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Mrs Isabella Myers
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By post and email
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Dear Mrs Myers

'Environmental Noise and Health in the UK'

Introduction

We would like to take the opportunity to comment on the HPA report 'Environmental Noise and Health in the UK' since this study is directly relevant to our own and our members' concerns in the context of airport operation and proposed expansion at Stansted – the UK's third largest airport. These comments are also of relevance to the health consequences arising from airport operation and expansion proposals in general across the country.

Stop Stansted Expansion ('SSE') was established in 2002 in response to Department for Transport ('DfT') proposals for major expansion of UK airport capacity, particularly in the south east. We represent some 7,500 members and online supporters, including 150 parish and town councils, residents' groups, national and local environmental groups and other organisations. We have no political affiliations.

Our stated objective is to contain the development of Stansted Airport within tight limits that are truly sustainable and, in this way, to protect the quality of life of residents over wide areas of Essex, Hertfordshire, Cambridgeshire and Suffolk, to preserve our heritage and to protect the natural environment.

Comments

'Environmental Noise and Health in the UK' is a comprehensive report, with particularly useful chapters on the quantitation of sound and environmental noise. These set the scene for the effects on sleep disturbance and physical and psychological health.

We would, however, make the following points:

Patron: Terry Waite CBE

Stop Stansted Expansion is a working group of the North West Essex and East Herts Preservation Association

1. The Executive Summary states: *“In terms of wellbeing we have little doubt that a significant number of people are adversely affected by exposure to environmental noise. If it is accepted that health should be defined in such a way as to include wellbeing then these people can be said to suffer damage to their health as a result of exposure to environmental noise.”* This is almost a rhetorical statement.

The WHO, of course, recommend that the wellbeing of communities is put first when preparing and making decisions regarding transport and infrastructure policies, and although this statement was made in the WHO's Charter on Transport, Environment and Health which was ratified by the UK Government a decade ago, it is still not clear that the Government has adequate policies in place to implement the Charter.

We believe that it would be entirely appropriate, and potentially very useful, if your final report included an assessment of the Government's progress in implementing the WHO Charter and recommended to the DH the further actions required to implement the Charter together with a proposed timetable and milestones for monitoring future progress.

2. Communities living in the vicinity of airports frequently complain of noise, not only from aircraft but also from airport-related road traffic, much of which relates to transporting passengers and cargo to and from airports. Responses to noise are to some extent subjective but the effects of sleep disturbance are highlighted in the report, as are such physical effects as cardiovascular responses which may adversely affect long-term health. Because of this, it is essential that Health Impact Assessments (HIAs) be conducted for major infrastructure projects, including airport developments.

HIAs, unlike Environment Impact Assessments (EIAs) are not a statutory requirement for major infrastructure projects, although in 2007 the Royal Commission on Environmental Pollution's 'Report on the Urban Environment Now' recommended that they should be. However the value of an HIAs – and Stansted's HIA for the second runway application is a case in point - is greatly reduced if it is prepared by a commercial organisation appointed and paid for by the airport operator whose priority is to secure approval for the proposed development. Assessing the health impacts of any major infrastructure project is too important to be left to the promoter of that development. Independent rigour is required.

3. There is a mechanism in place for recording airport-related noise complaints but these are recorded and assessed by airport operators themselves. Again, this arrangement lacks objectivity and transparency and the recommendation should be to ensure that this unsatisfactory system is replaced by one which is properly independent, for example, through the appointment of a 'watchdog' for all UK airports. The current system gives rise to considerable mistrust amongst local communities because of its inadequacies (not least in the communities around Stansted where noise and sleep disturbance are invariably the issues of greatest concern). Our own experience has identified local concerns as relating particularly to the fairness, objectivity and transparency of the current arrangements for reporting upon aircraft noise, track-keeping, night flights, emissions and the handling of public complaints on such matters. And, while Section 5 of the 1982 Civil Aviation Act empowers the Secretary of State for Transport to require the CAA to assume an environmental role, the Secretary of State has never once used these powers even though the Government is now

(finally) considering giving the CAA a modest environmental function. Even this is being resisted by airlines and airport operators. The CAA is generally trusted by the public and, in our opinion, would be a suitable choice as environmental and health watchdog for UK airports, providing independent monitoring of environmental performance, setting targets, enforcing standards and dealing with public complaints.

4. Based on meetings with Primary Care Trusts, Regional Health Authorities and the DH itself on a number of occasions over the last seven years, we have been disappointed that public health doctors, although aware of the effects of noise, have not been willing to challenge old-fashioned and somewhat discredited noise contour assessments based on 57 dBA Leq. The report fails to recommend a course of action which would address this. The calculation of noise effects on the basis of a daily average (and which does not reveal the 'all or nothing' impacts which can be experienced) fails to take account of noise incidence impacts which are so important, for example in schools where attendance is in concentrated chunks of time which may fall within the highest noise incidence periods¹. That this shortcoming should have been overlooked in the report is regrettable: the need for a more accurate and relevant means of capturing the measurement of noise impacts should have been highlighted and pressed for. Recognition by the Environmental Noise and Health in the UK report of the advantages of a 30 minute incidence-based exposure (such as LA1, or even LAmax) would be more appropriate for assessing the effect of (for example) interruptions and (in the classroom) "jet pause" on education affecting both children and their teachers.
5. The findings of the report and the limitations of current sound pressure measurements need to be brought to the attention of public health doctors. In our experience this group tends to follow Government guidelines without questioning their validity, abrogating the role of doctors with a responsibility to their communities. The report makes no effort to tackle how this might be done.
6. The consultation process is commendably wide but unfortunately the list of consultees fails to include the Faculty of Public Health Medicine – a serious omission.
7. Hitherto the DH appears to have had a rather supine role in attempting to ensure that the health of communities is put first when proposals are considered for major industrial developments. The DH should have a formal policy objective to reduce environmental noise. If such a policy objective was adopted, at least the DH could then take leadership on starting work on a "road map" on how to achieve such a policy, i.e. what long-term and interim targets should be set and what new measures should be introduced to achieve these. The report states that a high proportion of the population, whether at home, at school or at work, are not living within the WHO guidelines for noise. Is the report suggesting that these guidelines are unachievable and if they are what is to be substituted? Surely healthcare professionals should be recommending that the Government should take steps to achieve, if not the WHO guidelines, others which they may care to suggest. Even if this was for 2030 it would at least be something to aim for and would set a framework for action.

¹ While the report frequently quotes the RANCH Study which is of high quality and widely quoted, it is not ideal in its reliance on the 57 dBA averaging over a 16-hour period which is longer than the school day.

8. It is disappointing that the report does not have a chapter on recommendations and without this the report will have insufficient punch. A report with firm recommendations, including actions which could and should be taken now, would have had a chance of achieving a reduction in noise impacts and associated disturbance, with relevance to, for example, Government Departments (such as DfT and the Department for Children, Schools & Families), as well as to PCTs and SHAs. As it stands, the report will not have much effect on Health Authorities in their consideration for proposals for airport or other major industrial developments. Certainly there has been considerable public dissatisfaction and turbulence relating to further runway development in the UK but the voice of the DH has failed to give a lead to those who look to it for guidance on such a critical issue.

9. Eighteen research proposals have been put forward without listing priorities. When a delegation from the Uttlesford Primary Care Trust visited the DH they were told that the Department did not fund research. It did then and probably does now. Indeed, one of the delegation had already received funds for research but in a different area. Research is certainly necessary since there are many unanswered questions. Priorities should be listed and thought is required as to who should pay. It is important that research, if it is to be credible, should not be carried out by those with a vested interest. Research will usually need to be multidisciplinary and perhaps could best be carried out by one or more University departments collaborating, where appropriate, with industry. A credible research proposal supported by the DH should carry some weight.

Yours sincerely



Professor Jangu Banatvala CBE
Adviser on Health to Stop Stansted Expansion

cc Professor R Maynard (Robert.Maynard@HPA.org.uk)