My wife and I recently moved to Portland from Southern California in order to live and participate in a society that focuses on human-scale infrastructure. We have always done our best to lower our environmental impact but felt unsupported in that endeavor in Southern California where the culture has revolved around the automobile for many decades. Oregon's reputation as an outdoors-friendly, nature-inspired locale inspired us to make the move up the coast.

While we do own a car, we prefer to walk, take public transit and bike to work and other destinations; our car often sits many weeks without being moved. This sort of multimodal living has been a guiding light for us as citizens of whatever city we live in. Moreover, as physicians, this lifestyle informs how we think about and educate our patients. Our professional experience has in turn informed us how a sedentary life enabled by our automobile-focused infrastructure affects each individual and society at large.

We see too many folks afflicted by preventable diseases like diabetes, high blood pressure and high cholesterol. The personal and societal costs of these maladies and the consequent problems to which they give rise are massive. Further, we too often see the frightening effects of another public health crisis: Traffic violence. As a neurologist, I have seen far too many traumatic brain injuries from car crashes; my wife has seen far too many broken bones; and we have both seen the psychological and socioeconomic toll these injuries carry forward for weeks, months, years and sometimes forever. These folks are the uncounted, their diseases neatly captured by a single blip on a chart even as they live with their suffering in perpetuity.

On the other hand, we have witnessed the joy and health of lives lived actively and intentionally. There is a discernible benefit for those whose daily tasks are carried out mainly through active transportation.

Yet, our society's willingness to allow deaths and injuries as the price of an existence favoring the private automobile perpetuates a cycle of suffering that disproportionately affects those with the least advantages in our society. For instance, we know that Hispanic children living near freeways have significantly higher rates of asthma<sup>1</sup>.

As our leaders, you have a unique opportunity to help address the disparities manifest by our inequitable infrastructure. On this – the  $50^{th}$  anniversary of the "Bike Bill" – we ask you to turn your attention to a more human-scale way of life.

In the era of COVID-19 we have the opportunity to envision a future where all Oregonians can safely and efficiently walk or bike to their destinations; a future where

<sup>&</sup>lt;sup>1</sup> Residential Proximity to Freeways is Associated with Uncontrolled Asthma in Inner-City Hispanic Children and Adolescents. <u>J Allergy (Cairo)</u>. 2010; 2010: 157249 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2948442/.

forest fires are again natural events and not the consequence of a climate altered in large part through our carbon-intensive transportation system; a future where children, grandparents and folks with disabilities have the freedom and safety to move about on our public rights of way without needing an automobile.

The work is not simply to build sidewalks and bikeways. Our goal ought to be more holistic. By directing our attention and funds to people-focused infrastructure we *can* address the public health crises of chronic diseases and traffic violence even while we find and implement solutions to a pandemic. Let us work together to make Oregonians safer, happier and healthier by inspiring a human-scale future.

Thank you for your time and attention.

Respectfully,
Hami Ramani, DO
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