

Appeal by BAA Ltd and Stansted Airport Ltd following the refusal by Uttlesford District Council of planning application UTT/0717/06/FUL

## **Summary Proof of Evidence on behalf of Stop Stansted Expansion**

### **Health Issues**

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# 1 INTRODUCTION

## 1.1 Personal details

1.1.1 My name is Professor Jangu Banatvala CBE and I appear at the Public Inquiry on behalf of Stop Stansted Expansion ('SSE').

## 1.2 Qualifications and experience

- MA MD(Cantab) FRCP FRCPath FMedSci, DPH;
- Emeritus Professor of Clinical Virology, Guy's, King's & St Thomas' School of Medicine and Dentistry;
- Vice President Royal College of Pathologists 1985-87, Chairman SAC in Medical Microbiology 1989-1993 and various working parties for Royal College of Pathologists, Royal College of Obstetricians & Gynaecologists and Royal College of Surgeons;
- Department of Health – Chairman Advisory Group on Hepatitis (1990-1998) and Member of Joint Committee on Vaccination and Immunisation (1984-1992) and Committee on Safety of Medicines (Biological Products);
- Medical Research Council – Chairman of Sub Committee on Measles, Mumps and Rubella Vaccines (1985-1995);
- Honorary Consultant, Pathology, to the Army 1992-1998;
- Member of the Public Health Laboratory Service Board 1995-2001;
- Examiner in Pathology, Universities of Cambridge, London, Colombo, West Indies (MB) and various Universities in UK and abroad for Higher Degrees.

# 2 SCOPE OF EVIDENCE

## 2.1 Core evidence

2.1.1 In August 2006, I produced a report for SSE entitled 'Response to BAA Health Impact Assessment' which was submitted to Uttlesford District Council ('UDC') on behalf of SSE. My 2006 report is included in the Inquiry library as CD/204.

2.1.2 I have updated my August 2006 report, taking account of new evidence that has since become available, and this is incorporated within my proof of evidence.

### 3 THE BAA/ERM HEALTH IMPACT ASSESSMENT REPORT

#### 3.1 Inherent shortcomings in the HIA

- 3.1.1 ERM has relied upon input data from BAA and this is an unreliable basis for assessing the health impacts of the proposed development because BAA has understated the adverse impacts in relation to noise, air quality, road traffic etc whilst overstating the 'benefits', for example, employment.
- 3.1.2 The HIA has been carried out on narrow terms of reference such that (for example) climate change health impacts and the health impacts of night flights are ignored.
- 3.1.3 ERM has not fairly weighed the academic and scientific evidence.

#### 3.2 Importance of HIAs

- 3.2.1 My report highlights the importance of HIA's with reference to the WHO Charter on Transport, the Environment and Health and the Government policy context. The scope and nature of ERM's report and the inadequate consultation before and during the HIA falls well short of what should have been expected.
- 3.2.2 Matters not even considered in the HIA include the adverse effects of climate change on human health, the health effects of night flights, health service infrastructure planning for population growth and implications for emergency plans.

#### 3.3 Health impacts arising from climate change

- 3.3.1 Climate change health impacts are ignored in the HIA despite clear evidence that significant health impacts arise from climate change and the proposed development would result in a significant increase in emissions of carbon dioxide, the main cause of climate change. This exclusion conflicts with recent advice from the Chairman of the Royal Commission on Environmental Pollution and Dean of the London School of Hygiene (international reputation and expertise in the health effects of climate change).

- 3.3.2 PPS23 (para 2) states:

*... any consideration of the quality of land, air or water and potential impacts arising from development, possibly leading to impacts on health, is capable of being a material planning consideration, in so far as it arises or may arise from or may affect any land use.*

- 3.3.3 More specifically, Appendix A of PPS23 states:

*The following matters (not in any order of importance) should be considered in the preparation of development plan documents and may also be material in the consideration of individual planning applications where pollution considerations arise:*

- *the possible impact of potentially polluting development (both direct and indirect) on land use, including effects on health, the natural environment or general amenity...;*
- *the need to limit and where possible reduce greenhouse gas emissions and take account of potential effects of climate change.*

3.3.4 PPS23 (para 6) states:

*...the precautionary principle should be invoked when:*

- *there is good reason to believe that harmful effects may occur to human, animal or plant health, or to the environment; and*
- *the level of scientific uncertainty about the consequences or likelihood of the risk is such that best available scientific advice cannot assess the risk with sufficient confidence to inform decision-making.*

### 3.4 Health impacts arising from aircraft noise

3.4.1 In considering the health impacts arising from aircraft noise it is important to have regard to the WHO Guidelines for Community Noise and the wider academic literature. The HIA provided by BAA relies on input data based on the 57dBA Leq noise contour and is an inadequate basis for a proper health assessment of the noise impacts upon the local community. Note should also be taken of sleep loss impacts from the report on Schiphol Airport carried out independently in The Netherlands.

3.4.2 In his Heathrow T5 Inquiry Report, Roy Vandermeer QC commented on the inadequacies of the Leq system as follows:

*As I have already pointed out this suffers from a number of deficiencies which, in my judgement, limit its value as a true and complete reflection of the impact of aircraft noise on those living around Heathrow.<sup>1</sup>*

3.4.3 In its Scoping Opinion UDC requested certain highly relevant information relating to noise impacts. In the main, BAA declined to provide the requested information, thus hindering proper assessment of the noise and therefore the health impacts, for example:

- upon children in local schools;
- arising from sleep disturbance;
- upon vulnerable groups.

### 3.5 Air Quality

3.5.1 The HIA relied entirely upon projections provided by BAA and BAA's air quality assessment is deficient in a number of material respects.

3.5.2 The air quality impacts of the proposed expansion are of fundamental importance to the health of the community and yet ERM has used BAA's projections without question. There is a stark contrast between ERM's dismissal of academic research which challenges BAA's position and its unquestioning acceptance of the data provided by BAA.

3.5.3 Poor air quality has a disproportionate effect on infants and small children.

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<sup>1</sup> 'The Heathrow Terminal Five and Associated Public Inquiries', 2001, para 21.3.28.

### **3.6 Social Capital**

- 3.6.1 The issue of social capital is not seriously addressed in the HIA despite a wealth of scientific evidence which shows that communities with a high degree of social capital are more likely to benefit from better health. The HIA makes no mention of this or of a high quality report, which includes consideration of social capital, carried out by UDC Primary Care Trust.
- 3.6.2 ERM conducted a community survey to obtain views about the perceived health impacts of airport expansion. The results showed an overwhelmingly negative response with an average positive score over the ten issues of 3.8% and an average negative score of 60.2%. ERM dismissed these results as irrational, demonstrating a lack of knowledge on the part of the local community.
- 3.6.3 The HIA gives inadequate consideration to the issue of stress.

### **3.7 Employment**

- 3.7.1 The HIA overstates the employment benefits (again relying upon assumptions/projections provided by BAA) and fails to take account of displacement impacts.

## **4 CONCLUSIONS**

- The HIA has relied upon input data which significantly understates the adverse impacts for example in relation to noise, air quality and surface access and overstating the employment and economic 'benefits';
- Key health impact issues such as climate change and night flights have been ignored;
- Legitimate concerns expressed by the community in the questionnaire survey have been dismissed;
- There is a tendency in the HIA for ERM to disregard evidence of adverse health impacts and to attach undue importance to evidence which is helpful to its client;
- The HIA's fails to pay due regard to the academic and other research evidence and fails to investigate issues at first hand (instead relying on BAA data).