



Committee: Finance

Testimony on: SB0019 - Equity in Transportation Sector

Position: Support

Hearing Date: February 1, 2023

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.

As a physician living through the global pandemic, our ability to safely and effectively navigate COVID-19 has been severely limited because our response can only be as good as the health and well-being of the least fortunate. The pandemic has put into full focus the healthcare disparities that exist within our country and their far reaching impact. Unfortunately, those who carry a larger societal burden as essential workers are the most economically vulnerable and are more likely to have underlying medical comorbidities that put them at higher risk of poor outcomes related to COVID-19¹.

Respiratory diseases, such as COPD and asthma, confer a much higher risk of mortality and lasting morbidity related to COVID-19. Economically distressed communities are more likely to suffer respiratory diseases, in large part due greater air pollution in their neighborhoods, to which transportation-related emissions from motor vehicles make a significant contribution^{2,3}. Reliable public transportation options in these communities would reduce reliance on motor vehicles, improving the air quality, thus reducing the incidence of respiratory diseases and overall burden on our healthcare system during ongoing and future healthcare crises⁴.

Other forms of inequality are also exacerbated when viable public transportation options are limited. Those in economically vulnerable communities have limited access to healthy foods and stable employment, to which health insurance is often tied. Even those who own motor vehicles in these communities incur the costs associated with purchasing and operating/maintaining their

vehicles (fuel costs, insurance, parking, etc.), often leaving those economically insecure despite ostensibly having a reliable means of transportation.

The interrelatedness of different forms of inequality, to which a lack of transportation options makes a significant contribution, has far reaching impacts on society. Among the most well-established is the implication of extreme inequality in rising crime⁵. A recent comprehensive report from the UN even establishes extreme inequality as a destabilizing influence on democracy⁶.

Large investments in viable public transportation options would create a boon in improved healthcare outcomes and economic mobility for our most historically neglected and at-risk communities. The ripple effects from such an investment would also serve to strengthen our healthcare infrastructure and our democracy by addressing glaring societal inequities.

We **strongly urge favorable action** by the Committee on **SB0019**.

Respectfully submitted,

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1 McCormack G, Avery C, Spitzer AK, Chandra A. Economic Vulnerability of Households With Essential Workers. *JAMA*. 2020;324(4):388–390. doi:10.1001/jama.2020.11366

2 Freid RD, Qi YS, Espinola JA, Cash RE, Aryan Z, Sullivan AF, Camargo CA Jr. Proximity to Major Roads and Risks of Childhood Recurrent Wheeze and Asthma in a Severe Bronchiolitis Cohort. *Int J Environ Res Public Health*. 2021 Apr 15;18(8):4197. doi: 10.3390/ijerph18084197. PMID: 33921001; PMCID: PMC8071463.

3 Achakulwisut, Pattanun, et al. "Global, national, and urban burdens of pediatric asthma incidence attributable to ambient NO₂ pollution: estimates from global datasets." *The Lancet Planetary Health* 3.4 (2019): e166-e178.

4 Chen, Kai, et al. "Air pollution reduction and mortality benefit during the COVID-19 outbreak in China." *The Lancet Planetary Health* 4.6 (2020): e210-e212.

5 Rufrancos, H. & Power, M. Income inequality and crime: A review and explanation of the time-series evidence. *Sociol. Criminol.* 1, 1–9 (2013).

6 “Undesa World Social Report 2020 | DISD.” United Nations, United Nations, <https://www.un.org/development/desa/dspd/world-social-report/2020-2.html>.