on Goal 2 - Advance equity and Goal 3 – Near-term actions for long-term network management and governance reform, can proceed. A clear understanding of proposed service changes that would both improve the transit rider experience and potentially garner operational efficiencies need to be considered prior to evaluating governance restructuring. Only in that order can the implications of service restructuring, associated costs, consolidation of facilities, reconciling union rules, service contracts, and pension benefits be understood and meaningful changes be achieved.

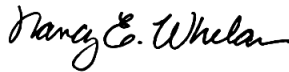
Problem Statement

We believe a clear statement of what issues and problems the proposed network manager would resolve is critical. We support the addition of that objective to Goal 3. Initial discussions have made it abundantly clear that there are a number of problems applying differently to transit modes, system size, and geographic locations.

A new objective C has been added to the revised Goal 3: "Using MTC staff and qualified professionals, identify and support near-term consolidation opportunities focused in smaller transit markets with multiple transit operators to provide a more connected service to the customer, where feasible." The smaller operators are concerned that moving forward with consolidation is premature without fully defining the problem and vetting the implications. Further, this new *consolidation* objective needs to first identify a clear goal and what outcomes are expected. If regional transit funding is used for studying potential transit agency consolidation, the business case for consolidation should be a primary outcome of the feasibility analysis. A clear statement of the problem to be solved will guide and refine any effort to consolidate transit agencies.

Thank you again for considering our comments on the Goals and Objectives for the Transformation Action Plan. We look forward to the Blue Ribbon Task Force discussion on November 16th.

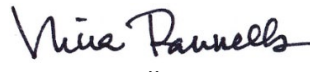
Sincerely,



Nancy Whelan
General Manager
Marin Transit



Kate Miller
Executive Director
Napa Valley
Transportation
Authority



Nina Rannells
Executive Director
Water Emergency
Transportation
Authority



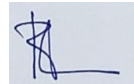
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Rachele Ede
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