COMMENTS OF THE TRANSPORT AND HEALTH STUDY GROUP ON EUROPEAN UNION TRANSPORT STRATEGY

1. These comments are made pursuant to the invitation by the European Commission to citizens and organisations of Europe to comment on a European transport strategy.
2. The Transport and Health Study Group is an organisation of health professionals and transport professionals formed to examine all aspects of the relationship between transport and health. It was founded as a UK organisation and as such has existed for 20 years. 3 years ago it decided to extend itself into a European organisation. This process has made some progress, especially in Spain and there is a sister organisation in Malta.. Although organisation outside the UK, Spain and Malta is currently very limited the European Committee of THSG, which has approved this submission, currently has representatives of the UK, Spain, Malta, Sweden, France, Belgium and the Republic of Ireland. It is hoped that German, Dutch, Italian and Serbian representation will be added shortly and that organisation may be expanded in countries where it is currently limited.

OUR KEY CONCERN

3. Our key concern is that the strategy does not recognise the very considerable public health benefits of walking and cycling. The British Medical Association calculated in the mid 1990s that replacement of one third of car journeys under five miles would reduce heart disease rates by as much as the UK Government's then target for all other prevention measures combined. We are not aware of similar calculations in other countries nor has the British calculation been repeated since but we have no reason to suppose the situation is any different. American research suggests that pedestrian permeability of street design can have a 3kg impact on mean population body weight, equivalent to an additional death rate of 100 per 100,000 per annum.
4. The strategy should therefore promote walking and cycling and in particular it should promote the train/cycle combination as a transport mode.

HEALTH IMPLICATIONS OF TRANSPORT POLICY

5. The impacts of transport on health are set out in the following paragraphs but it is recognised that not all are of European strategic significance.
6. Greenhouse gas emissions from cars and from aviation constitute a major part of the threat of climate change which has far ranging health implications.
7. The current obesity epidemic has developed due to declining physical activity not due to increasing food intake. Indeed calorie intake has declined as the epidemic has developed. Walking and cycling represent a major opportunity for increased physical activity. Indeed in the UK (and probably in other EU countries although the analysis has not been done) a transfer of one third of car journeys under 8km to walking or cycling would achieve as much in terms of heart disease prevention as all other preventive measures combined.
8. Aviation causes noise and stress in communities close to airports and motor traffic causes noise and stress in communities severed by main roads.
9. Air quality is seriously affected in areas of heavy traffic.

10. Stress is caused by congestion and by heavy traffic.
11. Transport provides access to important aspects of healthy lifestyles including recreational opportunities, countryside, work, friendships and relationships, hospitals and health services and healthy food choices (the price differential between ordinary versions and healthier versions of traditional food is often at its least in large retail sites which in many countries are now located outside traditional centres in sites designed for car access). In a car-dominated transport system these opportunities are inequitably distributed being more difficult to access for those too young, poor, or old to own a car, or suffering illnesses which prevent driving. Accessibility strategies can address this.
12. Pedestrian permeability of street designs has been shown in American studies to have an impact of 14kg on mean population body weight, equivalent to an additional death rate of 1 per 1,000.
13. Social support has a major impact on health and is positively affected by transport systems offering high levels of connectivity but adversely affected by heavy traffic in streets.
14. The work of Appleyard & Lintell in San Franscisco some years ago, recently replicated in Bristol, UK by Hart, shows that as traffic in streets increases the number of friendships and acquaintanceships in those streets decline as does the area of the street over which people feel stewardship. It is therefore reasonable for traffic in residential streets to be viewed as a cause of deaths and ill health associated with poor social support, vandalism, diminished community cohesion, and the consequences of diminished cohesion such as crime and reduced levels of voluntary activity.
15. Community use of streets for play, recreation and social interaction, as occurs in living streets on the model established in the Netherlands, is an important source of social support, physical activity and community cohesion as well as an opportunity to green the environment.
16. Speed limits reduce the consequences of road accidents. Of particular importance is the fact that a 25kph speed limit in residential side streets can substantially reduce the number of pedestrian road accident deaths, especially those of children, but has only a minimal impact on journey times as only a small part of most journeys is actually on residential side streets since it is usually only a short distance before the main road is reached.
17. Road safety is affected by many issues such as neighbourhood design, car and road design, driver education, attitudes to safety, regulation of vehicle use, and public education.
18. Rail travel is substantially safer than road travel.
19. Living closer to work could reduce traffic pollution whilst also benefitting work/life balance.
20. The ultimate in living closer to work is working from home. There are downsides to this because we meet people at work but we could have work centres in local neighbourhood where people can log in to their work computer whilst also meeting other people, from their own community working for different employers.
21. In the UK (and probably in other European countries as well although the analysis has not been done) travel to health services accounts for 5% of all road traffic. The organisation of health services, and especially whether they are organised locally or centralised, is therefore an important issue.

22. Transport of disabled people is an important factor in the normalisation of their lives.
23. Ensuring that the transport systems used by disabled people are also available to people with encumbrances can help make disability more normal.

THE EUROPEAN STRATEGIC IMPLICATIONS OF THESE HEALTH ISSUES

24. Because of climate change high speed rail travel should be developed as an alternative to air travel as much as possible.
25. The train/cycle combination should be promoted as a distinct transport mode with a European network.
26. Because of climate change and safety rail travel should be promoted as an alternative to the private car as much as possible.
27. Safety requirements and emission requirements on vehicles are important.
28. Road pricing is needed to reduce road traffic and ensure that the externalities of emissions and congestion are taken into account in the market.
29. Freight should be moved off the roads onto rail or water as a contribution to climate change and safety.
30. Strategic aspects of transport for people with impairments or encumbrances.
31. The contribution of transport to health inequalities both by limiting access to health-promoting lifestyles and by differential application of the negative features of transport.
32. Transport as an obstacle to work creation in poorer areas
33. European funding of transport behaviour change programmes
34. European funding of walking and cycling transport schemes
35. Health impact assessment in Strategic Environmental Assessments
36. The contribution of transport to air pollution
37. Flexing working time regulations so as to provide a benefit to employers who support local workforces and penalise employers whose policies lead to their employees not realistically having the choice to avoid long commuting journeys

A EUROPEAN TRAIN AND CYCLE NETWORK

38. Cycling is the healthiest transport mode for journeys of about 1km to 15km. Below 1km walking is an alternative. Above 15km the cycle starts to be too slow. The combination of the cycle and the train is however a transport mode which is capable of matching the flexibility and speed of the private car.
39. A European cycle/train network would be created by ensuring that the whole of Europe was
    - within reasonable cycling distance (perhaps 5km in urban areas, 10km in rural areas and 15km in remote areas)
    - over a safe cycle route from
    - a cycle-Metro station with cycle hire, cycle parking and cycle storage deposit schemes (cycles which are being left for more than two days being moved to a central storage point until the date they are needed again),

- each such station beings served by a cycle carrying public transport system (typically a train but in rural areas it could be a cycle-carrying bus and on islands it could be a ferry)
- operating frequently (typically with a scheduled service every 15 minutes in urban areas, every 30 minutes in rural areas or every hour in remote areas, but where this is not economically viable demand responsive services could be provided)
- these local services feeding into the European network of interurban, interregional, intercity and international trains, all of which should have a cycle van attached for the conveyance of bicycles.
- with proper provisions for cyclists to change trains at major interchanges in significant numbers without obstructing classic passengers.

40. The trains which provide this network would in most cases also function as part of the classic network and would also serve stations which are designed to be accessed on foot over shorter distances. However, for the cycle/train mode to be promoted as a viable alternative to the car, the additional provision needed will be more than just a small modification of the rail network. It will need additional rail vehicles, additional facilities at stations, additional stations and additional cycle links to stations. It will be in every sense a new network for a new mode.
41. We have advocated cycle-carriage as well as cycle hire and cycle parking. There are some who would argue that if cycle-carriage is universal it is less important to focus on cycle-hire and cycle-parking but it is wasteful to carry cycles which are only needed at one end of the journey and the experience of Cal Train in California is that cycle-carriage becomes overwhelmed if not supported by cycle-hire and cycle-parking.
42. There are those who would argue that if cycle-hire and cycle-parking are universal and if there are facilities to move bicycles which are being left for several days from the station at which they were deposited to some central store (perhaps timing this transfer so as to use a train that would otherwise be lightly loaded) cycle-carriage is not needed. However we believe that if everybody who was going away for several days had to deposit a cycle at one end and hire one at the other it would overwhelm hire and storage facilities.

OTHER WAYS TO SUPPORT CYCLING AND WALKING

43. People do not change their transport behaviour lightly. They are skilled in the use of the modes of transport that they currently use and they need to acquire skills in the modes that they are to change to. Help in this process is essential if modal shift is to occur. This is why there is considerable evidence of the importance of behaviour change programmes. The EU should fund such programmes.
44. Whilst walking and cycling schemes are often predominantly local there is still considerable scope for EU support for the shift to active travel by
    - Financial support from regional funding
    - Dissemination of best practice
    - Funding cities which have been successful to help others
    - Taking walkability and cyclability of cities into account when considering the siting of European conferences.

- Insisting that European institutions are exemplars of good practice in the promotion of good practice
- Encouraging Commissioners and MEPs to set a good example by walking and cycling

HEALTH IMPACT ASSESSMENT

45. The EU should insist that all transport policies and all major developments include a health impact assessment in which all the above factors are fully taken into account.

CAR v RAIL

46. The rail developments necessary for a European high speed rail network and for a cycle/train network would contribute significantly to developing rail so as to compete more effectively with the car. Urban areas should also have Metro services within walking distance but this may not be a Europe-wide issue. It is important however that it be more widely appreciated that cities with rail-based public transport systems are more effective at modal shift from the car, to the point that they actually have more bus usage than cities with bus-based systems. In bus-based systems public transport seems to be a residual mode for those without cars and the buses actually compete with walking and cycling rather than with the car.
47. We believe that one issue about car/rail relationship which is worth examining on a European level is the question of whether the construction of high speed railways could be speeded up by the conversion of motorways either as a deliberate substitution, or by the vehicular usage remaining in the form of vehicle-carrying trains or by the roadspace needed being diminished by the use of automated highways with the consequent freeing of space for conversion to a railway.
48. This is an issue which we are ourselves exploring and on which we hope to be in a position to make further comments in due course.

AIR v RAIL

49. There is likely to be a continuing need for aviation for
    - business journeys over 2,500km
    - leisure journeys over 4,000 km
    - relief for rail services from Northern Europe to the Mediterranean on summer weekends and from all parts of the Europe to winter sports destinations on winter weekends
    - flights on routes which are substantially shortened by crossing large expanses of water or polar ice cap
    - flights from the mainland to islands which are too far from shore to rely on ferries or tunnels
    - local journeys in very remote areas such as the Arctic.
50. Limiting aviation to these purposes by the construction of high speed rail alternatives is possible and would substantially reduce the amount of air traffic

thus diminishing the adverse effect of aviation on climate change and on communities close to airports.

51. Aviation currently competes with rail on journeys where the train is clearly every bit as convenient and fast. Short haul flights on routes parallel to high speed rail routes, such as London- Paris should be withdrawn immediately.
52. However the train currently ceases to compete with the plane at distances well under the 2,500km for business travel or 4,000 km for leisure journeys which we advocate. This is simply because the necessary high speed rail infrastructure has not been developed.
53. We believe that the EU should enter into discussions with the United States, Russia, China, India, the African Union, Arab countries, ASEAN and the OAS with a view to establishing an international and intercontinental network of very high speed trains (at least 600kph – perhaps maglev). The development of this network should include the construction of the Bering Straits Railway, of a tunnel under the Straits of Gibraltar, and of a railway from Russia to Japan via sea tunnels and Sakhalin Island.
54. Whilst this international and intercontinental network would probably, in Europe, mainly serve capital cities and financial centres it should be supported by a European high speed network (at least 300kph, probably conventional trains) linking the cities and regions of Europe to each other and to the international and intercontinental network.
55. It is upon the predicated existence of such networks that we base our suggestions for the limitations of air travel.
56. It may take 10 or 15 years to create such a network, even with the drive and imperative of climate change and the Keynesian potential of current economic circumstances. Nonetheless it is important to start now on the process of building that network, of planning the residual role of aviation, and of limiting airport development.

A TRANSPORT AND HEALTH OBSERVATORY

57. The scientific basis of the public health contribution of transport was set out over a decade ago in our publication “Health on the Move” but it is still not widely known in either the transport field or the health field.
58. If Europe is to take health implications of transport policy fully into account they need to be better understood and there needs to ready availability of data to support relevant decisions.
59. Toolkits are needed for European level use, for national governments, for local transport planners, local health planners and local spatial planners.
60. We would welcome the opportunity to discuss the possibility of creating a Transport & Health Observatory. with the Commission

61. We hope in due course to submit further papers on:-

SAFETY AND EMISSION REQUIREMENTS

FREIGHT

TRANSPORT FOR PEOPLE WITH IMPAIRMENTS AND ENCUMBRANCES

TRANSPORT POVERTY (inc the contribution of transport to work creation)

ACCIDENT PREVENTION

62. We would welcome the opportunity to discuss all of these issues with the Commission.

(Dr) STEPHEN J. WATKINS
BSc, MB, ChB, MSc, FFPH, HonFFRSH, MILT
Chairman, Transport & Health Study Group
c/o Dept of Public Health, NHS Stockport,
Regent House, Heaton Lane, STOCKPORT, Cheshire,
ENGLAND OL2 8LW
Tel +44(0)1614265030
E mail Stephen.watkins@stockport-pct.nhs.uk