

## EDITORIAL

### NEPA, the Built Environment, and Human Health

John H. Perkins

Ever since 1970, environmental professionals have labored to make the National Environmental Policy Act (NEPA) live up to its worthy and lofty promises. Is it possible, however, that reform is needed in both NEPA and some long-standing practices in NEPA work? An impressive range of considerations in the *American Journal of Public Health* suggests both the law and practice may need change.<sup>1</sup>

Research now links the American built environment with diseases such as asthma, obesity, diabetes, cardiovascular disorders, depression, and others. Underlying these correlations is dependency on automobile transport: we drive rather than walk. Most telling is a simple statistic: between 1970 and 2000, the US population increased 37%, but the vehicle miles driven increased by 143%.<sup>2</sup>

Congress clearly put health within NEPA's reach, but most people don't think of NEPA as a public health law. Consider NEPA's statement of purpose: "... to promote efforts which will prevent or eliminate damage to the environment and biosphere and stimulate the health and welfare of man..."<sup>3</sup> (*emphasis added*).

In contrast to this clear statement about health, language elsewhere in NEPA indicates Congress did not see modern America in the same way as do the authors in the *American Journal of Public Health*. Language from Section 101(a) points to "... high-density urbanization..." as having "... profound influences..." on the environment.<sup>4</sup> This is precisely the opposite of the stance now emerging from public health professionals. It is low-density suburban sprawl that has contrib-

uted significantly to health problems, which are based on insufficient physical activity. (Low-density sprawl also contributes to many other environmental problems, but that's a subject for another day.)

In 1970, Congress still embraced the battle cry of earlier public health crusades against densely populated, unhealthy cities.<sup>5</sup> Although many infectious diseases had long been vanquished by 1970, cities still remained "unhealthy" in many people's eyes. Escaping to the green, low-density suburbs for "health" was a strategy that resonated well with many people.

Now the evidence suggests the situation is much more complex. Under certain conditions, high-density living may be unhealthy, but public health researchers now have evidence that low-density suburbs can be even worse. Yet the language in NEPA actually tells practitioners that high-density settlement is one of the problems.

Are NEPA practitioners ready to embrace the challenges stemming from this emerging new public health crusade? On one level, this question links to two well-understood components of routine NEPA work, scope and the problem of indirect and cumulative impacts.

Take as an example a new federal highway project serving a city and its suburbs. Should the scope of the analysis include the idea that more people may thereby move to lower-density suburbs? What will be the effects on their health? Will they end up trapped at the end of a pretty green cul-de-sac, totally dependent upon automobiles for every task of everyday living? Should scope include how many 14-year-old teenagers will become overweight and diabetic due to the new lifestyle? Should NEPA practitioners look to statistics on teenage and adult obesity to find relevant data on indirect and cumulative effects?

Let's suppose that a NEPA practitioner did put these public health concerns into

the analysis. Let us further suppose that the analysis led to a conclusion that the project should not be seen as the preferred option, due to the projected damages to human health from low-density, auto-dependent living. What will proponents of the project then do if the project is cancelled? Will they bring suit and cite NEPA's language that identifies high-density urbanization as an environmental problem?

These are speculative and hypothetical examples, but they show that NEPA practitioners have new challenges to face. This journal and the National Association of Environmental Professionals embrace the proposition that environmental professionals should take leadership roles when change is needed. The public health professionals have delivered one whopper of a hard problem right into the laps of NEPA practitioners. There should be a massive roar of sleeves rolling up as practitioners delve into these matters to ensure that NEPA's promise is promoted.

#### Notes

1. "Built Environment and Health," 2003, *American Journal of Public Health* 93:1369-1608 (September).
2. R. J. Jackson, 2003, "The Impact of the Built Environment on Health: An Emerging Field," *American Journal of Public Health* 93:1382-1384 (September).
3. *National Environmental Policy Act of 1969*, as amended, Section 2, 42 *United States Code* 4321.
4. *National Environmental Policy Act of 1969*, as amended, Section 101, 42 *United States Code* 4331.
5. M. Garb, 2003, "Health, Morality, and Housing: The 'Tenement Problem' in Chicago," *American Journal of Public Health* 93:1420-1430 (September).

---

*Address correspondence to John H. Perkins, The Evergreen State College, Olympia, WA 98505; (fax) 360-867-5430; (e-mail) perkinsj@evergreen.edu.*