A Transit Agenda for the COVID-19 Emergency
TransitCenter works to improve public transit in ways that make cities more just, environmentally sustainable, and economically vibrant. We believe that fresh thinking can change the transportation landscape and improve the overall livability of cities. We commission and conduct research, convene events, and produce publications that inform and improve public transit and urban transportation. For more information, please visit www.transitcenter.org.

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Introduction
When COVID-19 first struck in the U.S., the essential nature of transit to American life was bracingly clear: Cities literally could not survive without transit. Transit kept cities functioning during the initial outbreak, enabling millions of workers to reach jobs at hospitals, warehouses, grocery stores, public utilities, and other basic services.

At the same time, the effects of COVID-19 pose serious challenges for the continued provision of abundant, reliable, safe transit service. People are justifiably wary of gathering in shared spaces, and even small shifts to car travel will further mire surface transit in congestion that makes service slower and less reliable.

The pandemic’s disproportionate impact on Black and brown Americans has also called attention to longstanding racial disparities in public health, which transportation systems have contributed to. In responding to COVID-19, transit agencies and city governments must address these disparities to prevent further harm from the virus, and to produce more equitable transportation systems in the long run.
Drawing on interviews with public health experts and transit agency officials, as well as a survey of more than 2,000 residents in major American cities, this brief summarizes current epidemiological knowledge about COVID-19 and transit, and explores what city dwellers think about getting back on board. This research informs recommendations to make transit service safe, effective, and appealing.

The recommendations address conditions that prevail while COVID-19 remains an ever present risk, before a vaccine or cure is developed. They occasionally distinguish between times of high or rising COVID-19 prevalence, like the first intense outbreaks in the spring of 2020, and times of low and diminishing prevalence, when the virus can be contained with test-and-trace methods. Some practices should vary depending on the local extent of COVID-19 cases.

The recommendations also look to the future and identify practices that should carry over after a vaccine or cure is available. There is a fundamental alignment between responding effectively to the challenges presented by the pandemic and implementing measures that will benefit transit riders after the recovery. Safe conditions for transit workers, for instance, hinge on good communication between management and labor. Each rider can get more physical space on board when service is fast, frequent, and reliable. Quickly tailoring service patterns to a rapidly shifting emergency depends on the same flexibility, attention to racial equity, and responsive decision-making that undergird successful bus network redesigns.

Transit agencies and city governments must use every lever to preserve and enhance transit service, giving people every reason to continue riding buses and trains. By enacting measures to protect transit riders and transit workers while redoubling efforts to enhance the fundamentals of good service, policy makers will not only keep cities moving during the pandemic, they will make city transportation systems more just and sustainable after COVID-19 recedes.
A note about funding

The COVID-19 crisis has devastated transit agency budgets, generating tremendous uncertainty about the capacity to deliver service, maintain physical assets, and upgrade infrastructure.

The resolution of these fiscal questions will largely be determined by legislators and political executives, however, which puts it beyond the scope of this brief. Rather, this document outlines practices that transit agencies and city DOTs have adopted to enhance safety and the quality of service, working within tight budget constraints.
When the pandemic first intensified in the U.S., with New York as the epicenter, some observers rushed to conclude that transit was a unique causal factor. Subsequent research into the prevalence of the virus and how it spreads disproved this hypothesis.

Analysis by Tri-State Transportation Campaign, for instance, found that within the New York region, “density and transit are poorly correlated to COVID outbreaks.”1 Early fears of rampant spread via surfaces like poles and turnstiles proved exaggerated, as infectious disease experts identified respiration as the primary vector of transmission. Epidemiological investigations in other countries traced major spreading events overwhelmingly to venues like gyms, clubs, and restaurants, not transit.2

COVID-19 can certainly be transmitted on transit, but the risk is lower than other enclosed spaces, according to epidemiologists. Three main factors explain the difference:

- People spend much less time on transit than in the workplace or at home.
- People talk less on transit than at venues like restaurants or bars, releasing fewer respiratory particles that may carry the virus.
- Transit vehicles are better ventilated than indoor spaces like offices.

The risk of transmission on transit also varies according to several factors, the main one being the current local prevalence of COVID-19. When case rates are high, the risk on transit will be higher, and when they are low, the risk will be lower. “If only one person in 10,000 has the virus, then you can do anything you want to for transportation,” said Tufts University Professor of Public Health and Community Medicine Dr. Jeffrey Griffiths.

In cities including Seoul, Taipei, and Hong Kong, where the 2003 SARS outbreak primed governments to respond quickly and effectively to the pandemic, millions of people—almost all wearing face masks—ride transit every day while viral transmission remains negligible.3 For U.S. transit agencies, the uncoordinated federal response and failure to decisively suppress the virus makes it more challenging to win back riders, but the international experience shows that it is possible to safely transport substantial ridership before the development of a vaccine.

The Health Risks of Not Riding Transit

At times, federal COVID-19 guidance contradicted established public health goals. The CDC at one point recommended that businesses subsidize employee parking, which would discourage transit use and generate more particulate pollution from motor vehicles.

The contrast with earlier messages from the CDC was stark. The agency’s Built Environment and Health Initiative (which has since been defunded), made a clear connection between better transit and better public health:

*Public transportation systems reduce the necessity for single occupancy vehicles, reduce the production of automobile emissions, increase incidental physical activity, and provide necessary transportation access for people with physical, economic, or other limitations that impede their access to and use of a single occupancy motor vehicle.*

COVID-19 poses new risks for transit systems, and officials must act and minimize those risks. As the experience of East Asian cities demonstrates, transit agencies can adopt measures that contain the virus while enabling significant ridership within a context of low community spread. This path will yield better long-term public health than ill-conceived incentives for single-occupancy driving that exacerbate air pollution and reduce physical activity.
The Challenge of Welcoming Riders Back
TransitCenter’s survey of major American cities suggests residents will resume riding transit in large numbers if transit officials and city governments address safety concerns and adapt service to align with shifting travel preferences.

We commissioned YouGov to poll a representative sample of 2,198 adults in seven U.S. cities with major transit systems about their attitudes toward daily travel before a vaccine or cure for COVID-19 is developed. The survey was conducted via internet from July 17-27 in Los Angeles, New York City, Chicago, San Francisco, Philadelphia, Boston, and Washington, DC.

Among all respondents, 47% said they rode transit at least a few times per week before the pandemic, falling to 30% in July 2020. This decline tracks with a decrease in commute travel—nearly a third of respondents said they have stopped making trips to work or school.

The decline in survey respondents who regularly use transit is substantial, but smaller than the roughly 75% drop in total transit trips that agencies typically observed. This implies that while some people have stopped riding transit, a significant share of the drop in trips is due to people riding less often. In other words, many people who formerly rode transit multiple times per day may now be riding sporadically, not abandoning transit altogether.

**Figure 1. The number of people who ride transit has not fallen as much as transit trips**

<table>
<thead>
<tr>
<th>Percentage decline in people who said they rode transit at least a few times per week, pre pandemic to July 2020</th>
<th>36%</th>
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<tr>
<td>Percentage decline in total U.S. urban rail and bus trips, second quarter 2020 (source: APTA)</td>
<td>76%</td>
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While total transit trips have fallen steeply, survey results suggest much of this decline is due to people riding transit more sporadically, not abandoning transit altogether.

The safety of transit—both real and perceived—will exert a significant pull on riders. Before hearing a prompt about transit operating safely in cities with high rates of mask-wearing, 54% of respondents said they would use transit for at least a few trips once the peak of an outbreak passes. After hearing the prompt, this share rose to 62% if masks are required, aligning with the 63% of respondents who said they rode transit at least once a week before the pandemic.

During the pandemic, agencies have observed a pronounced decline in the “peakiness” of transit ridership. Trips are spread more evenly throughout the day and less concentrated during the morning and evening commutes. Survey responses indicate this pattern will hold after the pandemic recedes, if employers stay flexible: 22% said they plan to switch from traveling mainly during peak hours to traveling mainly during off-peak hours. Only 10% said they plan to make the opposite switch.

Standard transit agency practice concentrates service frequency during peak hours. But since many essential workers do not work 9 to 5 shifts, peak-oriented schedules align poorly with transit trip patterns during the pandemic. The survey results suggest agencies should prepare for a sustained shift to greater off-peak ridership, providing consistent frequency throughout the day.

Previous TransitCenter surveys show that people decide to ride transit based on the fundamentals of service quality: frequency, speed, and reliability. Welcoming riders back will hinge on addressing new safety concerns and shifting travel patterns, while maintaining a relentless focus on improving the fundamentals.

**Figure 2. Decline in the “peakiness” of transit ridership**

- 22% of people who said they plan to switch from traveling mainly during peak hours to traveling mainly during off-peak hours
- 10% of people who said they plan to make the opposite switch
In their own words: Americans talk about transit and the pandemic

In addition to polling, YouGov conducted a series of four focus groups, each consisting of seven to 13 working-age adults, from August 27 through September 1. The discussions were conducted remotely, with participants hailing from a range of locations and backgrounds representative of race and income demographics in America’s urbanized regions. Most were employed, furloughed, or searching for work, with a smaller number of students and recent retirees. They discussed how their lives had changed due to COVID-19, and shared their perceptions and experiences of public transit during the pandemic.

“Chris”
Phoenix, AZ

“[T]he time schedules, they’re usually reliable, but lately buses are off with more frequency. It’s hard because you don’t know when the bus is going to be there, and now it’s like, as they change things around, the communication isn’t there... If I miss this train, when is the next one? And the schedule they said, they don’t match up with reality, so hopefully that will get ironed out.”

“Steven”
Grand Rapids, MI

“They said they were going to cut down on the amount of people per bus, but they cut down on the buses too... For me and my son? Say someone else is sitting two seats ahead, if they happen to turn around or whatever that’s still not far enough for me to feel safe.”

“Marilyn,”
New York, NY

“In the subway in New York City they all wear masks... I once left [work] at five in the morning and I ran out of my job, and I forgot my mask. I didn’t have one in my bag, so I take my t-shirt or whatever, trying to cover my face. I go downstairs on the subway and a guard came out and they had bags [of masks]. That’s what they do to help me get to work.”

“Anna,”
Alexandria, VA

“I think it’s going to be interesting to see this winter what’s going to happen, because people that live in big cities like we do, a lot of them don’t have cars. Like [another attendee] was saying, everybody here, whether by the bus or the train, we’re going to use it if we have good public transportation.”
Key takeaways from the focus groups

Transit is not perceived as more risky than other enclosed spaces like offices and restaurants. In fact, several participants remarked that mask compliance appeared to be higher on transit than in private venues. At the same time, they felt that life—and their use of transit—would not return to normal until COVID is no longer a risk. While these remarks suggest that any aversion to transit won’t outlast the pandemic, they also imply that headwinds facing transit ridership and agency finances will continue for an extended time, at least through 2021.

Participants were aware of cutbacks to local transit service, but felt specific route and schedule changes were not communicated well. Transit riders expressed patience toward reductions in service during the pandemic. However, a lack of information about current schedules, including the mismatch between printed schedules and actual service, led some to perceive service as less reliable.

Mask compliance and social distancing are both seen as necessary to feel safe on transit vehicles. Attendees were uniformly in favor of mask-wearing on board, and many felt that failure to do so should be met with social stigma. Riders who switched from transit to taxis, ride-hailing, or driving their personal vehicles often said that seeing other riders without masks or sitting closer than six feet away deterred them from transit. The attitudes about social distancing don’t necessarily align with evidence from other countries that indicates high mask compliance and low overall case rates make traveling on transit safe without strict six-foot distancing.
Participants are pessimistic about the course of the pandemic, blaming the White House response more than local governments and agencies. Confusing and uncoordinated guidance from public officials—especially President Trump and governors who took cues from him—led many participants to express low confidence in the federal government’s ability to manage the pandemic. This negativity tended not to extend to local officials or transit agencies, which were generally perceived to be making a good faith effort under difficult circumstances.

In order to find a sample that fit the “true population” of US public transit users, YouGov selected focus group attendees that were representative of working-age American adults residing in urban areas and suburban areas which typically feed into an urban core. The sample was approximately 40% non-white - 12% of respondents identified as Black and 17% identified as their ethnicity as Latino (even if identified with another race). The modal attendee earned between $30,000 and $60,000, which is representative of the overall US population.
Actions for the Emergency and the Recovery
Initial safety guidance from the CDC, US Department of Transportation (USDOT), and Federal Transit Administration (FTA) was too vague or came too late to be of much use to transit agencies. In the absence of federal leadership, agencies with good channels of communication between management and frontline workers were among the first to adopt new protocols protecting against the threat of COVID-19. Underpinning this responsiveness was a baseline of mutual trust.

In Pittsburgh, for instance, Port Authority CEO Katherine Kelleman met workers at garages in March to gain insight into the risks and challenges they faced. Her management approach flowed from the premise that all jobs at the agency are critical and highly valued. “If your management team starts off with that perspective,” she said, “then it’s a lot easier to all be moving in the same direction.” The Port Authority quickly adjusted sick leave policies, revised schedules, and took other steps to improve safety for workers and riders.

The following core safety measures are necessary to protect transit workers and transit riders while COVID-19 remains an active risk.

**Expand sick leave and quarantine policies**
Without strong sick leave provisions, transit workers who may be ill face an impossible choice between securing a paycheck and protecting their colleagues and passengers. By expanding access to sick leave, reducing red tape, and compensating workers for time they must spend quarantined after contact with someone who has tested positive, agencies protect the health and wellbeing of their workforce and riders.

In Philadelphia, SEPTA waived paperwork to secure sick leave pay and expedited the process of disbursing benefits. In addition to leave for sick workers, the CTA in Chicago provides 14 days of paid leave for workers who come into close contact with a coworker who tested positive. Likewise, in Seattle, King County Metro notifies and in some cases mandates a period of paid leave for workers who may have been exposed to the virus by a coworker, with the response varying in accordance with the likelihood of transmission.
Supply protective equipment, especially masks

As epidemiologists determined that COVID-19 is transmitted primarily through respiration, a consensus emerged around face masks as the key piece of protective equipment. The higher the rate of mask-wearing in a given space, the safer the people sharing that space will be, and the less transmission will occur.

Many transit workers share spaces with riders or other transit workers for extended periods of time. Agencies should provide all employees who work in these conditions with regularly replenished high-grade respiratory masks, like N-95 masks. Face shields or goggles, which prevent transmission via touching one’s eyes, can provide an additional layer of protection. Agencies should be prepared to provide workers with shields, which are inexpensive and easily reused once disinfected.

A reliable supply of hand sanitizer or disinfecting wipes should also be provided for employees like bus operators who work near high-touch surfaces. Workers conducting intensive cleaning with toxic chemicals should receive full-body protection—hazard suits, gloves, goggles, and respiratory masks.

For riders, the experience of East Asian cities demonstrates that when COVID-19 prevalence is low, universal mask-wearing enables safe, high-volume travel on transit. Systems in Seoul, Taipei, and Hong Kong carried as much as 80 percent of typical ridership as of summer 2020—indicating standing-room-only conditions but not crush loads—without an increase in case rates. The common thread is a very high rate of mask compliance.

Agencies can make mask-wearing the easy choice by distributing masks to riders who do not bring their own. Portland’s TriMet, for instance, relies on an “inform and supply” approach rather than punitive enforcement. The agency installed mask dispensers on its entire bus fleet and assigned customer service agents to inform riders of the mask requirement at high-volume stops and stations. A growing number of agencies are now installing mask dispensers on-board and regularly distributing masks at major hubs and transfer points.
Ventilate vehicles and shared areas

All common spaces—including vehicles, depots, offices, and break rooms—should be ventilated to ensure circulation of fresh air to the maximum extent practicable. On buses, air intake by the front of the vehicle and venting toward the rear prevent recirculation of virus particles. Outfitting air conditioning ducts on trains and buses with stronger filters and sterilization systems likewise reduces risk.⁴

Communicate clearly with riders

To operate safely while COVID-19 remains a risk, agencies depend on riders to adopt new behaviors, like mask-wearing, and adapt to new conditions, like the public health imperative to avoid intense crowding. Agencies must gear public communications to help riders adjust and make safe travel decisions.

During early outbreaks, transit use fell precipitously following the issuance of stay-at-home orders. SF BART, recognizing that many essential workers relied on the system, refrained from discouraging or shaming people for using transit. Instead BART posted regular updates on the drop in ridership, using it to demonstrate that people would have room to spread out on board if they had to ride. “We just didn’t like the negative message of, ‘Don’t ride, stay home,’ because we know people face really difficult decisions every day,” explained BART Communications Director Alicia Trost.

Attaining safety through mask-wearing, meanwhile, hinges on countless personal decisions to protect collective public health. But effective communications can propel these rates higher, setting clear expectations for all riders to wear masks. Agencies should work with messengers from different backgrounds, who can promote mask-wearing via culturally competent communication that reaches the full demographic breadth of the metro region’s ridership.

In New York City, as restrictions were lifted and travel increased in late spring, the MTA pivoted from “essential trips only” to an emphasis on universal mask-wearing. Rollsigns on buses flashed the message that masks are mandatory. Posters on the subway and graphics on the agency’s social media feeds demonstrated proper face covering technique. By July, the agency observed mask-wearing rates in the 90–95 percent range.

For agencies with load sensors or automated passenger counters (APCs) installed on a significant portion of their fleets, communicating real-time vehicle occupancy information to riders may be possible. Using APCs, for instance, Boston’s MBTA conveys crowding levels for dozens of routes according to a three-point scale. While not all riders have the flexibility to change travel plans if they see a packed bus in their app, each decision to avoid a full bus helps lessen the crowding that everyone on that bus experiences.
What riders think about masks

Mask requirements measurably increase people’s willingness to ride. Respondents were asked how often they plan to ride transit after the worst of the outbreak. Then they were informed of research demonstrating the importance of masks, and asked how often they would ride if the agency required masks.

“Mask skepticism” is not widespread among the city residents TransitCenter surveyed. After hearing a message about the importance of mask-wearing on transit, 88% of respondents strongly or somewhat agree that transit agencies should require masks on board. This varies somewhat by ideology, but even among respondents who identified as conservative or very conservative, 80% support a mask mandate.

To promote mask-wearing and other safety measures, agencies should enlist outside messengers. While the majority of respondents at least somewhat trust safety information from their transit agency, they were more likely to trust information from local and national news, mayors and governors, the CDC, and local public health authorities.

Figure 3. How often do respondents plan to ride transit if the agency required masks

<table>
<thead>
<tr>
<th></th>
<th>All trips</th>
<th>Most trips</th>
<th>Some trips</th>
<th>A few trips</th>
<th>No trips</th>
<th>Not sure</th>
</tr>
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<tr>
<td>Before the prompt about masks and transit safety</td>
<td>8%</td>
<td>9%</td>
<td>13%</td>
<td>24%</td>
<td>36%</td>
<td>10%</td>
</tr>
<tr>
<td>After the prompt about masks and transit safety</td>
<td>10%</td>
<td>13%</td>
<td>16%</td>
<td>23%</td>
<td>30%</td>
<td>9%</td>
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Hygiene vs. hygiene theater

Transit agencies are pulling out all the stops to disinfect vehicles and stations, with the largest operations spending hundreds of millions of dollars a year on extra cleaning. How effective is all this cleaning? How much is too much?

The epidemiological consensus is that surface contact poses a far lower risk of COVID-19 transmission than exposure to respiratory droplets and airborne particles in enclosed spaces. Nevertheless, there is some risk associated with shared high-touch surfaces.

Enhanced cleaning of poles, turnstiles, and other contact points addresses these risks, and visibly disinfecting surfaces is comforting for riders. These steps may also help reduce the spread of winter colds and flu, preventing those illnesses from compounding the risks of COVID-19 during the pandemic.

Other hygiene efforts are more about appearances than reducing risk. Wiping down the exterior of trains, for instance, affects a surface that people rarely touch. An attention-grabbing initiative between the MTA and Columbia University to disinfect entire subway cars with ultraviolet light was dismissed by Dr. Robyn Gershon, a professor of epidemiology at NYU, as hygiene theater. That proposal has since receded, and Gershon expressed more confidence in the MTA’s attempt to disinfect with UV light in vehicles’ air conditioning ducts.

Transit agencies should publicize the steps they take to clean their systems. But they should also keep current with epidemiological research and refrain from spending scarce resources on practices that are only for show.
Ridership patterns have changed rapidly as a result of COVID-19, and transit agencies must adapt routes and schedules in response.

While overall ridership has fallen, trips to places like hospitals and distribution centers remain high. Compared to typical conditions, during the pandemic Black and brown Americans account for a higher share of transit ridership. Essential workers who rely on transit are also more likely to commute outside the 9-5 office schedule.

As a result, changes in ridership volume are far from uniform across transit networks. Route- and stop-level data released by the MBTA, for instance, indicate that routes serving predominantly Black, brown, and low-income neighborhoods have generally retained a much greater share of ridership than routes serving predominantly white and affluent neighborhoods.

Reverting to pre-pandemic schedules—be it weekend or regular weekday service—is not responsive to these new ridership patterns. Agencies should adjust schedules by reallocating service from low-ridership to high-ridership routes, especially in light of the need to reduce transit crowding for Black and brown riders with health conditions that elevate the risk of severe illness or death from COVID-19.

In San Francisco, Muni has had to cut overall service hours due to reduced worker availability and budgetary constraints, but the agency has made the best of the resources at hand. Muni service is now concentrated more intensively on routes that carry greater ridership, connect to essential destinations like medical centers, and serve neighborhoods with low car ownership rates. The agency has also implemented a new headway-based dispatching system, intended to maintain more even spacing between buses and reduce bunching. The early returns suggest reliability has improved, which not only saves riders time but also helps reduce crowding at bus stops and on board vehicles.

As long as budget uncertainty and the risk of outbreaks persist, agencies should make contingency plans for operating under emergency conditions. If a significant number of transit workers are compelled to quarantine, for instance, the agency should have plans ready to go to scale back service responsibly, in a manner that prioritizes essential trips and minimizes crowding. Agencies should also prepare playbooks to accurately communicate these changes to riders on short notice.
Even in the absence of future outbreaks, ridership levels may rise and fall unpredictably and unevenly across the geography of cities as travel patterns shift. In response, agencies should pursue schedule changes in addition to the typical quarterly adjustments. The MBTA, for example, worked with its bus operators union to revise schedules more often following the initial outbreak. The agency also increased the use of flexible bus operator shifts, so buses can more easily be dispatched on the fly in response to crowding.

The same spirit of flexibility should inform bus network redesigns after the threat of COVID-19 recedes. In most cities, bus networks were already outdated before the pandemic, largely unchanged since the mid-20th Century. They are not well-aligned with the travel needs generated by present-day housing and employment patterns. The virus will likely cause further long-term changes to urban travel demand. When the dust settles after the pandemic, agencies should waste no time reevaluating their bus networks. Updating service patterns to align with the new travel landscape will help riders reach jobs, schools, stores, and other daily destinations in less time.

In Boston, routes serving predominantly Black and brown neighborhoods have retained more riders during the pandemic.
After cities issued stay-at-home orders, essential workers who continued to ride transit could get where they needed to go much faster. Buses moved quickly and reliably as traffic plummeted. In New York City, bus speeds increased 15 percent systemwide.

City governments must act swiftly to preserve these gains for bus riders. Car traffic is rising faster than transit ridership as cities reopen. At the same time, bus service has retained a greater share of ridership than other modes of transit, perhaps reflecting that essential workers are more likely to travel by bus. Without countermeasures in place, traffic congestion threatens to overwhelm bus service, making trips even slower and less reliable than before the onset of COVID-19.

City DOTs should implement quick-build bus lanes to maintain speed and reliability, insulating transit from a rise in car traffic volumes. Projects can be completed in weeks or even days, not months. Over the last several years, local transportation departments in the Boston region have proven the concept, setting up bus lanes with a low-cost toolkit consisting of barrels, signage, and paint. By quickly implementing these “tactical” bus lanes, city DOTs will not only save riders time, but enable transit agencies to run more service within a given operating budget.

Transportation departments in several cities, including Boston, San Francisco, DC, and New York, have accelerated plans for bus lanes or bus priority streets in response to COVID-19. These projects promise to speed high-ridership transit routes through traffic-choked pinch points in the street network. While implementation may consist of quick-build materials for now, these transit improvements have long-term value for bus riders. Transportation departments should evaluate and adjust emergency bus lanes in an iterative process, with an eye toward permanent installation.
Transit agencies can and should take steps to enable workers and riders to minimize contact with high-touch surfaces, especially during active outbreaks when COVID-19 case rates are high or rising. During periods of elevated risk, agencies have suspended fare collection on buses, shifting boarding to the rear door. This eliminates potential contact during fare transactions and generates space—often demarcated with a partition—between the bus operator and the passenger area.

Agencies should only resume bus fare collection when case rates are low enough that the virus can be contained and suppressed with test-and-trace methods. Given the economic stress many transit riders are enduring throughout the COVID-19 emergency, agencies should consider extending fare-free policies or offering additional discounts for riders with low incomes. The advocacy group Pittsburghers for Public Transit, for instance, has suggested allowing riders to show an EBT card in lieu of fare payment. While this may further strain transit budgets already under enormous pressure, in many cases agencies need assistance of such magnitude that the foregone fare revenue will not tip the scales one way or another.

For agencies with the resources to do so, shifting to contactless fare payment systems can provide long-term benefits for safety and bus performance. Tap-and-go fare payment minimizes contact with high-touch surfaces, reducing the risk of viral transmission. With fare validators installed by every door throughout an agency’s bus fleet, riders can board at any point of entry, not just the front door. All-door boarding makes it easier for people to disperse on vehicles and can dramatically shorten the boarding process, improving speed and reliability across the bus network. Riders have benefited from this policy since 2012 on SF Muni, the only U.S. transit agency to implement systemwide all-door boarding.

Bus operators often express enthusiasm for all-door boarding, which relieves them of the duty to inspect fares. But as agencies shift to different methods of fare inspection, it’s imperative to avoid creating enforcement mechanisms that overpolice or criminalize Black and brown riders. Penalties for fare evasion, if assessed, should consist of a small surcharge on top of the fare, not criminal charges. Clear protocols should be established to prevent racial bias by inspectors. Fare inspection should be performed by unarmed civilians with a customer service orientation, similar to conductors on U.S. regional rail systems.
As described above, transit service should be responsive to changes in demand. But policy-makers can also influence that demand, by working with employers and providing incentives that influence how and when people choose to travel.

Transit fare policy can help manage demand, for instance, through discounts for evening and weekend trips that encourage people to travel at hours when vehicles typically have more room to spread out than conventional rush hour. Good information is also a form of transportation demand management: If riders know that the bus or train that’s arriving at 7:30 AM is crowded, they might choose to travel on a less crowded one at 7:45 AM, if their schedule is flexible.

With COVID-19 projected to tilt travel decisions toward driving private cars, pricing and other financial incentives are a powerful countervailing tool municipalities can use to reduce automobile traffic and help keep bus riders moving. Parking meter prices that rise where and when demand is highest can reduce double-parking and cruising for empty spaces—driving habits that slow down buses in commercial districts. Tolls and other forms of road pricing moderate demand for street space on a larger scale, reducing traffic congestion.

Employers and residential landlords can also shift demand from driving to transit by subsidizing transit passes and charging for automobile parking.

Municipal governments have some ability to shape travel demand by influencing working hours, whether with a bully pulpit or with regulation, as well as their own internal practices as large employers. Staggering shifts, such as having some employees work 7:00 AM to 3:00 PM and others from 10:00 AM to 6:00 PM, can reduce the peak crowding on transit that occurs when many people are trying to arrive at the same time.

Local governments and transit agencies can work closely with major employers. For example, the Massachusetts Department of Transportation’s Office of Performance Management and Innovation created an employer panel—a group of Boston-area employers the department can repeatedly survey to understand how worksites are responding to the pandemic.
In some regions, transportation departments have in-house “transportation demand management” teams that, before the pandemic, helped employers promote transit, biking, walking, carpooling, and telework. In other regions, nonprofits known as transportation management associations (TMAs) provide similar support. These groups can pivot to help employers transition to the pandemic.

Commute Seattle, a TMA which covers downtown Seattle, has a hotline that employers can call for help creating legally sound telework policies. The Association for Commuter Transportation has published guidance, Supporting Commuters Returning to Worksites During COVID-19, for employers to encourage non-automotive commuting—for example, changes to bike parking and carpool sign-up procedures.
Meeting the Moment
Transit will face stiff headwinds as the U.S. endures the pandemic and, in time, emerges from it. If policy makers do not rise to meet these challenges, urban transportation systems—and the cities they support—will break down. Automotive traffic will overwhelm city streets, jobs will be further out of reach for vulnerable residents, air quality will worsen, and health disparities along lines of race and class will grow wider.

This scenario is entirely avoidable if policy makers respond with urgency. Through decisive action, they can provide transit riders with better service than before the pandemic struck. Better transit service will make possible broadly-shared prosperity, and combat the inequities in public health and economic status that the pandemic exposed.

People who rely on transit enabled cities to withstand the lowest point of the COVID-19 crisis. Now, to recover from this emergency, cities must enable people to travel safely and conveniently on transit.
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