Fear of Public Transit Got Ahead of the Evidence

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Many have blamed subways and buses for coronavirus outbreaks, but a growing body of research suggests otherwise.

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The headline of the report read like the title of a 1950s horror film:  
*The Subways Seeded the Massive Coronavirus Epidemic in New York City.* As America’s densest city became the epicenter of a national pandemic in March, New York’s subway system, which carried 5.5 million people on an average workday in 2019, emerged as the villain from central casting. Landing in mid-April, the report, written by an MIT economics professor, concluded that New York’s subway system was “a major disseminator—if not the principal transmission vehicle” in the city’s COVID-19 outbreak.

Ominous articles citing the report created an uproar during the opening weeks of the pandemic. Some elected officials urged Governor Andrew Cuomo to shut down New York’s transit system. Conservative commentators, long skeptical of public transportation, seized on the MIT report as more evidence of transit’s unviability.

In recent months, public-health experts in the United States have urged people to avoid crowds, enclosed spaces, and time spent in close contact with others—each a feature of a normally functioning transit system. The notion that subways themselves were seeding disease interrupted this social contract and also played to long-standing fears of urban spaces. Even during a pandemic, public-transit systems show themselves to be indispensable to the functioning of big cities, transporting essential workers to jobs, while also acting as a major engine of economic stability and equity. As New York and other cities take steps to reopen, transit agencies’ most pressing job, next to managing massive budget shortfalls, will be managing fear while they seek to reclaim the passengers they have lost. High-visibility cleaning and strong health-messaging campaigns, coupled with universal mask wearing, can help reassure passengers that they can return to a safe transit system. But more reassuring still is the lack of evidence that public-transit systems have played a role in COVID-19 transmission—and a growing body of research pointing in the other direction.
Steven Conn: A make-or-break moment for cities

By the time the MIT report appeared, according to the transportation-data company Transit, ridership on bus and rail systems had already dropped by 74 percent in New York, 79 percent in Washington, D.C., 83 percent in Boston, and 87 percent in the Bay Area from pre-pandemic levels. The assumption that transit was accelerating infections stoked public fears and quickly hardened into conventional wisdom. “Subways, trains and buses are sitting empty around the world,” a Washington Post headline intoned in a May headline, adding, “It’s not clear if riders will return.” When the New York Stock Exchange reopened in May, traders were required to avoid public transportation.

Underlying that rule is an assumption of danger that, so far, research has not borne out. A recent study in Paris found that none of 150 identified coronavirus infection clusters from early May to early June originated on the city’s transit systems. A similar study in Austria found that not one of 355 case clusters in April and May was traceable to riding transit. Though these systems, like their American counterparts, were carrying fewer riders at a lower density than before the pandemic, the results suggest a far less sinister role for transit than the MIT report described.

If transit itself were a global super-spreader, then a large outbreak would have been expected in dense Hong Kong, a city of 7.5 million people dependent on a public transportation system that, before the pandemic, was carrying 12.9 million people a day. Ridership there, according to the Post, fell considerably less than in other transit systems around the world. Yet Hong Kong has recorded only about 1,100 COVID-19 cases, one-tenth the number in Kansas, which has fewer than half as many people. Replicating Hong Kong’s success may involve safety measures, such as mask wearing, that are not yet ingrained in the U.S., but the evidence only underscores that the coronavirus can spread outside of transit and dense urban environments—which are not inherently harmful.

Even the MIT report didn’t trace any individual coronavirus case to a subway ride shared with an infected passenger. Instead, it overlaid the home ZIP codes of patients with the city subway map. Critics pilloried this methodology, noting that the report data showed that Manhattan’s dense, subway-rich neighborhoods had lower infection rates than car-dominated Staten Island.

Many of the highest-profile outbreaks occurred far from the nation’s buses and subways. Eleven percent of American coronavirus infections and one-third of deaths in the U.S. by early May had occurred in nursing homes. Hot spots appeared in March following a funeral in Albany, Georgia, and after a choir practice in Mount Vernon, Washington. In Nebraska, at least 3,000 meatpacking workers have tested positive for the virus. Another 6,000 cases and counting have ravaged Navajo communities in the Southwest.
Hard-hit cities such as Milan that have reopened their transit systems have not seen subsequent infection spikes. Japan, which has some of the world's busiest rail networks, had very few infections at all—only about 17,000, less than 1 percent of that of the U.S.—and no reported upticks in Tokyo since Japan began reopening its economy. Officials traced a post-peak outbreak in Seoul, South Korea, not to transit but to a lack of social distancing at the city's reopened nightclubs.

Something that Japanese and many other Asian cities have in common is a long-standing culture of wearing face coverings in public. Scientists have not yet determined precisely how effective masks are at reducing virus transmission—and how safe transit would be if everyone wore them—but even imperfect face coverings appear to confer benefits when most people wear them. Buses and trains where masked riders silently browse their phones may prove less risky than other settings where patrons are talking loudly and singing.

It’s difficult for nuances like these to break through when the Centers for Disease Control and Prevention tells American employers to encourage employees to avoid transit and to drive alone to work in offices, if possible. This message, which bewildered transit agencies scrambling to recover, fails to recognize the transportation realities of millions of Americans for whom owning and maintaining a car is simply unaffordable and impractical.

The CDC guidance also fails as a matter of transportation and environmental policy: Shifting transit commuters to single-occupancy vehicles would asphyxiate cities with congestion and pollution, and reinforce the deadly outcomes of a century of car-focused urban planning that cities have been trying to escape. Every year, 1.3 million people die in traffic crashes worldwide—about 37,000 annually in the U.S.—and another 4.2 million die globally from the health impacts of air pollution, which is exacerbated by vehicle emissions.

Before the pandemic, cities were acting locally to fight climate change, make their streets safer, and achieve greater equity among neighborhoods. Residents would be rightly furious if their leaders restored cities to maximum traffic and increased car dependency—bringing back the same issues of congestion, pollution, inequity, and lack of access as before the crisis, but providing even fewer transportation options to confront them with.

The scariest aspects of the pandemic involve things we can’t see. We can’t see the virus, we don’t fully understand its epidemiology, and we don’t know exactly what are the most effective steps to reduce or even eliminate risk on transit and in public. But revitalized transit systems may not need hospital-level sanitization to operate safely and to win back riders. They must also look and feel safe, and agencies must create a new transit culture that reinforces public hygiene and promotes washing hands before and after trips. Expanding contactless payment and protecting transit workers can help reduce touch points and get cities working again until a vaccine and effective treatment are available.
Psychological and visual comfort already appears to be important for passengers. Ridership didn’t drop as sharply on America’s local bus networks nationwide. In May, the number of bus riders in New York surpassed the number of subway riders; usually, buses attract only a third as many. Some transit advocates report that riders feel more comfortable above ground than in trains and stations, and they limit the time spent in contained areas.

The way out of the economic crisis brought on by the pandemic runs along the rails and bus lanes of cities, and restoring urban transit networks to full force, expanding their service, and extending their reach across cities must be at the top of every nation’s economic-recovery strategy. Far from scaling back on public transit, cities across the country need a massive transit expansion that will enable them to avert the mobility meltdown that threatens to swallow them if even a fraction of former transit commuters take to cars. The nation won’t recover if it adds a traffic crisis to the ongoing health and economic crises.

Cities can take practical steps now to win passengers back and create a post-COVID covenant with transit riders. The bigger health risk may not ultimately be the bus or subway car where you spend half an hour with a group of strangers than the places that you are traveling to and from. Researchers still have much to learn. What’s becoming clear is that, with appropriate precautions, transit riders can feel comfortable swiping their MetroCards again and agencies can start building the post-pandemic transit systems that cities and their residents want to see.

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