District of Columbia Pedestrian Advisory Council
Recommendations to Mayor Bowser, the DC Council, and DC Agencies
On Safe Travel During the Coronavirus (COVID-19) Public Health Emergency
April 7, 2020

The District of Columbia Pedestrian Advisory Council (DCPAC) makes the recommendations below to the Mayor, DC Council, and DC agencies (as appropriate) to ensure that essential and other permissible travel can be carried out as safely as possible, and consistent with the District's commitment to Vision Zero, during the Coronavirus (COVID-19) Public Health Emergency. Each recommendation is followed by brief supporting points. Additional supporting information for our first two recommendations is provided at the end of this document. Attachment 1 provides crash data for the period from March 12 through April 1. Attachment 2 is a list of the resources we used in preparing these recommendations. This includes information about other cities that are implementing some of the types of changes we are recommending, including a publicly-available spreadsheet compiling these efforts.

The DCPAC was established by DC Code § 50-1931 "to serve as the advisory body to the Mayor, the Council of the District of Columbia, and the District agencies on matters pertaining to the improvement of pedestrian safety and accessibility." D.C. Code § 50-1931(f). If followed, our recommendations should enhance the District's response to COVID-19, especially the ongoing need for "social distancing," while at the same time addressing traffic safety concerns and imposing minimal disruption to responsible travelers, regardless of mode.

Recommendation 1: Open all or parts of streets, alleys and other available space to people walking or wheeling (and other active travelers) and lower speed limits to a maximum of 20-25 mph (depending on the nature of and traffic conditions on the street involved) throughout the District to:

- Reduce the potential for traffic crashes and the suffering of the people involved, especially crashes resulting in serious injury or fatality, and

- Reduce the burden of traffic crashes on medical resources at a time when those resources are needed to address COVID-19 cases.

Opening street space could include temporary sidewalk widening (as has been done, for example, by the Georgetown BID, https://ggwash.org/view/62878/in-georgetown-a-crash-course-in-how-to-turn-parking-spaces-into-a-sidewalk), opening individual streets (such as streets near open parks) and alleys partially or fully to active travel (with immediate and easy physical enhancements), installing temporary (pop-up) separated bike lanes, restricting motor vehicle parking and lane closures on key streets, removal of moveable sidewalk obstructions that block pedestrian movement and/or encourage pedestrian congregation (such as outdoor café tables and chairs), and similar

approaches. The District also could work with the National Park Service to extend the limit on through traffic in Rock Creek Park from the weekend to all week long. Similarly, if there are similar street closures in other places, the District could extend them to the full week.

As part of this effort, we also recommend installing “social distancing” signage at prominent locations where people will be engaging in recreational activities -- e.g., entrance and exit points at open parks, trails, alleys, and pedestrianized streets.

Support:

- Traffic crashes appear to be declining during the emergency period, but hundreds are still occurring each week. (See “Additional Supporting Information” below and Attachment 1 for details.)

- Driver speed is a significant component of traffic crashes and injury severity. As a driver’s speed increases, so does the likelihood that they will be involved in a crash, as well as the severity of the injuries suffered by anyone involved in that crash. Higher speeds are particularly dangerous for pedestrians and other active travelers.

- Reducing speed limits, by itself, can help to reduce driver speed and thereby reduce crashes. Reallocation of street space to active travelers, however, will help to physically reinforce reduced speed limits.

- In addition to alleviating the suffering caused by preventable traffic crashes, reducing crashes and injuries will help to reduce the resulting burden on hospitals and their staffs, and other medical resources, freeing up those resources to serve patients with COVID-19.

- Many of the District’s crosswalks and sidewalks are too narrow for people to maintain the recommended six feet of social distance space. Reallocating some street space to active travelers would help to ensure that this distance can be maintained.

- Walking and other forms of active travel are explicitly permitted by Mayor’s Order 2020-054, *Stay at Home Order* (March 30, 2020), as recreational activities. Active travel also may be needed to access essential jobs or for other essential travel as outlined in the Mayor’s Order.

- Widespread telework and school closures has led to significant reductions in traffic, which means that we do not need as much space for motor vehicles as we might have before the emergency period.

- Under Sections V1 and V2 of Mayor’s Order 2020-054, individuals may be subject to fines of up to $5000 and 90 days in jail for failing to maintain six feet of distance from

other individuals. It is unfair for the District to impose this threat of fines and imprisonment while at the same time failing to allocate enough space for people to comply with the law.

- Adding social distancing signage in-situ will help to remind people to maintain social distancing space.

Please see the "Additional Supporting Information" below for further discussion of this recommendation.

Recommendation 2: Reprogram vehicle and pedestrian signals to 1) provide more generous crossing time to pedestrians; 2) remove any requirement that pedestrians press a button in order to obtain a signal or accessible function; and 3) provide more frequent crossing opportunities. A simple way to initiate the first change would be for DDOT to apply existing signal timing programs (e.g. overnight) that tend to be more generous to pedestrians crossing arterials.

Support:

- At signalized intersections, DC law conditions pedestrian right-of-way on the pedestrian beginning to cross the street while the "walk" signal is flashing. See DC Code 50-2201.28(b). Pedestrians attempting to cross DC's streets (especially arterial streets) frequently encounter "walk" signals that last for only 4-7 seconds.

- Pedestrian signal timing also generally assumes that all pedestrians can cross the street at about 3.5 feet per second or faster. Many pedestrians, especially elderly and/or disabled pedestrians, cannot walk or wheel that quickly. This is a long-standing problem and is explained in more detail in the "Additional Supporting Information" section below.

- These long-standing problems are significantly compounded by limitations on the space provided to pedestrians at intersections. As with sidewalks, most curbs and crosswalks are not wide. Proper social distancing may mean that only two people can stand on the curb and maintain the needed distance. Additional pedestrians -- even 1 or 2 -- would need to stand six feet away, either along the curb, away from the crosswalk, or further back on the sidewalk. In either case, it is unlikely they could begin crossing the street during a 4-7second "walk" signal, let alone complete the crossing if they cannot walk 3.5 feet per second. It also may be difficult for pedestrians to maintain six feet of distance from each other during the crossing without additional time.

- "Beg" buttons and Accessible Pedestrian Signals devices are never cleaned. Requiring pedestrians to press buttons or arrows in order to cross the street risks the spread of the COVID-19 virus, which can remain infectious on plastic and metal surfaces for hours to

days. These devices also cause prolonged waits for pedestrians, which could exacerbate the problems described above.

- These changes should help pedestrians to maintain appropriate social distance space and provide easier flow.

Recommendation 3: Move forward quickly with ped/bike/transit infrastructure projects that are shovel-ready, as well as with maintenance of pedestrian facilities (re-striping and improving crosswalks, inspecting and repairing sidewalks, and similar projects). This work should be undertaken consistent with the above recommendations and safe accommodation requirements. For example, new sidewalk construction could be conducted along streets that are fully or partially opened (consistent with Recommendation 1) to active travelers so that people can continue walking.

Support:

- These projects will improve both short- and long-term pedestrian safety and accessibility.

- This work also could be a plus for the economy, providing work and money to people who otherwise might not be getting paid, and could help the economy rebound when the COVID-19 crisis is over.

Recommendation 4: Where appropriate, convert parking to loading/unloading and/or takeout/delivery zones.

Support:

- Ensuring that parking near businesses is limited to the short times needed for deliveries and pickups should help to prevent drivers from blocking crosswalks, sidewalks, and other pedestrian space.

- DDOT already is carrying out this endeavor and, as the city expands restrictions on businesses and travelers, longer-term parking will not be needed for the foreseeable future.

- At the same time, more temporary parking space will be needed for both food and parcel delivery, as well as near restaurants offering takeout options, as more people use these options in lieu of eating in a restaurant or shopping in person at a store. More people also may be using taxis and similar services as public transit becomes more sporadic and unreliable.

Recommendation 5: Accelerate street resurfacing, if consistent with the above recommendations and safe accommodation requirements. Priority should be given to

resurfacing projects that ultimately will benefit all types of travelers. Any resurfacing of a street must include re-striping and improvement of crosswalks, as discussed in Recommendation 3.

Support: Less traffic means roadway resurfacing projects will not be as disrupting and workers should face less risk from errant drivers. This work also is good for the economy in both the short term (worker salaries, business revenues) and long term.

Recommendation 6: Extend all possible technical and other support to the Multimodal Accessibility Advisory Council (MAAC). The needs of persons with disabilities, including those who are older and may not have easy connectivity, are important to prioritize during these challenging times.

Additional Supporting Information

Recommendation 1 (Reducing Motor Vehicle Speed and Reallocating Street Space for Safe Travels)

The District's streets are becoming emptier of motor vehicle traffic due to the COVID-19 emergency and requirements that people travel only for essential purposes. On the positive side, this reduction in motor vehicle traffic appears to correlate to a significant reduction in traffic crashes in the three-week period following the March 11 initial announcement of the emergency period: briefly, 821 traffic crashes occurred in the period beginning March 12, 2020 and continuing through April 1, 2020.[1] This compares to an average of 1534 crashes during the same periods in 2016-2019 -- representing roughly a 46% reduction in crashes. Moreover, each of the preceding years has seen an average of about 458 injuries from traffic crashes during the March 12-April 1 period, while the 821 traffic crashes during the same period in 2020 have resulted in 260 injuries -- representing about a 43% decrease in injuries. Although we have no physician or hospital data, it seems likely that this reduction in crashes and injuries also has reduced the need for emergency room visits and related medical care. See Attachment 1 for details.

On the negative side, we are still seeing hundreds of crashes each week, with resulting injuries to the people involved. Unfortunately, the same conditions that are lowering our crash numbers -- less vehicle traffic and emptier streets -- also provide an opportunity for aggressive, reckless drivers to create danger for everyone else traveling and encourage even would-be responsible drivers to drive more quickly than is safe. As the DC Major Crash Task Force *2018 Annual Report* concluded, "Multi-lane roadways are designed for heavy traffic volumes, and when those volumes are not present – such as late at night – typically invite higher speed travel." *Report* at page 9. In normal times, this particular danger typically would occur during the overnight hours.

[1]395 of these crashes occurred in the first week after the Mayor's Order issued (March 12-18), 223 occurred in the second week (March 19-25, and 203 occurred in the third week). Factors such as weather also might affect how many crashes occur year-to-year, but looking at the four preceding years should give a reliable enough picture for our purposes.

Now, however, the same "overnight" conditions are occurring on our streets throughout the day. Our Chair and Ward 3 Representative, Eileen McCarthy, recently observed two drivers drag racing down Wisconsin Avenue NW at 7 p.m. on a Sunday evening and regularly sees many drivers traveling too fast and taking dangerous risks. We have heard similar reports from constituents about other DC streets, including U Street, 14th Street and 16th Street -- and this problem is unlikely to be confined to those streets. We have seen a recent report that a speeding driver struck and critically injured a bicyclist on Alabama Avenue at Knox Place SE. We are seeing similar reports from around the country. See, for example, Kea Wilson, *As Roads Empty To COVID-19, Drivers Who Remain Are Speeding Up. Here's How to Slow Them Down* (Streetsblog, March 30, 2020).

Another important benefit to reducing speed, crashes, and injury severity is that we can reduce traumatic injuries that require use of medical resources that are needed to care for people with COVID-19. According to the DC Department of Health's most recent *Trauma Registry Report*, there were 906 hospital Emergency Department (ED) visits related to traffic crashes involving motor vehicles -- about 21% of all ED blunt force trauma visits -- in 2017. Of these 906 ED visits, 662 resulted in admission to a hospital or transfer to an operating room. This means that EDs saw about 17.4 patients, and admitted 12.7, each week. See page 32 of the *Trauma Report.* Over the six weeks covered by the current emergency orders (March 12-April 24) and assuming that the 43% reduction in injuries continues, then, we could expect to see about 60 ED visits (17.4 per week * 6 weeks * .4) and 43 admissions during the emergency period. If the COVID-19 emergency extends into July, these figures and the accompanying burden on health resources also will increase. In addition, the *Trauma Report* indicates that about 67% of trauma patients arrive at the ED by ground or helicopter ambulance and a 2015 CDC brief indicates that 70.2% of ED traffic crash visits require imaging -- both services that may be needed for COVID-19 patients. We know that the crashes that lead to these injuries and suffering are preventable. Reducing speed and reallocating street space will help to prevent these crashes and thereby reduce the burden on our health care system at a time when we most need these resources to be available for COVID-19 patients.

Recommendation 2 (Pedestrian Signal Timing)

In determining how long a pedestrian signal should be, our understanding is that DDOT generally follows guidance in the Federal *Manual of Uniform Traffic Control Devices (Manual or MUTCD)*, which recommends a minimum of 4 to 7 seconds of "walk" time and sufficient overall crossing time for a person walking 3.5 feet per second to complete crossing the intersection. These time intervals are in Sections 4E.06.07, 4E.06.11, and 4E.06.12 (https://mutcd.fhwa.dot.gov/htm/2009/part4/part4e.htm) of the *Manual*. Section 4E.06.10 of the *Manual* also provides that a crossing speed of less than 3.5 feet per second should be considered "[w]here pedestrians who walk slower than 3.5 feet per second, or pedestrians who use wheelchairs, routinely use the crosswalk[.]" DDOT has applied slower walking speeds at individual locations where seniors routinely use a crosswalk, but not in locations that do not meet Section 4E.06.10's criteria for routine use of a crosswalk by seniors and/or disabled

people -- even though all pedestrians, including seniors and people with disabilities, have the right to use every crosswalk under D.C. law and the D.C. Court of Appeals has already ruled that drivers are required to anticipate that pedestrians will cross the street. *Griffith v Slaybaugh*, 29 F.2d 437 (App. D.C. 1928).

When the Federal Highway Administration (FHWA) published the most recent version of the *Manual* in 2009, it cited two studies in support of its decision to recommend use of the 3.5 feet per second crossing time: 1) Transit Cooperative Research Program (TCRP) Report 112, *Improving Pedestrian Safety at Unsignalized Crossings* and 2) Institute of Transportation Engineers, *The Continuing Evolution of Pedestrian Walking Speed Assumptions*. Both articles show that although many people do walk or wheel at 3.5 feet per second or faster, older and/or disabled people walk significantly more slowly. The TCRP report, for example, includes a table showing mean walking speeds for people with various disabilities, most lower than 3.5 feet per second. People using walkers, for example, walk at a mean speed of 2.07 feet per second. See TCRP Report at pages 7-8. Consequently, FHWA's basis for recommending use of 3.5 feet per second -- while an improvement upon the previous recommended walking speed of 4 feet per second -- was dubious.

Because they appear in "Guidance" and "Options" sections of the Manual, the walking speed recommendations in the MUTCD are not mandatory and DDOT is not compelled to follow them.[2] Providing additional "walk" seconds and overall crossing time to pedestrians is permissible, and also is more consistent with the District's right-of-way laws, which require drivers to anticipate that pedestrians will enter crosswalks and to give right-of-way until the pedestrian finishes crossing the street or reaches a "safety island." See DC Code 50-2201.28(b) and *Griffith v Slaybaugh.*

We hope these recommendations are helpful.

Thank you for your attention. If you have any questions, please contact us at dcpedcouncil@gmail.com .

[2] Only "Standards" sections of the *Manual* are mandatory (that is, DC must comply with the standards in order to receive Federal funds). See *Manual* Section 1A.13.01.

Attachment 1-Crash Data

Based upon information available from DC Opendata's Crashes-in-DC dataset[3] as of April 7, 2020 for the three-week period following issuance of Mayor's Order 2020-046 (March 12-April 1, 2020):

- 821 crashes occurred in the District during the three-week period: 395 occurred during the first week, 223 during the second, and 203 in the third.

- These 821 crashes caused 260[4] injuries:

Extent of Injury	Pedestrians	Bicyclists	Motor Vehicle Occupants
Major	5	2	7
Minor	24	7	205

In comparison, the same periods (March 12-April 1) during 2016-2019 saw:

2019: 1595 crashes, resulting in one fatality (a motor vehicle occupant) and 470 injuries:

Extent of Injury	Pedestrians	Bicyclists	Motor Vehicle Occupants
Major	11	4	14
Minor	53	16	372

2018: 1449 crashes, resulting in two fatalities (both pedestrians, in two different crashes) and 420 injuries:

Extent of Injury	Pedestrians	Bicyclists	Motor Vehicle Occupants
Major	7	1	8
Minor	53	21	330

2017: 1531 crashes, resulting in one fatality (a pedestrian) and 479 injuries:

Extent of Injury	Pedestrians	Bicyclists	Motor Vehicle Occupants
Major	1	1	15
Minor	47	19	396

[3] Source: Opendata's Crashes-in-DC dataset (https://opendata.dc.gov/datasets/crashes-in-dc/data). This dataset does have some flaws (see the Major Crash Review Task *2019 Annual Report* for further details on these issues), but the overall picture and comparisons should be reliable enough for the purposes for which we are using them.

[4] Please note that a single crash may result in more than one injury.

2016: 1562 crashes, resulting in one fatality (a motor vehicle occupant) and 461 injuries:

Extent of Injury	Pedestrians	Bicyclists	Motor Vehicle Occupants
Major	5	1	21
Minor	39	21	375

Note: We do not have any specific information about traffic volumes during these time periods.

Attachment 2-Resources

Balto, Sam. *Let's Open Up Neighborhood Streets for Social Distancing.* Streetsblog (March 17, 2020).

Centers for Disease Control, National Center for Health Statistics, *Emergency Department Visits for Motor Vehicle Traffic Injuries: United States, 2010-11* (2015): https://www.cdc.gov/nchs/data/databriefs/db185.pdf

Chase, Robin. *Roads Cleared of Vehicles Should be Open to Foot Traffic During the Coronavirus Pandemic*. Boston Globe (March 31, 2020).

DC Department of Health, *Trauma Registry Report 2017*: https://dchealth.dc.gov/service/district-trauma-system

DC Major Crash Review Task Force, *Annual Report 2018*: https://ddot.dc.gov/page/vision-zero-initiative

DC Opendata, *Crashes in DC* dataset: https://opendata.dc.gov/datasets/crashes-in-dc.

Hu and Cicchino, *Lowering the speed limit from 30 to 25 mph in Boston: effects on vehicle speeds* (IIHS, August 2018): https://www.iihs.org/topics/bibliography/ref/2168.

Institute of Transportation Engineers, *The Continuing Evolution of Pedestrian Walking Speed Assumptions* (September 2004): (http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.376.4105&rep=rep1&type=pdf).

Kuntzman, Gersh. *Statistics Show Speeding is Out of Control During Corona Crisis.* Streetsblog (March 24, 2020): https://nyc.streetsblog.org/2020/03/24/statistics-show-speeding-is-out-of-control-during-corona-crisis/.

Litt, Steven. *Coronavirus Pandemic Underscores Importance of Sidewalks as Accessible Public Space*. Cleveland.com (March 29, 2020): https://www.cleveland.com/metro/2020/03/coronavirus-pandemic-underscores-importance-of-sidewalks-as-accessible-public-space.html.

Moore, Oliver. *Toronto, Vancouver Look into Closing Roads to Traffic to Create Space for Social Distancing*. The Globe and Mail (March 25, 2020): https://www.theglobeandmail.com/canada/article-toronto-vancouver-look-into-closing-roads-to-traffic-to-create-space/.

National Association of City Transportation Officials, *COVID-19: Transportation Response Center* (March 2020).

National Transportation Safety Board, *Reducing Speeding-Related Crashes Involving Passenger Vehicles* (July 2017): https://www.ntsb.gov/safety/safety-studies/Documents/SS1701.pdf.

Peters, Adele. *Car-Free Streets Can Help Pedestrians Stay Six Feet Apart to Social Distance More Effectively.* Fast Company. (March 23, 2020): https://www.fastcompany.com/90480859/car-free-streets-can-help-pedestrians-stay-six-feet-apart-to-social-distance-more-effectively.

Public spreadsheet-*Cities Making Way for Social Distancing for Pedestrians and Bikes*: https://docs.google.com/spreadsheets/d/1c6OmxkUwNjoajYaRgqEjc14PtyGtushhQY7wNaZdjKk/edit#gid=0.

Reid, Carlton. *WHO Must Push for Lower Speed Limits to Ease Pressure on Virus-Impacted Hospitals, Urge Experts.* Forbes. (March 28, 2020): https://www.forbes.com/sites/carltonreid/2020/03/28/who-must-push-for-lower-speed-limits-to-ease-pressure-on-virus-impacted-hospitals-urge-experts/?TrucksFoT#75bcfce92c7f.

Transit Cooperative Research Program Report 112, *Improving Pedestrian Safety at Unsignalized Crossings* (2006): (https://nacto.org/wp-content/uploads/2010/08/NCHRP-562-Improving-Pedestrian-Safety-at-Unsignalized-Crossings.pdf).

Wiliams, Alex. *Is it OK to Take a Walk?* New York Times (March 17, 2020): https://www.nytimes.com/2020/03/17/style/self-care/is-it-ok-to-go-for-a-walk-coronavirus.html.

Wilson, Kea. *As Roads Empty To COVID-19, Drivers Who Remain Are Speeding Up. Here's How to Slow Them Down*, Streetsblog USA (March 30, 2020) (https://usa.streetsblog.org/2020/03/30/as-roads-empty-to-covid-19-drivers-who-remain-are-speeding-up-heres-how-to-slow-them-down/).

Wilson, Kea. *Lowering Speed Limits Will Help Stop COVID-19.* Streetsblog USA (March 16, 2020): https://usa.streetsblog.org/2020/03/16/lowering-speed-limits-will-help-stop-covid-19/.

World Health Organization, *Road Safety Facts-Speed:* https://www.who.int/violence_injury_prevention/publications/road_traffic/world_report/speed_en.pdf.