



The Center for Disability Empowerment

Providing Resources and Advocacy for Community Living in Central Ohio

**Derek Mortland Testimony – Transportation, Commerce and Workforce Committee
House Bill 195
October 10, 2017**

Dear Members of the Transportation, Commerce and Workforce Committee, I want to thank you for this opportunity to present proponent testimony on House Bill 195.

Although I do not purport to be an official representative for a whole class of citizens, I am one among their numbers with unique insights into this proposed legislation due to the nature of my work. I am the ADA and Community Outreach Coordinator for the Center for Disability Empowerment which I will refer to as CDE through the rest of this testimony. We are a Center for Independent Living serving Franklin and Delaware counties. We provide supports, resources and advocacy for people with disabilities to live independently in the community of their choice. I not only work with people with disabilities, I also train businesses and agencies on their responsibilities under federal civil rights laws, including the Americans with Disabilities Act and Fair Housing Act.

My impetus for testifying is to improve access to transportation for people with disabilities so they can be fully contributing and participating members of their communities. If there are barriers to them doing so, CDE would like to help remove them. I am happy to learn this committee is proposing to remove one of the most daunting of these barriers.

I have been working on transportation issues for CDE for the past two years and have noticed that limited access to transportation has a huge impact on a person's health physically, mentally, socially, and financially. Transportation resources impact where a person lives, works, and when, where, and how they receive medical treatment.

Before going further into the positives that can come from this legislation, let's look at some current data. According to the most recent U.S. Census, 441,338 people in Ohio self-identified as a person with a disability. According to this same data, 30,550 people had difficulty standing or walking and 15,221 people used a mobility aid of some kind such as a wheelchair, scooter or walker. Among this class of persons who use mobility aids and are 16-64, there is only a 28.7% rate of employment and median income of \$20,772.00. Compare this to data that shows a 64.3% rate of employment and \$75,017.00 median income for people 16-64 in the general population.

Because of these disparities, people with disabilities have less opportunity to choose the communities in which they live. This lack of choice and freedom is further hindered by their inability to access affordable and accessible transportation, thus limiting their abilities to access high quality opportunities for employment, personal wellness, social engagement, healthcare and happiness.

I don't believe it takes a doctoral level social scientist to see that if people are segregated into lesser communities it is easier to marginalize them and eventually discriminate against them. The numbers I stated two paragraphs ago highlight the socio-economic disadvantages our population of people with disabilities is challenged with. Beyond this challenge, we as mobility aid users face stigmatization as being medically fragile, further marginalizing our opportunities to be fully contributing and participating members of our communities.

Redefining the medically fragile language in this legislation will do much to improve the transportation resources for myself and others who rely on a wheelchair or other mobility aid. Consider my personal example as we raise awareness that just because someone uses a mobility aid, that does not make them medically fragile.

I broke my back and severed my spinal cord in a motorcycle accident in 1997 and have been paralyzed from the waist down ever since. True, my paralysis imposes limitations I had no idea I would face before my accident, but it has hardly made me medically fragile. In fact, I have done more with my life since my accident than I did in my first 28 years of life without a disability.

I have traveled across this country and parts of Australia to perform and present at conferences and festivals as a musician. I have completed wheelchair marathons in L.A., Detroit, and here in Columbus. I have mentored youth with disabilities in leadership forums and recreational adventures, including snorkeling with manatees in Florida. I have also gained a high degree of proficiency in several martial arts in the past 17 years and trained with masters in Colorado and California.

I am lucky enough to own my own cars as a transportation resource and to adapt them for my disability. However, in the adventures I just described, I have frequently found myself relying on a taxi, airport shuttle, or train to navigate when away from home. Frequently, I will just transfer out of my chair into the front seat of a cab and assist the driver to break down my chair so they can put it in the trunk or back seat.

In applying the current medically fragile language to myself because I use a mobility aid, if I were to use a regular taxi for transportation, wouldn't this form of transportation be required to obtain the same licensure requirements as someone operating a lift equipped vehicle currently defined as an ambulette? I simply ask this question to shine a light on the faulty reasoning in the current licensure requirements for lift equipped vehicles, especially when they are intended for everyday transportation not medical transport.

Now let's say my spinal cord injury was a few levels higher, I could not transfer on my own, and I used a heavier motorized wheelchair. I would not be afforded the same level of independence I now take advantage of, not so much because of my medical fragility, but because there is not an available or readily accessible lift equipped vehicle to accommodate my mobility aid. Unfortunately, as I and my disability age, I may no longer be able to use a lightweight manual wheelchair. If this occurs, it will have a significant impact on my independence based on currently available transportation resources.

I believe HB 195 will create more readily available, affordable, and accessible transportation for people with disabilities. Not only will it benefit these citizens, it will also reduce expenses and obstacles to taxi and transportation companies wanting to purchase lift-equipped accessible vehicles to meet their obligations under 49 CFR parts 37 and 38, the transportation guidelines of the ADA enforced by DOT and DOJ.

I would also see HB 195 providing more customers for retail businesses, a greater recruiting pool for employers, and a larger tax base for the state with the increase in earning and spending potential for citizens with disabilities who may be marginalized.

Thank you for consideration of my testimony and deliberating on this important piece of legislation.

Sincerely,

Derek Mortland
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The Center for Disability Empowerment