



Committee: Environment and Transportation

Testimony on: HB0009 Equity in Transportation Sector

Position: Favorable

Hearing Date: February 2, 2023

Medical Student Committee of Chesapeake Physicians for Social Responsibility. Chesapeake Physicians for Social Responsibility (CPSR) is a statewide evidence-based organization of more than 900 physicians and other health professionals and supporters that addresses existential public health threats: nuclear weapons, the climate crisis, and the issues of pollution and toxic effects on health, as seen through the intersectional lens of environmental, social, and racial justice. As an organization founded by physicians, we understand that prevention is far superior to treatment in reducing costs, death, illness, injury and suffering.

We strongly support HB0009, which would ensure that transit equity is considered in the development of all state transportation plans, reports, and goals. Transportation that is designed to help all communities, especially those which have historically had limited access to reliable transportation, can have a profound impact not just from an economic perspective, but also from a health perspective.

This bill's effort to prioritize transit, high-occupancy auto, bicycle, and pedestrian modes of transport over that of personal automobiles would directly save lives of Maryland residents. Personal automobiles are the most deadly form of transport. From 2011 – 2020, almost 95% of transportation deaths in the United States occurred on roads (1). On a per mile basis, personal automobiles have a mortality rate 10 times greater than that of buses (2). Of the 1,260 bicyclists who died in 2020, 806 (64%) died in a motor vehicle collision (3). Thus, reducing car usage in Maryland will not only save lives of people who drive cars, but it also will make other modes of transport safer. This idea is supported by research that has shown that motorists are less likely to collide with someone who is walking or bicycling when there are more people walking or bicycling (4).

Another benefit of increased bicycling and walking in a community is that these activities in themselves can improve a person's health. More time spent walking or bicycling is associated with improvements in symptoms of depression and anxiety, better cardiovascular health, and decreased all-cause mortality (5, 6). Such benefits would also lead to a more equitable Maryland,

since Black and Hispanic Americans are more likely to suffer from mental health and cardiovascular issues compared to their white counterparts (7, 8).

Finally, we support this bill because we believe that transit equity is synonymous with freedom. While working in the University of Maryland primary care clinic downtown, I hear from patients every day who cannot make their appointments due to transportation issues. A more reliable transit system would mean that if someone was having car trouble, they could count on a bus to get them where they need to go. And if a bus was not running, they could still opt to ride their bicycle using infrastructure that made their trip safe and easy. Reliable transit would give our most disadvantaged residents freedom to get to the job they need to support their families, freedom to receive the care they need to stay healthy, and freedom to buy the food they need to live.

Respectfully submitted,

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1. The roadway safety problem. U.S. Department of Transportation. <https://www.transportation.gov/NRSS/SafetyProblem#:~:text=More%20than%20370%2C000%20people%20died,them%20died%20on%20our%20roads.&text=In%202020%2C%20an%20estimated%2038%2C680,estimated%206%2C236%20were%20people%20walking>. Accessed January 31, 2023.
2. Deaths by transportation mode. Injury Facts. <https://injuryfacts.nsc.org/home-and-community/safety-topics/deaths-by-transportation-mode/>. Published April 27, 2022. Accessed January 31, 2023.
3. Bicycle deaths. Injury Facts. <https://injuryfacts.nsc.org/home-and-community/safety-topics/bicycle-deaths/>. Published June 22, 2022. Accessed January 31, 2023.
4. Jacobsen PL. Safety in numbers: More walkers and bicyclists, safer walking and bicycling. *Injury Prevention*. 2015;21(4):271-275. doi:10.1136/ip.9.3.205rep
5. Atkinson M, Weigand L. A Review of Literature: The Mental Health Benefits of Walking and Bicycling. Portland, OR: Portland State University; 2008.
6. Oja P, Titze S, Bauman A, et al. Health benefits of Cycling: A Systematic Review. *Scandinavian Journal of Medicine & Science in Sports*. 2011;21(4):496-509. doi:10.1111/j.1600-0838.2011.01299.x
7. Safran MA, Mays RA, Huang LN, et al. Mental health disparities. *American Journal of Public Health*. 2009;99(11):1962-1966. doi:10.2105/ajph.2009.167346
8. Mensah GA, Mokdad AH, Ford ES, Greenlund KJ, Croft JB. State of disparities in Cardiovascular Health in the United States. *Circulation*. 2005;111(10):1233-1241. doi:10.1161/01.cir.0000158136.76824.04