

From: [Alison Bruni](#)
To: [Infrastructure and Environment](#)
Subject: [External Sender] RE: IE26.6 on Dec 4 2025
Date: December 3, 2025 10:51:13 AM

I consent to these comments becoming part of the public record, and request that you post them as a pdf to the agenda item.

Written Deputation to the Infrastructure and Environment Committee Re: Cycling Infrastructure in Toronto

Chair and Members of the Committee,

Thank you for the opportunity to submit this written deputation regarding the state of cycling infrastructure in our city. My name is **Dr. Alison Bruni**, and I am a **family physician practicing in Toronto**. I am writing today not only as a resident who cycles daily as my commute to work, but as a health-care provider who sees, firsthand, the consequences of inadequate cycling infrastructure on the health of my patients.

In my clinic, I regularly see patients injured while riding their bicycles—injuries that are often preventable and directly linked to unsafe road design. Usually, these injuries are caused by a lack of bike lanes in the city - eg. being "doored" by drivers, or cycling on the road and getting caught in streetcar tracks. This results in concussions, fractures, etc. Some patients avoid cycling for months after a crash. Others stop entirely. Many tell me they want to bike—to commute affordably, reliably, and in ways that support their physical and mental health—but they simply do not feel safe.

A recurring pattern emerges in their stories:

- **Lack of protected bike lanes** on major routes where people actually need to travel;
- **Paint-only lanes** that place cyclists inches from fast-moving vehicles;
- **Gaps in the cycling network** that force riders into dangerous intersections or multi-lane traffic;
- **Inconsistent maintenance** of lanes in winter, including snow banks, parked cars, and debris that push cyclists into traffic.

These are not isolated incidents. They are predictable outcomes of infrastructure that does not match the volume of people who cycle or want to cycle. Toronto has made important progress in recent years, but the pace is not keeping up with the city's needs or its commitments to TransformTO/climate resilience and equitable transportation.

From a medical and public health perspective, safe cycling infrastructure is not simply a transportation issue—it is a **health intervention**. When cities build connected, protected, well-maintained cycling networks, we see:

- Lower rates of traumatic injury;
- Increased physical activity and reductions in chronic disease;
- Improved mental health and reduced stress;
- Cleaner air and fewer respiratory illness exacerbations;
- More equitable access to mobility for people who cannot afford cars.

These benefits are well-documented in public health literature and consistently observed in cities that have invested seriously in active transportation.

I urge the Committee to:

1. **Expand the network of protected bike lanes**, particularly on high-volume arterial roads.
2. **Close the gaps** in existing routes to create a continuous, citywide system.
3. **Ensure year-round maintenance**, including reliable snow clearing.

As a physician, I can confidently say that improving cycling infrastructure is one of the most effective, impactful, and equitable public-health decisions the city can make. Every protected lane you build prevents injuries, supports healthy living, and ultimately saves lives.

Thank you for your time and for your commitment to a safer and healthier Toronto.

Sincerely,

Dr. Alison Bruni, MD

Toronto, ON