

J. Leonard Lovdahl, Handicabs of Milwaukee, Inc.

Amid the swirl of controversy and the divergence of opinion on how to meet the transportation needs of the elderly and the handicapped, I am proud to report that in Milwaukee something positive is being done. Handicabs is operating 30 demand-responsive units. We have maintained good cooperative relations with public bus transit, cab companies, and ambulance agencies.

HISTORY

Like many innovations, Handicabs was created out of personal need. In 1958, my particular problem was finding adequate transportation to medical and work facilities. Three factors created the climate for the formation of our specialized cab service:

1. The advent of the van (the first van type of vehicle, the Volkswagen Microbus, came on the U.S. market in 1957);
2. The development in Milwaukee of a comprehensive freeway system in 1958;
3. The spectacular rise in emphasis on medical services, the proliferation of the nursing home and rehabilitation center, and the expansion of hospital outpatient facilities;
4. Federal, state, county, and city funding through Wisconsin agencies to purchase transportation; and
5. The maturing of public and professional attitudes to embrace the adage, A facility is only as good as the ability of people to get to it.

PRESENT OPERATIONS

The city of Milwaukee (in keeping with the general progressive posture of the state of Wisconsin in services to the disabled) established franchise licenses—not unlike franchises covering regular cabs—to regulate the number of handicap liveries and to control fees charged. Regulations in the revised Milwaukee Code of Ordinances define handicap livery "as a vehicle for hire which shall be driven by the owner or his employee and which is especially suited for the transportation of handicapped persons who by reason of physical or mental infirmity cannot be transported in public mass transportation vehicles or in taxicabs, or who cannot drive their own automobile. This definition shall not be construed to include taxicabs or other public mass transportation vehicles."

The development of the regulation was supported by the cab companies of the area. One cab driver testified, "From my experience of arriving at a home to find a prospective 200-lb passenger living on the second floor of a walk-up flat, I am led to conclude that there is a distinct need for a specialized system to take care of this type of person." Thus, the philosophical approach to our service was from the beginning:

1. Handicabs would seek to provide wheels combined with employees trained in the "art" of handling wheelchair and disabled patients;
2. Handicabs would seek to provide door-through-door service as opposed to normal door-to-door service offered by regular cabs; and
3. Handicabs would seek to provide inconspicuous, low-cost, safe movement of passengers with dignity and ease.

OPERATING RULES

The following rules are applied to the Handicabs operations.

1. An understandable success formula is believed to be as follows:

Number of units in a given area under 1 dispatch system = price charged
+ on-time and lateness factor

Undervedicled or fragmented market (more than 1 company operating) =
greater deadhead factor = higher per person cost

Fewer passengers = greater waiting time = lower driver compensation
(by commission) = greater turnover = inferior service = few vehicles
in given area = substantial operational losses = cessation of existing
service

2. Users must become aware of the type of service offered, what it can do and what it cannot do. The tendency is for agencies and health facilities to expect on-demand service at demand-responsive rates. Users must understand that livery service, offered to a relatively limited market, is dependent on the share-the-ride concept.

3. The commission arrangement with the driver is absolutely necessary to the efficiency and economics of a demand-responsive service. The commission arrangement, serving as driver incentive, affects the rate charged.

4. The operator must keep the turnover rate as low as possible. The success in safety, efficiency, and passenger satisfaction is directly linked to driver retention. It takes 6 months to 1 year for a livery driver to become fully effective. Retention at Handicabs has been gained not by high guaranteed wages but by adequate commissions in a good market plus an excellent fringe benefit program; much of it provided for the employee at no cost.

5. Detailed, accurate dispatch information is critically important. Is the passenger in a wheelchair? Does he or she have a wheelchair or must we provide one? (Each of our units is equipped with a wheelchair with leg extensions.) Is the passenger on the first or second floor? Are there peculiarities to the stairway? Can the passenger ride alone? What is the name of the doctor to whom the passenger is going? What hospital department? What nursing home wing?

6. Correct billing information, including the Medicaid number, the in-force date, and the correct spelling must be obtained on the initial order.

7. Good dispatching is equal with good information gathering.

8. Adequate 2-way radio control is needed. Crowded radio channels make the achievement of the goal difficult. Sharp reporting from the driver gives the dispatcher needed information as to where the units are at any given time. Since much of a livery driver's time is consumed in passenger handling or waiting for passengers, 2-way radio is the dispatcher's only means of knowing what progress the units are making.

9. Drivers must know how to handle a wheelchair and how to assist the ambulatory disabled. Not everyone can do livery work. A driver that stays on usually has amazing patience as well as empathy for the people transported. Expert vehicle handling—easy stops and turns—is also absolutely essential.

USERS' INPUT

As our business has developed, we have come to realize that not only are we serving the health community, but we are indeed part of the health community. To keep necessary contact, Handicabs has developed

1. A nonpaid advisory group of representatives of the health care community,
2. A consultant group from the private agency field to advise on agency matters, and
3. User input aids such as addressed evaluation forms.

RATES

The following rates apply to the work we do in Milwaukee and surrounding areas:

<u>Item</u>	<u>Rate</u>
Minimum for first 30 blocks	\$4.00
Extra for each additional 10 blocks and also to or from second floor	0.55
Minimum for nursing home entries and discharges (exclusive of outpatient work, which has a \$4.00 minimum)	8.00
Minimum for hospital entries and discharges (exclusive of outpatient work)	8.00
Minimum to and from airport and depot	8.00
Hourly waiting time (actual operational cost, prorated 15 cents a minute)	9.00

CONCLUSION

The need for our type of livery service has been proved, and its operational success is demonstrated. In time, I believe every major metropolitan area will have a specialized transit system for the disabled.

My concern as president of Handicabs is that government, in its legislation and funding, will not preclude the private enterprise operator. The profit-making company has much to offer in the area of solving the mobility problems of the elderly and handicapped at low cost.