

## Public Health & Environmental Justice

The Bus Riders Union believes that public transit is fundamental to our community and environmental health, ensuring our right to mobility, providing our communities with access to regional services, and protecting the environmental quality of our neighbourhoods. An affordable, accessible, integrated, clean-air, bus-centred public transit system is an integral component in the achievement of public health and environmental justice. The experiences, needs, and vision of the hundreds of women who participated in the Women in Transit project substantiate and develop this position.

### Understanding Health

The Bus Riders Union struggles to improve the health and environment of working class communities and communities of colour throughout the Lower Mainland. Understanding public health is essential to this work and for all social justice organizations, public institutions, policy makers, and social planners. The Bus Riders Union uses nationally accepted definitions of health as a basis for our analysis, which allows us to ground our arguments within a common

understanding and framework.

### Defining Health

Over the course of developing a nationally-accepted working definition of health, the Canadian government has expanded traditional conceptions of health as the absence of disease to consider broader definitions of health that include life circumstance, income inequality, and the total social environment.

A cornerstone of health theory in Canada is the 1974 “White Paper, A New Perspective on the Health of Canadians” which proposed that health is most significantly enhanced through improvements in our social and physical environments, rather than simply increasing expenditures on health care delivery systems (Health Canada, New Perspectives). This document is a federal acknowledgement that the just distribution of wealth is significant for health. In 1978, Canada signed the Alma Ata Declaration calling for urgent action to promote and protect health as a state of “complete physical, mental, and social well being... and ...a fundamental human right” (People’s Health Movement). Alma



### Our definition of Health:

Health is a resource for every day living; a holistic weave of mind, body, emotion, spirit, and location. Health is experienced as an individual, as a family, and as a community. “The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites” (Health Canada, Ottawa Charter)



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Ata was a ground-breaking event in world health history, firmly concluding that in order to achieve health, the impacts of rampant capitalism on our lives, and the grossly unequal distribution of wealth between and within our societies must be curbed through international and national action (People's Health Movement).

Continuing the accomplishments set by

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Alma-Ata, the 1986 Ottawa Charter urged Canada to achieve health for all by the year 2000. The Charter declared that to achieve health people and their communities must be able to realize their aspirations, satisfy their needs and respond to and cope with their environments. More importantly, the Ottawa Charter declared the fundamental conditions for health as “peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity” (Health Canada, Ottawa Charter). The Charter was a critical step in calling on all levels of government and governmental agencies to realize their active role in the achievement of health through recognizing and addressing systemic inequalities and ensuring a just distribution of social resources.

Health Canada now promotes a population health perspective of health as “the capacity of people to adapt to, respond to, or control life's challenges and changes...Health is also intimately

tied to personal circumstances that, in turn, are tied to social, cultural, economic and environmental influences” (Health Canada, Population Health). Preventing situations that give rise to disease and ill health has become the major focus of health care systems in Canada.

We can clearly see that the working class in Canada currently faces multiple barriers to the achievement of health; however, taking action to address inequities in health and promote health at the population level is a different matter. Knowing that economic and social inequities themselves reduce health status (Wilkenson) prompts us to first address the unequal distribution of wealth and resources in Canada; this is the definitive step towards achieving health for all. Allocating social and economic resources towards working class communities and communities of colour is the first priority for health and environmental justice in our communities. Public transit is an essential method of redistributing the benefits of our society to working class communities and communities of colour and ensuring that public health and environmental justice can be achieved. The resounding message to social justice organizations and public institutions is that the allocation of social and economic resources plays a fundamental role in the ability of working class communities to achieve and maintain health for all.

## **Public Transit & Women's Health**

Women's health and well being are connected with their social and physical environments, the ability to function in daily routines, to fulfill family needs and responsibilities, to provide for and care for children and elders, to



find time for socialization and recuperation, and to ensure the cohesiveness and well being of all members of our extended families (Meadows et al; Women's Health Bureau, Gender Inclusive). Well being is an important concept for understanding women's health. Women view well being as a state of balance fundamental to good health; a balance of positive physical, cognitive, emotional, psychological, social, and spiritual functioning (Lauver). Women consider the health and well being of the entire family as essential to their personal good health (Meadows, et al). Women consider their place of residence, employment situation, access to social networks, education and social services, and participation in our broader communities and society as fundamental to their achievement of health for themselves and their families.

A broad view of women's health is necessary to grasp the complex interweave of individual, family, and society that determines the health of women and their communities. The Provincial Governments BC Health Goals for Women state that "the most important influences on women's health are the conditions experienced in our day-to-day lives. Having a safe workplace that supports gender equity, income based on the value of work, opportunities for advancement, safe communities, and adequate, affordable housing significantly enhances our health" (Women's Health Bureau, Health Goals). What women say is that their personal health practice "involves building supportive environments in which [they] can thrive rather than merely survive" (Lauver, p. 76). In all spheres of life women require access to the resources and supports necessary to lead healthy

and fulfilling lives. Public transit is a critical economic and social resource in women's lives.

Women make extraordinary paid and unpaid contributions to the fundamental health and well being of our communities; the contributions of women are the foundation upon which our communities thrive (Lauver; Women's Health Bureau, Gender Inclusive). Thus, when women

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*TransLink must go against the rising tide of neoliberal imperatives and prioritize the health and social needs of women's communities.*

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lack access to the public services necessary for accomplishing their responsibilities, their individual experiences of health deteriorate, but so does the community experience of health. Women-centred research into public transit in the



*Judy talking with a bus rider during an on the bus session*

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Lower Mainland affirms that working class women within communities that rely on public transit have less opportunity for good health than wealthy communities who have controlling interest in our social and economic resources. The Women in Transit project details how the lack of adequate public transit actively undermines the health of working class women and their communities

When enforcing increasing user fees takes precedence over the provision of adequate service to transit dependent communities, the health of women and our communities suffers. When the right to mobility for working class women and our communities is violated through a lack of affordable, accessible, bus-centred, clean-air public transit, our chances of achieving health slip away.

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throughout the Lower Mainland.

In order to have a positive impact on the health of working class women and their communities throughout the Lower Mainland, TransLink must go against the rising tide of neoliberal imperatives such as privatization and deregulation which benefit corporations and instead prioritize the health and social needs of women's communities. Rather than representing the needs of the vast majority, current TransLink priorities are directing social and economic resources necessary for social justice, a reduction in inequalities, and the achievement of health away from working class and marginalized women and towards the wealthy and elite. TransLink prioritizes mega-projects to save businessmen a matter of minutes between downtown and the airport while working class communities suffer from the deterioration of the bus system and the subsequent violation of our right to mobility.

## Environmental Justice

The environmental justice movement encompasses “the struggle against racism and poverty; the effort to preserve and improve the environment; and the compelling need to shift social institutions from class division and environmental depletion to social unity and global sustainability” (Matsuoka). A critical examination of our community environment and subsequent actions to achieve environmental justice is significant for the achievement and maintenance of health, as our bodies, minds, and spirits are interconnected to our communities and our environments (Ermine).

Transportation systems have massive ramifications on our environment, impacting air and noise pollution, pedestrian safety, and our right to mobility. Environmental justice principles affirm that transit dependent communities, who currently suffer the greatest negative impacts of transportation systems, have the right to determine the assessment, planning, and implementation of public transit solutions for urban transit issues and for the attainment of environmental and social justice (People of Color Environmental Leadership Summit).



To achieve environmental justice, public services, and in particular public transit, must honour the cultural as well as the economic viability of our communities. The recognition of cultural viability requires a commitment to allocate resources and design services that support the totality of our community needs, and in particular, the needs of women. In order for our communities to have sustainable environments, the full environmental impacts of all service and infrastructure decisions must be made available to our communities. We must all have equal access to affordable and accessible public transit for environmental justice in our region.

Achieving environmental justice for our communities requires an end to transit racism that favours wealthy communities and the profitability of corporations over the cultural and environmental integrity of our communities. It is women who bear the greatest brunt of injustice in our communities, and it is women who now struggle for justice. Rather than trading our individual and community health for corporate profit, women demand that health hazards and air and noise pollution in our communities be halted by a just distribution of public transit dollars to communities who currently experience the greatest negative impacts of urban transportation (Bullard & Johnson, Environmental Justice; Bullard et al, Transportation Justice).

Currently, systemic racism, environmental degradation, and class divisions exist in the Lower Mainland, undermining the achievement of environmental justice, healthy communities, and health for all women. Rather than fulfilling public responsibility and working to reduce the gap

between the rich and working people, TransLink's policies and priorities increasingly exacerbate inequalities, fuelling ill-health and a deteriorating environment. Public dollars are increasingly poured into mega-projects that funnel public dollars into the pockets of private investors while the service declines in our communities, forcing low-income riders to turn to used and polluting

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cars. Increasing fares for bus riders means that women in our communities subsidize corporate profits as service reductions curtail our own right to mobility. Working class communities of colour and Aboriginal communities increasingly suffer the consequences of the right to mobility for the rich, while our own communities experience violations of our right to mobility. Access to affordable, accessible, clean-air public transportation is necessary for ensuring public health and environmental justice.

## **Attacks on the Health of Working Class Women**

It is well established that the rich have better health than the poor do; high incomes facilitate healthy living and ability to improve health. There also exists a lengthy body of evidence suggesting that inequities within a society ultimately determine the health status of those at the lower end of the social hierarchy (Wilkinson). Public services, such as public transit, are an economic



redistributive measure that reduce the gap between the rich and the working class and are thus an essential resource for the health of working class communities. Working class communities are disproportionately transit dependent; our daily experiences of public transit shape our experiences of individual and community health. Public transit also determines our access to and use of existing social resources, including health care.

Women suffer particular health impacts of the lack of an affordable, accessible public transit system that meets their transportation needs. These impacts affect women's physical, mental, spiritual, and community health. Women live longer than men, but suffer more illness in their later years (Women's Health Bureau, Gender Inclusive). Women bear the burden of reproductive labour. Poor women suffer more illness and disease and frequently rely on public transit to access necessary health services. Low-income women work longer hours, for less pay, and have higher levels of stress, all of which undermine health. Inadequate public transit service exacerbates all factors in women's lives, increasing the risk that women will suffer physical, mental, and spiritual ill health.

## Physical Health

*"I have to pay \$87 a month for a bus pass; it is too much to pay. I have to cross the water to take the sea bus. [I] work in North Van. We want this bus [#3], because we need it to get to work and other places. Don't cut this bus... it hurts my heart. I'm getting old, can't walk 5 or more blocks to Cambie"*

Physical health is greatly impacted by the lack of affordable, accessible, clean-air, bus-

centred public transit. Women must have access to public transit to ameliorate the impacts of longer life, lower incomes and greater family responsibilities.

## Unaffordable Fares

In Canada, a growing disparity between the rich and the poor has been steadily widening over the last decade. For women, this disparity and the decline in available redistributive measures is even more marked as women still earn between 64-75% of the earnings of their male counterparts (Region of Waterloo, Economic Aspects). For immigrant women, whose wages are one-third less than their non-immigrant counterparts, the income gap is much wider. Increasing polarization suggests that the attempts to redistribute income at all levels of government have not been successful (Health Canada, Income Inequality). Dedicated as a public service, public transit is supposed to help reduce the impacts of the unequal distribution of wealth on our health. Instead, high user fees for public transit have the opposite impact, detracting from our abilities to achieve good health. Income data highlight that rising user fees for public transit hit women's personal and familial budgets hard, with immigrant women hardest hit:

*"I have to pay \$87 for a monthly pass; it is too much to pay" <sup>2</sup>*

*"After moving to Vancouver from Vernon for work, I found my biggest expenses pertained to transportation... Rent and food come first, so in my family's best interests I sold my car and now rely on public transit for commuting, shopping, school, visiting friends, etc. All 3 of us take transit, but I now find buying bus passes puts me*



*right back to what my insurance costs were for my car (and that's just a one zone fare!)"*<sup>3</sup>

*"I take the bus a lot. If I don't buy a bus pass, I'm paying almost \$10/day, hard for someone making minimum wage... Sometimes I don't have the \$63 at the beginning of the month (for a bus pass) – it's too much"*<sup>4</sup>

Low-income women are far more likely to be dependent upon public transit and are often unable to afford bus passes at the beginning of the month and are thus forced to pay cash fares. Women are more likely to make multiple trips throughout the day and therefore end up facing huge transit expenses. Even those women who can afford to purchase bus passes are finding that even the high price of monthly passes leaves them struggling to make ends meet for their families. Transit costs are eating into the family food budget, putting low-income families at risk of nutritional insufficiency. Hunger is a reality in British Columbia, as low-income women struggle to feed themselves and their families (BC CEDAW). In this harsh economic climate, women are spending more on transportation than on food (Stats Canada, Household Expenditures):

*"I am a low-income mom living in the DTES. In order to go out of the neighbourhood to buy groceries, I have to pay \$5 each way (\$2 for me and \$1.50 for each child). This is ridiculous...I could almost get a taxi and carry my groceries up from my front door for this rate. I think it is shameful that children have to pay \$1.50 for each ride. That \$10 could buy me 8 litres of milk"*<sup>5</sup>

*"Bus fares come out of my food money"*<sup>6</sup>

*"I spend \$189 on bus passes every month. I could use this money on food, bills. Things are already tight. Transit is a major expense"*<sup>7</sup>

Women in focus groups shared that they must frequently decide between social/educational activities with their families or purchasing

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*The most important influences on women's health are the conditions experienced in our day-to-day lives.*

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necessities such as food and paying bills. This 'no choice' decision-making takes a severe emotional and physical toll on women, where either choice carries health consequences. When women choose groceries, children lack opportunities to play and grow; when women prioritize social activities familial nutritional status declines. Guilt and shame at not being able to provide for our families has serious consequences on our physical and emotional health.



*Heather leaving a discussion on high fares at the BRU community meeting in July 2004*

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Women shared during workshops and focus groups that they require the bus to access food banks, yet the expense of the bus and the sheer effort of transporting children and groceries take a toll on their physical well being. When women cannot access food banks due to high fares or inaccessible buses, their individual and family health deteriorates. The additional stresses of dealing with negative emotions and juggling material necessities are taking a negative toll on women's experiences of health.

## Travel Time

For transit dependent women, their double workday, the complex matrix of family and employment-related responsibilities, creates a heavy reliance on public transit, forcing women to take multiple trips on public transit throughout the day and night. Inappropriate scheduling, inadequate routes, poorly timed transfers, and overcrowding significantly lengthen women's travel times, resulting in physical and emotional exhaustion:

*"Afternoon leave work, takes me 1½ to get home (4:30-6:00pm). I take #3 and #4/7 unreliable. I need to give myself 1 hour to get to work and it's supposed to be a 20-minute ride...I've had a migraine"* <sup>8</sup>

Exhaustion and sleep deprivation caused by inadequate public transit exact a harsh toll on women's health, contributing to and exacerbating conditions such as fatigue, depression, and irritability.

The sheer amount of extra travel time adds stress and anxiety to women's days:

*"The bus is 15 minutes late every morning. I am sometimes late for*

*work. I don't have to work until 6:30am, but I have to catch the bus at 5:30 am. It would take me only ½ hour by car"* <sup>9</sup>

When buses are late and overcrowded, the stress and anxiety levels rise, generating anger and frustration, reducing immune function, and impacting emotional and physical health (Reference).

## Children on the Bus

Women reported a high level of physical strain and stress when negotiating their daily activities with small children on public transit:

*"#8 hard for people with kids because the buses don't lower. If you have two or more kids it's very hard."* <sup>10</sup>

*"I don't have equal access to transit because I can't stand with small children and there often isn't seating available."* <sup>11</sup>

Immigrant women who rely on public transit to re-establish their lives, rebuild their sense of community, and develop social and personal well being are finding themselves isolated due to



*Woman + kids boarding crowded trolley bus*



inaccessible public transit:

*“When we first came to Canada, we had to take our children out everywhere. My baby is very big – about 15kg – he’s very heavy. The stroller can’t go on the bus. So I had to stay home”*<sup>12</sup>

Many women shared difficulties they experience when traveling with young children in strollers. The buses are not designed with the needs of parents in mind: the doorways and aisles are too narrow, seating is poorly arranged, and space is tight. Many strollers do not fit through the door or up the stairs on trolley buses; a large proportion of the bus fleet is inaccessible to women with strollers:

*“The #8 hard for people with small kids because the buses don’t lower. If you have 2 or more small kids it’s very hard.”*<sup>13</sup>

Carrying a heavy stroller and a small child up three steep stairs is simply impossible for many women. For transit dependent women, this means they cannot travel on certain bus routes and do not have access to entire parts of the city and all of the services that are located there. If they live in one of those areas, it means that they can only access those services with great difficulty:

*“I have a baby, and I don’t take the bus because it’s so hard to get the stroller on the trolley buses. I have to wait for my husband to take me.”*

Even on kneeling buses, if the bus is overcrowded bus drivers sometimes request that women fold up their strollers and carry them on, or even refuse to allow women with strollers on the bus. Women can be forced to put themselves and their babies in dangerous situations by stand-

ing on the bus, or have to wait for the next bus, which usually also arrives overcrowded.

Mothers of small children report that social and emotional isolation due to poor public transit service is a common experience. New mothers who lack social supports are more likely to suffer post-partum depression and low parenting confidence (Australian Nursing Journal).

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*As TransLink cuts transit service and raises fares, the health of transit dependant women suffers. Punitively high fares deter women from accessing necessary health care services.*

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Friendships and other social supports are critical for new mothers; yet, women are being limited in their activities by public transit:

*“In the building I live in I have 3 close friends and between us all we have 4 kids. They are all under two and in strollers. If I want to go anywhere I have to walk or take the longest route possible to catch accessible buses. Yesterday we had to walk from 43<sup>rd</sup> and Fraser to 41<sup>st</sup> and Fraser to Oakridge Mall to 33<sup>rd</sup> and Cambie and then back to 43<sup>rd</sup> and Fraser. We had a double stroller and the driver wouldn’t let us on the 41”*<sup>15</sup>

The difficulties that women face when bringing small children on the public transit system in the Lower Mainland are having massive implications on their health and well being. Fatigue, physical strain, social isolation, and post-partum depression mean that women require more health care services. However, women are also having difficulties accessing health care due to the



public transit system.

## **Access to Health Care**

Much emphasis has been placed on the importance of an accessible health care system, yet for transit dependent women, access to public transit is essential for accessing necessary health care. Low-income women are more likely to suffer

*“My son is diabetic and I was taking him to Children’s hospital. During the bus ride his condition got serious and I asked the driver to stop and call an ambulance. He would not call an ambulance and kept telling my son to shut up because he was breathing really loud. He did let us off the bus and he had not called an ambulance, he said “It’s not my responsibility”<sup>18</sup>*

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*For disabled women, every aspect of their daily lives depends on accessible transportation*

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physical and mental illnesses, and are also disproportionately transit dependent. Many poor women must take the bus to their health care appointments:

*“When we go to the doctor... we have to wait 20-25 minutes – I thought they’d [the bus] be frequent but they’re not and they’re crowded. I’m late for my appointments – even if I leave early”<sup>16</sup>*

As TransLink cuts transit service and raises fares, the health of transit dependant women suffers. Punitively high fares deter women from accessing necessary health care services. In many ways, being forced to rely on an inefficient and unaffordable public transit system can exacerbate women’s health conditions:

*“I had a specialist appointment; I was coming from E. 47<sup>th</sup> and going to Langley. It took 2.5 hours to get there. I had an 11am appointment and I left at 9, so I was ½ hour late so I missed ½ my appointment so I was really pissed off. I had to pay \$4 each way for service that got me ½ my appointment and the transfer almost ran out on the way there before I caught my last bus”<sup>17</sup>*

As TransLink raises fares, the cost of transporting women to and from appointments increasingly falls on the limited budgets of other public service providers. Downtown Eastside health agencies, and other health care services which serve primarily low-income women, are noticing a decline in appointment attendance and a marked increase in the request for bus tickets. Most social service agencies are already facing massive budget cuts, and simply cannot bear this additional cost. In the end, it is the health of women and children who bear the brunt of the neoliberal economic agenda at all levels of government. As TransLink pursues an economic agenda that favours privatization, they do a disservice to the physical health of women.

## **Bus Accessibility**

Disabled women suffer profoundly harmful health impacts due to the lack of accessible public transportation. Disabled women are disproportionately transit dependent; but despite their heavy reliance on public transit, very few routes are wheelchair accessible. When women are forced to wait for accessible buses, their health and well being suffer:

*“Hard for people in wheelchairs to get on the bus. They get stranded*



*in the rain, get soaked. I've had a cold for 1½ weeks because I was wet in the rain. Umbrellas don't work after 15 minutes. Sometimes I have to wait for the next bus but it is not accessible”*<sup>19</sup>

Accessible public transit is essential for the equality and dignity of disabled women, and for disabled women to have independence and positive experiences of health. For disabled women, every aspect of their daily lives depends on accessible transportation in every aspect of the public transit system (Council of Canadians with Disabilities).

## Mental Health

Public transit plays a crucial role in our mental as well as our physical health. Women's mental health is very much connected to their social circumstances, inequalities, discrimination, the health of their families, and the stress and pressures encountered in their daily lives (Stoppard). Due to a heavy burden of unrealistic social expectations and multiple responsibilities, women are more likely than men to suffer depression and profound stress (Stoppard); women experience greater negative consequences of depression and stress on their health.

Many aspects of women's lives contribute to poor mental health: the sheer amount of our reproductive and paid labour, our relative lack of independence, the racism and sexism in our society, and the resulting violence, social exclusion and isolation.

## Unpaid Care-giving

*“I cannot leave my kids at home; I have to take them with me every time I go to get groceries, etc.”*<sup>20</sup>

In Canada, women do 70-90% of unpaid caring work in the home and in the community. Women's health interconnects with the social and physical well being of their entire family. There exists a double-impact of family well being on women; women must care for ill and isolated family members, and the ability to fulfill this

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*When women are unable to fulfill their responsibilities, the health of our entire communities deteriorates, as children, elders, and ill family members are left stranded, without necessary care.*

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unpaid caring work is essential for our health and well being. When we are unable to fulfill familial responsibilities, this has a tremendous impact on our mental and physical health. Public transit plays a crucial role in the fulfillment of responsibility and subsequently in women's experiences of health.

One story illustrates the fear and anxiety that mothers bear when their children lack access to public transit:

*“My son works at Main and 7<sup>th</sup>. When he gets off late and misses the last bus from the SkyTrain, he has to walk at least 2 miles home very late at night, alone. It's not safe and he's already very tired...My daughter has now started working and I'm afraid for her. I just had my car break down, and I can't pick her up”*<sup>21</sup>

Women in workshops and focus groups expressed fear, frustration and feelings of inadequacy when



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they are unable to pick their children up and an inadequate public transit system leaves their children stranded and in dangerous situations.

Other women share the frustration caused by inadequate public transit and the impact on their family relationships:

*“My child and I barely saw each other during the time we relied on public transit. TransLink’s service*

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*Poor public transit services in the Lower Mainland are forcing women to rely on male family members, bosses, co-workers, or complete strangers for transportation.*

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*has severely diminished the quality of our lives”* <sup>22</sup>

Transit dependent women are disproportionately low-income, and thus are far less likely to place children and adult dependants in institutional care or hire nurses, nannies, or domestic workers to provide care in the home. Thus, women must often travel long distances via public transit to care for family members or to access care from other family members or in their communities.

*“The #318 in Ladner stops running at 6:30 p.m. It’s imperative; it’s the only way to get out there. After 6:30 p.m. that’s it. I needed this bus to visit my family”* <sup>23</sup>

Regardless of the reason, when women are unable to provide necessary care for family members, women experience depression, anger, and low self-esteem.

Women feed, dress, change bandages, ad-

minister medications, grocery shop, and perform countless other caring tasks. When women are unable to fulfill their responsibilities, the health of our entire communities deteriorate, as children, elders, and ill family members are left stranded, without necessary care.

## **Independence**

*“I have a baby, and I don’t take the bus because it’s so hard to get the stroller on the trolley bus. I have to wait for my husband to take me”*  
<sup>24</sup>

Women have a human right to live independently from men. Yet, poor public transit services in the Lower Mainland are forcing women to rely on male family members, bosses, co-workers, or complete strangers for transportation. This lack of independence creates income insecurity for women, creates high levels of immune-disabling stress, and places women at high risk of sexual harassment, emotional trauma, and physical violence (Lynn; Lakeman).

Young women who must rely on public transit to have autonomy from their parents are finding that the high cost of transit fares and the lack of service are limiting their ability to access social events, develop friendships, and be free from sexual harassment from men. When teens are unable to afford public transit fares, requesting tickets from their parents can cause arguments over money and other family parameters. Young women at the Vancouver Technical High School focus group shared that due to the expense they are given a certain number of bus tickets per week, and when they have used them up, they are forced to borrow tickets or money, or accept unsafe rides,



often from men. Asking for more tickets causes arguments and conflict in their homes.

Lack of public transit also causes strain in women's interpersonal relationships with their partners and families. One Registered Care Aide shares the strain that dependence puts on her husband:

*"Relies on husband for a ride home at 1:00am because she does not wish to sleep in the hospital. Her husband must work the next day"*  
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Deciding between walking home and troubling their partners is a daily no-win decision for many transit dependent women; this ongoing stress and inability to be independently mobile is taking a toll on the health of women and their families.

### **Violence Against Women**

*"I was attacked at 2<sup>nd</sup> and Wallace because bus service only went to Broadway and Alma. It was around 2:30 am ... this guy followed me off the bus, put his arm around me, grabbed me and tried to push me to the ground...if there were more buses running late at night, working class women would be safer"* 26

Violence against women in Canada is a serious issue. Women are vulnerable to abuse at any time in their lives; every year hundreds of women are seriously injured or murdered by their partners or other men, and hundreds of thousands experience rape, sexual harassment, and physical violence at the hands of men (Health Canada, Woman Abuse; Lynn). Statistics and the direct experiences of women illustrate that pregnant women, young women, Aboriginal women,

women with disabilities, and immigrant and refugee women are more likely to suffer male violence, as men attack women below them on the social hierarchy (Health Canada, Woman Abuse; Lynn). Violence against women leads to physical, psychological, psychiatric, and sexual health issues among women who are abused (Health Canada, Woman Abuse).

Public transit is an essential safety for women in our communities. Lack of public transit is a barrier for women escaping an abuser in their home, in accessing transition houses and other

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*Lack of public transit is a barrier for women escaping an abuser in their home, in accessing transition houses and other services, or escaping violent situations on the street.*

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services, or escaping violent situations on the street. Women with disabilities are two times more likely to experience violence (DisAbled Women's Network). Disabled women face significantly greater barriers to escaping male violence due to the lack of accessible buses in our communities.

Access to women's centres is often determined by the availability of affordable and accessible public transit, yet TransLink does not consider access to women's services when making decisions about bus routes and shifting public transit resources to fixed rail lines such as SkyTrain. Community service deteriorates as major projects are increasingly eating up larger portions of public transit dollars. A Vancouver Rape Relief collective member explained the



importance of Night Owl buses for women's safety and equality at a TransLink meeting:

*"Women such as myself, my friends and co-workers, the volunteers at Rape Relief and the women who live at Rape Relief shelter all need effective, adequate transport, including Night Owl buses. Women offered shift work, taking night classes and/or coming to volunteer at Rape Relief travel to and from their destinations at night. We need the benefit of accessible night buses in order to participate fully in the work, education, and women's equality activism of our lives."* <sup>27</sup>

Women at the Downtown Eastside Women's Centre mainly rely on public transit to access the many services offered by the Centre. Clustered in this same area are also Bridge Housing and Vancouver Co-operative Radio Station. However, there is no bus stop located at Hastings and Columbia to serve the transit needs of women who live, work, volunteer, and rely on these services.

Sexual harassment on the public transit system is a serious issue for transit dependent women. Women on the bus, in workshops and in focus groups repeatedly recounted stories of unwanted sexual attention while riding the buses and SkyTrain throughout the region. The design and operation of the public transit system does not facilitate freedom from unwanted sexual attention for women.

*"I get off two stops after Gilmore. A lot of bushes where I get on and off the bus from Gilmore SkyTrain station. I have to walk for a couple of minutes to the bus stop; it's very possible to miss the bus. The bus only comes every 1/2 hour. The bus is not coordinated with the SkyTrain. You have to wait in the dark and the rain. As a woman, I*

*feel very insecure. It's a very desolate place, not much traffic."* <sup>28</sup>

From unlit bus stops in areas of poor visibility to isolated and invisible SkyTrain platforms to overcrowded buses that encourage unwanted touching, the public transit system does not meet the safety needs of women:

*"Up near Nanaimo, I didn't notice that the bus had emptied out as I was thinking. But you know that feeling when someone is looking at you? I turned my head to the right and saw a man looking at me intently. Something was strange and another moment later it clicked that he was doing something in the front of his body. He was jerking off on the bus! I freaked out and ran up to the driver. I think I was screaming something like "stop the bus... get this guy off the bus...this guy is jerking off on the bus!" I was afraid. The driver was going fast; he looked at his watch and said, "I'm behind schedule." He would not stop. The guy rang the bell and got off the bus... but then the driver told me I had to get off. It was only one stop away from the guy who had exposed himself to me...I saw the same guy walking up the hill towards the same bus stop I was at. Now I was afraid and alone..."* <sup>29</sup>

Women also need bus drivers who can ensure equal access to the public transit system. Racism puts women in dangerous and sometimes life-threatening situations. When bus drivers pull away from bus stops where Aboriginal women are waiting, women consider this a racist act of violence:

*"I've had drivers pass me by, an instance of racism. They pick up white women."* <sup>30</sup>



When women are at bus stops without telephones, and the bus doesn't show up, or the bus passes them by, women are forced to borrow cell phones or accept rides from strange men. Women proposed sound measures for increasing their safety during Women in Transit focus group 'envisioning' exercises. Women need proper lighting at every bus stop, and safety buzzers or telephones within the vicinity. Women need bus drivers that respect the safety and dignity of all women, regardless of race. It is evident to women that their public transit system requires an influx of funding and their ongoing consultation in the redesign of services to offer genuine safety to all women.

## **Lesbian and Transgender Women**

Up to one third of hate crimes in the province are directed towards gays, lesbians, and transgender people (Coalition of Progressive Electors). Lesbians and transgender women bear the brunt of hate-related and sexist violence in our society. In particular, lesbians and transgender people walking on the street are exposed to verbal and physical assault at night and in isolated areas where public transit service is inadequate (Bradd). Bus riders are concerned for their safety on the bus system in Greater Vancouver:

*"I experience physical and verbal violence on the bus every day, twice a day. I'm sick of dealing with it. People throw things at me. I waited for 45 minutes for the Arbutus bus (#16)-worst bus. The #14 takes forever and isn't an alternative.*

*Coming home late at night, after 11 p.m., I was mugged at Broadway & Arbutus. I waited for the bus there for 1/2 hour. If the bus had*

*come on time, the mugging wouldn't have happened. My girlfriend won't take the bus out of fear. The SkyTrain cops are useless, they don't do anything to address intimidation I face"* <sup>31</sup>

Public transit is crucial for the physical safety, dignity, and emotional well being of lesbian and transgender women.

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*Public transit is necessary for immigrant women to access culturally appropriate services, to gain education, to build community, and fulfil life goals and develop self-worth*

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## **Systemic Racism**

Systemic racism in Canada concentrates women of colour in the working class. In the Lower Mainland, immigrant and Aboriginal communities have significant barriers to the achievement of health.

The more support available to women, the better their health (Health Canada, Population Health); lack of access to appropriate social support networks has profound impacts on women's health, causing exhaustion, lack of leisure time, and cultural dislocation (Abdool & Loiselle-Leonard; Oxman-Martinez). Public transit is necessary to access the services and networks that provide social support and practical services:

*"I stopped going to my community centre because transit is inconvenient and infrequent"* <sup>32</sup>

Immigrant women are isolated from the broader society due to systemically racist policies



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and practices (Region of Waterloo, Ethno-cultural). Isolation from community and culture greatly contributes to profound depression, increased stress, loneliness, and low self-esteem (Region of Waterloo, Ethno-cultural). Public transit is necessary for immigrant women to access culturally appropriate services, to gain education, to build community, and fulfill life goals and

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*When bus riders experience racism on the public transit system, the negative emotions that arise take a serious toll on their mental health, and their individual and family well being.*

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develop self-worth; women report that the lack of affordable and accessible public transit exacerbates their social exclusion:

*“Me and my Dad went to a party in Surrey. After the party, we didn’t have a car and had to take the bus. We thought the bus stop... was about two blocks away... we waited for an hour – then I noticed a sign on top of the bus stop saying that the bus only ran till 5pm. Then we had no choice and we had to hitch-hike home”* <sup>33</sup>

*“Had a meeting at Harbour Centre related to my area of study. After that we decided to go for dinner. After dinner buses passed were “not in service” and then only going to Kooteney Loop (#135)... after that I try to be home by 11:30[p.m.]. Don’t have family here so social activities are really important.”* <sup>34</sup>

Well being is crucial to women’s experiences of health, and yet the well being of immigrant women is not considered in the planning and

operation of the public transit system. Cultural holidays and celebrations contribute greatly to a sense of community and personal well being. However, TransLink holiday services are designed around a very Eurocentric schedule, often overlooking the transit needs of some communities. For example, extra bus services are not allocated on Chinese New Year, despite a massive proportion of Chinese bus riders. During the course of our project, bus riders shared that they are forced to walk home from Chinese New Year celebrations, as the bus does not run later on Chinese New Year.

## **Racial Profiling**

Recent research illuminates the impacts of racism on the mental and emotional health of Aboriginal women and women of colour (Health Canada, Social Inclusion). However, racial profiling is a frequent experience for women on the public transit system. Women experience harassment from bus drivers and criminalization and accusations of ‘fare evasion’ from bus and SkyTrain security.

*“... I do not feel safe when I get off the train to hear SkyTrain guards yelling and swearing. I saw many older immigrants get away from there as fast as they could”* <sup>35</sup>

Such instances of racism on the public transit system contribute to the escalation of anger, frustration, and humiliation:

*“I rang the bell, and the driver ignored me. The driver said the bus didn’t stop there anymore. I said; drop me here because I have to walk 15 minutes to get to work at the hotel. I have to walk; I am not going to get a taxi...I said, “Why*



*are you doing this, because I'm Asian?"*<sup>36</sup>

When bus riders experience racism on the public transit system, the negative emotions that arise take a serious toll on their mental health, and their individual and family well being. Internalized anger and resentment impacts our health; racism is known to cause and exacerbate mental health issues. TransLink must take seriously allegations of racial profiling on the public transit system; overt racism on the public transit system violates the right to mobility of all transit dependent women of colour and Aboriginal women.

### **Conditions of Work**

The benefits of employment extend far beyond determining income, as employment significantly influences physical and mental health. For many people, employment provides a sense of purpose and identity, social contact and status, and contributes greatly to health and well being (Health Canada, Ethno-cultural).

It is a public health issue when women can't access work. Those with control over their work circumstances have better health, while those of us who lack control have shrinking incomes, poorer self-esteem, and reduced quality of life (Health Canada, Population Health). Control over work can include ability to travel to and from work, as well as other daily conditions that surround employment. Lacking control over work can cause stress and anxiety, which reduce immune function and contribute greatly to a gamut of illnesses, both physical (such as bacterial and viral infections, cancer, and heart disease) and psychological (such

as depression and insomnia):

*"I was late for an interview so I didn't get to do the interview...I got a job that started at 6am and I needed to get a bus at 4am, but there was no bus"*<sup>37</sup>

Women who work in casual or low-wage jobs are frequently dependent upon public transit to move to and from work each day; the public

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*The poorer the community, the more likely is that community to bear the greatest burden of the right to mobility for the rich: air and noise pollution, lack of green space, major traffic thoroughways, poor pedestrian access, & an unequal allocation of social & economic resources.*

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transit system has a huge impact on the health of low-wage workers:

*"My car is broken and I work in the Surrey Public Library System. I live in Vancouver and it takes me 2.5 to 3 hours to get to work. There are 6-7 branches in Surrey. One or two have a bus to get me there, but it stops at 6pm. I have to beg for a ride or take a cab, which costs \$18-25 to get to Surrey Central SkyTrain Station. I turn down at least 2 shifts a week. It's really stressful not having the income...I'm on call, which so many people are, and trying to balance a few different jobs. These transit problems make it so much more difficult and stressful. Like today, I got a call saying I was supposed to be there at 1pm but I can't get there..."*<sup>38</sup>



## Health Care Workers

In many ways, the viability of the public health care system also depends on the viability of public transit. Women are a vast majority of health care workers in British Columbia. Many women health care workers are relegated to the lower-income roles within the health care system, such as licensed practical nurses (LPNs), registered care

*to take the buses early. Have to miss shifts that start early because there are no buses. Sometimes late at night there are no buses – have to take cabs, very costly, don't have the money to do that. Only evening shifts available to me now. As new parents and couple on a budget, this is not acceptable”<sup>39</sup>*

Women health care workers are providing a majority of bedside and direct patient care. Thus, their experiences on public transit often set the tone of the care provided, and the outcomes of their patients. One woman describes the impacts of public transit on the intricate interplay of individual and community health:

*“I live in the West End. In the morning I take the #6. It's such a headache in the morning. Just yesterday the bus was full, it just passed my by. I was late for work. I'm a community health worker; I rely on the bus to get from client to client. It negatively impacts my clients (if I am late). They are elderly and they worry, they get upset”<sup>40</sup>*

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*Women reported that the current regional public transit system design and operation does not take into account women's needs to access spiritual/religious communities.*

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aides, food services and housekeeping staff. In 2003, the Hospital Employees Union reported that 87% of its membership was women, majority women of colour, and a majority caring for child or adult dependants (Bus Riders Union). Located at the lower end of the health care spectrum, women health care workers frequently require public transportation to and from work.

*“[I'm a] health care worker – hard*



*Women line up to get on the bus*

## Spiritual Health

Spiritual well being is an important component of total health and well being. For women, spirituality and the practice of religion can take many forms, but there exists within many traditions a common understanding of spirituality and religion as relatedness to something greater than self, providing deep life meaning, and acting as a guiding force in our lives (Lauver). Women are more likely than men to practice their religion or experience spirituality in groups and communities (Lauver). Relationships with others in our communities foster our sense of spirituality and life-meaning, connecting with the spirit inside



ourselves, in others, and in our natural environments. Women join in groups to celebrate significant life events, such as births, deaths, and life transitions. Through participation in ritual and prayer communities are built, transformed, and empowered.

Studies suggest that there is a strong relationship between spirituality, physical symptoms of illness, and psychological mood (Lawler & Younger; Ermine; Koenig). Spirituality can fulfill psycho-spiritual needs and in turn facilitate life meaning, healing and coping in women's lives (Lauver). Participation in ritual and religious practice can contribute to women's social well being; the relationships established through spiritual communities form a necessary foundation of social support and practical assistance in women's lives. Spiritual practices can positively impact individual and community health, and promote healing, well being, and mutual aid.

For many throughout the Lower Mainland, access to their places of worship and their spiritual communities is directly determined by access to public transit. What women reported during the Women in Transit project is that the current regional public transit system design and operation does not take into account women's needs to access spiritual/religious communities.

At a workshop at the Downtown Eastside Women Center, participants shared that due to public transit cutbacks the Sunday service on one downtown route that passed a building for disabled seniors was eliminated, leaving the seniors in the building unable to attend Sunday worship. Women are finding accessing places of worship during holiday service hours tedious and frustrating.

At the March TransLink Board meeting, members of the Palestine Community Centre shared that during the Muslim holy month of Ramadan some community members could not attend late night or early morning prayers due to the lack of public transit.

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*Women in focus groups and on the bus share that diesel buses are increasingly appearing on trolley routes as the old trolley buses fall apart.*

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## Community Health

### *Community Environment*

The community environment can be defined as the geographical and social boundaries of where people work, play and worship. Some of the qualities of a healthy community include: "clean and safe physical environments; peace, equity and social justice; adequate access to food, water, shelter, income, safety, work and recreation for all; adequate access to health care services; ...and, protection of the natural environment" (Ontario Healthy Communities Coalition). There are many factors that impact the health of our communities, one of the greatest being the income level. The income level of our communities is directly correlated to the health of our environment.

Those of us who live in working class communities have less access to employment, poorer housing, and a lack of social services. Working class people in poor communities also experience humiliation, social isolation, political



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exclusion, greater health risks, and poorer health status (Health Canada, Social Inclusion). The poorer the community, the more likely is that community to bear the greatest burden of the right to mobility for the rich: air and noise pollution, lack of green space, major traffic throughways, poor pedestrian access, and an unequal allocation of social and economic resources.

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*Diesel bus and SkyTrain noise are concentrated in poorer communities, as wealthier communities have the resources to organize and mobilize their communities*

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Public transit has a massive impact on the quality of our community environment. The equal allocation of public transit dollars to the public transit needs of working class communities is one step towards the achievement of public health and environmental justice in our communities. Providing affordable and efficient bus service to those communities already experiencing the bulk of negative consequences of heavy commuter traffic, overcrowded buses, diesel fuel, and poor pedestrian safety is essential for our health and the health of our families and communities.

Currently, our communities are not provided honest or accurate environmental assessments of the impacts of major transit projects on their communities. What involvement of 'stakeholders' that does occur revolves mainly around property values and the conditions of communities surrounding new SkyTrain stations. Environmental damage and a subsequent loss of public bus services are not explained in full to

communities prior to decision-making. Public decision-making surrounding public transit funding, policy, design, and operation is essential for maximizing the environmental and social quality in our communities and improving the health of transit dependent women and our families.

## **Air Pollution**

Transportation activities are the biggest cause of air pollution in Canada's urban areas, and air pollution brings with it substantial negative health impacts. Actions to reduce air pollution, such as public transit, can have a positive effect on the air quality in our communities. Despite this, the current direction of public transit under directorship of the TransLink Board is moving working class communities away from public transit use and towards the car; once again the 'choice rider' is the focus of service at the expense of the transit dependent.

As TransLink reduces bus service on major routes, raises fares, rearranges familiar bus routes disturbing travel patterns, and as buses consistently break down and are completely unreliable, working class people turn to the car to move around the region. Yet it is our working class communities that suffer the most as traffic congestion increases, as pedestrian safety declines, and as air quality worsens; working class communities bear the burdens of car traffic as TransLink increasingly violates our right to public transit. Women who participated in the Women in Transit project share concerns over the health and safety of their children as pollution levels and car use increase in their communities while pedestrian safety deteriorates.



Women in focus groups and on the bus share that diesel buses are increasingly appearing on trolley routes as the old trolley buses fall apart and are replaced with fossil-fuel burning vehicles. In 2002, TransLink decided to run diesel buses at a lower grade fuel, increasing risk of childhood asthma.

Women also shared that their communities suffer the impacts of SkyTrain construction, yet were not informed nor involved in a meaningful public decision making process, nor were accurate cost-benefit analyses provided (Rapid Transit Project 2000). One woman describes the impacts on her environment:

*“I was living on East 8<sup>th</sup> when they were doing the Grandview clear-cut. They were doing cement work for months. I was choking on dust every day. Construction was 24 hrs. Neighbors did petitions. City and TransLink didn’t care that people were choking on dust, didn’t want to put up the extra cost. They wouldn’t put up a net to keep the dust out. We didn’t get compensation for anything (like a free bus pass, etc.).”<sup>41</sup>*

## Noise Pollution

Working class communities are exposed to greater noise pollution; constant and excessive noise is detrimental to the health of our communities. Women in particular experience negative health consequences of excessive and repetitive noise in our environments through increased agitation, stress, reduced concentration, mental and physical fatigue, and reduced immune function. When family members can’t sleep or develop illnesses due to noise pollution, often women in the family bear this burden as well.

In the Lower Mainland, diesel bus and

SkyTrain noise are concentrated in poorer communities, as wealthier communities have the resources to organize and mobilize their communities to protect their environment and their property values. TransLink environmental assessments have completely inadequate measurements of noise increases in working class communities; our communities are inadequately warned of increasing diesel bus noise, SkyTrain noise, electrical buzzing, construction noise, and a myriad of other sources of ambient noise which exact a trying toll on women and their communities.

## Public Transit Conditions

Conditions on the public transit system in the Lower Mainland consistently deteriorated, aggravating the condition of our communities and our daily lives. Women experience the public transit system as overcrowded, unsafe, dirty, and unreliable. Due to the current enforcement-centred ‘security’, many women and children feel like criminals riding the bus and SkyTrain. Women’s biggest concerns are bus stop safety, bus maintenance and cleanliness, overcrowding, pedestrian safety and an absolute lack of people-centred security.

## Bus Stops

Women are angry and frustrated at the lack of benches, shelters, lights and schedules at public bus stops. Safety from heavy traffic, shelter from the rain, a place to rest weary feet or seat children, and lights to illuminate a threatening night are necessary to facilitate a secure trip on public transit. The conditions at bus stops are a part of our



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community environment, and contribute to our perception of the value and importance of our communities and its members.

## **The Condition of the Bus**

Cleanliness and the working condition of the bus also shape women's perceptions of their community environment. Women feel unsafe and unhappy about broken down and dirty buses. Women are concerned over their physical safety and the health of their children. Women, youth, and children feel like criminals when they can't afford rising fares or when near 'security' staff whose primary goal is to 'catch' the 'cheater' and write a ticket. All of these factors take away the dignity of the transit dependent. Despite being the backbone of the public transit system, the bus is commonly referred to as the 'loser cruiser' due to inexcusably poor conditions.

## **Overcrowding**

Women know that overcrowding is a major health hazard for themselves and their families. Overcrowding contributes to unwanted sexual attention, sexual assault, extreme fatigue, child



*Women waiting to get on the #9 Bus*

injuries, and strain in pregnancy. Overcrowding also greatly reduces women's sense of well being and safety while using the public transit system. Our communities increasingly suffer from inadequate or reduced bus service and longer waits, overcrowding, and reduced health and well being are the result.

## **Safety**

Women throughout the project, on the bus, in workshops and focus groups, and in our communities consistently pointed out that the conception of 'safety' according to TransLink and women's conceptions of safety are often at odds. Women perceive the focus of Coast Mountain and SkyTrain (TransLink) security to be fare enforcement, valuing money over the true safety of women and their families. Women need safety-oriented public transit staff that focus on their physical and emotional well being and who can be counted on if trouble arises during the course of their travels. Women report that the allocation of public funds towards mega-projects and away from less politically and economically attractive items such as proper lighting, safety buzzers, and street-level maintenance are compromising their actual safety. Women have clear ideas of what is required for their safety while using public transit; however, TransLink has very little avenue for public participation in the direction of the transit system.

## **Conclusion**

For over three years, the Bus Riders Union has been meeting with bus riders in their communities, analyzing the impacts of public



transit on our lives, and advancing people-centred alternatives to current public transit funding allocations, policy and planning. The 8 months of women-centred research conducted by the Bus Riders Union confirms that an affordable, accessible, bus-centred, clean-air public transit system is fundamental to the achievement of public health and environmental justice in the communities where women and their families live, work, worship, and play. Our physical, mental, spiritual and community health rests on a strong foundation of social, economic, and environmental policy and action. Only through the allocation of public dollars towards public services such as the public transit needs of women and their communities can the gap between the rich and the poor be lessened, and can public health and environmental justice truly be achieved.

<sup>1</sup> Testimonial 14

<sup>2</sup> Testimonial 14

<sup>3</sup> WIT Testimonial 16

<sup>4</sup> WIT Testimonial 26

<sup>5</sup> WIT Testimonial 44

<sup>6</sup> WIT Testimonial 7

<sup>7</sup> WIT Testimonial 9

<sup>8</sup> WIT Testimonial 10

<sup>9</sup> WIT Testimonial 45

<sup>10</sup> WIT Testimonial 12

<sup>11</sup> WIT Testimonial 13

<sup>12</sup> WIT Testimonial 53

<sup>13</sup> WIT Testimonial 12

<sup>14</sup> WIT Testimonial 33

<sup>15</sup> Night Owls Testimonial 36

<sup>16</sup> WIT Testimonial 20

<sup>17</sup> WIT Testimonial 60

<sup>18</sup> WIT Testimonial 59

<sup>19</sup> WIT Testimonial 8

<sup>20</sup> WIT Testimonial 58

<sup>21</sup> Night Owls Testimonial 72

<sup>22</sup> WIT Testimonial 46

<sup>23</sup> WIT Testimonial 49

<sup>24</sup> WIT Testimonial 33

<sup>25</sup> WIT Testimonial 17

<sup>26</sup> WIT Testimonial 35

<sup>27</sup> Kathleen Piovesan; Vancouver Rape Relief presentation to the TransLink Board, March 2004

<sup>28</sup> WIT Testimonial 51

<sup>29</sup> WIT Testimonial 43

<sup>30</sup> WIT Testimonial 38

<sup>31</sup> WIT Testimonial 71

<sup>32</sup> WIT Testimonial 51

<sup>33</sup> WIT Testimonial 63

<sup>34</sup> WIT Testimonial 50



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<sup>35</sup> WIT Testimonial 3

<sup>36</sup> WIT Testimonial 32

<sup>37</sup> WIT Testimonial 22

<sup>38</sup> Night Owls Testimonial 44

<sup>39</sup> WIT Testimonial 31

<sup>40</sup> WIT Testimonial 27

<sup>41</sup> WIT Testimonial 42

