

## SANITATION IN SUBURBIA<sup>1</sup>

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No doubt, all are well aware of the growth of our metropolitan areas and particularly the explosive expansion of so-called "satellite" suburban rings and clusters of new developments around our large cities. This current pattern of growth is drawing or forcing the attention of many private and governmental groups to its many resulting problems.

Mushrooming areas have been tagged with a variety of descriptive terms by those who have interest or concern about them. Urban fringe, urban sprawl and suburban are mentioned. Probably most descriptive is suburbia which tends to give a connotation of geography, as well as a way of life, of increasing numbers of our population. Unfortunately, amidst our pleasant thoughts of vistas of verdant land having gentle breezes and lovely homes where life is full of joy, we find that some of our suburban developments constitute potentially the slums of tomorrow. Instead of having the land of pleasant living, we may often encounter overflowing septic tanks, contaminated wells, flooded streets, smoking dumps, and foul streams to mar the picture. These are not mere panic pictures; but there are ever increasing numbers of examples of this dilemma. In an era of scientific and technical wonderment, it is strange and perplexing how man allows the environment in which he lives, works, breathes, and plays to be so contaminated.

The growth of our urban areas is a result of many things — more people, certainly; but also better transportation services, greater efficiency in farming methods providing increased agricultural production with fewer farm workers, and an ever-increasing demand for industrial workers to supply manufactured goods that satisfy the consuming public. These and other factors have resulted in drawing people near the giant urban complexes where sanitation utilities and services too frequently have been lacking or inadequate.

We are living in a challenging era of change in the American scene. Whether these changes are all for the better may not always be clear, but we can be certain that change and growth will continue to take place. Everyone seems to agree that we should be guiding

this future growth, sanitation-wise, in the best way possible.

Growing metropolitan areas mean many things to public health workers, depending on our individual interests and responsibilities. If we wished to chart these growing needs, we could list almost all of the public health services and facilities with which we already are quite familiar. Expressed in millions of gallons of water or sewage, or thousands of inspections of restaurants, or tons of refuse per year, they make an impressive total but these numbers tend to lose meaning for many of us.

Instead, let us look at the meaning of metropolitan growth in terms of "right now" — the new demands that will have come about by the time you and I get back home from this three-day meeting.

Based on existing average growth conditions, United States' metropolitan communities in the past three days will have grown by some 20,000 persons.

Only about 3,000 of these are new residents of cities, the remaining 17,000 now live in suburban areas on the edge of these cities. Remember these 20,000 people are not *anticipated* — they do not exist only in a population projector's table of future statistics. They are moved in right now — new neighbors ready to meet you and to be served the customary sanitation utilities, or services that we recognize to be essential to individual and community health.

Have your city officials gotten together with your health department to prepare for them? They will require almost three million more gallons of water each day than was needed three days ago; an equal amount of sewage now needs to be collected and disposed of. Forty-six thousand new pounds of refuse needs to be satisfactorily burned, buried, or otherwise disposed of daily.

Consider the economic impact upon the government of these metropolitan areas. Twenty-five more firemen will be required by the time you get home. Thirty more miles of streets and highways will have to be constructed during these three days. Five completely new schools ought to have been built. And 5,850 new homes will have been occupied. Every third day you can repeat this cycle, week in and week out, never ceasing, ever increasing perhaps. Projections estimate that everything we have in our society

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— structures, utilities, and services will need to be doubled by the year 2000.

Of more interest to many of you in your work is the fact that these 20,000 new suburban residents want 17,000 pounds — about 8,000 quarts of fresh, whole milk every morning. They are eating over 1,700 pints of ice cream every day. If their dining habits are like those of the average family, they will eat 10,000 meals in restaurants daily.

Are we prepared to meet these new needs? Or are we still trying to catch up with the demands of last week, last month or last year?

We cannot put off lightly the cold facts that spell out more and more service demands daily. Without some evaluation and realistic planning to anticipate future needs, we are in danger of finding that conditions have become, as one writer puts it, “inexplicably intertwined.”

We have discussed some of the problems facing us; now let us try to analyze their causes.

One of the biggest factors is economics, as previously mentioned. Public health services and facilities cost money, just like any community needs — streets, schools, parks, police, fire departments, and all the others. Economic resources are, and always have been, scarce. This brings us to the immediate conclusion that decisions are needed for determining where limited financial resources should be spent. Is a new health center a better investment than a new library? Is another sanitarium as important as that additional policeman? Are sound policies regarding the extension of public water and sewer lines being carried out or do we continue to have more additional wells and septic tanks? These are typical decisions facing every growing community. It adds up to the fact that the community, through its planning agency and its various departments, needs sound facts with which to work and plan. Having these facts, essentials can be determined, priorities can be established and progress is possible.

But have we forgotten your 20,000 new neighbors somewhere? Even though most of them do not live in the central city and therefore do not support city services through their taxes, they still need many of the same services. And they would like a voice in how they are to be provided. We now see another side of the metropolitan problem — political units fragmenting the area.

If you will, visualize before you two quarts of milk. In some respects, they are like a metropolitan area. One is regular cream-line milk which is clearly divided in two components. In this respect, it is like most of our metropolitan area governments, except that they have many more divisions.

Right here in the Chicago metropolitan area, there

are over 500 separate local governmental units, each with some particular function to perform. Nationally, there are over 15,000 local governmental entities and in a recent five-year period over 500 brand new special district governments were formed.

Solving area-wide problems is difficult in the face of so many different governmental units with individual plans, budgets, and goals. Our work would be made much easier if all metropolitan areas had one homogenous blend of government covering all parts of the urban complex. So far, no plan has been devised to homogenize metropolitan government like the other quart of milk that I asked you to visualize. And even if there were some system, it is doubtful that many people would like it.

This leaves us with two big causative factors contributing to metropolitan problems — economic limitations and political differences. These are not the only problems but they underlie every aspect of community development.

As public health workers, we cannot ignore them. True, our daily tasks, as members of the health team, may require us to concentrate on the immediate administrative and technical problems of milk, food, and community sanitation; or to perform routine functions intended to improve existing sanitation conditions. However, without economic and administrative support, these and many other public health activities would cease.

Planning for future needs can do much to anticipate and prevent future problems. For the most part, our plans are put into effect through community action. Community action is seen every time a new ordinance gets considered or a bond issue is voted on. Community leadership is needed behind every improvement plan, to furnish guidance and organization of effort. This task is everybody's business. As public health officials, you have a share and a stake in community planning and development. As sanitarians you can furnish facts, diagnose situations and suggest problem-solving procedures in the area of your responsibility. As private citizens, I am sure you are as much interested in what lies ahead as was Charles Kettering, who said, “I am interested in the future because there is where I'm going to spend the rest of my life.”

Mobilizing and stimulating effective programs to improve our communities calls for talent in many areas and a combination of skills and knowledge. The sanitarians have an unusual opportunity to assume a leadership role in meeting the future environmental health problems of these communities.

A first step is organizing a capable team to consider problems and needs. This can include health, public works, planning and other government departments to provide the technical ability. It requires other public

officials for legal competence to determine which actions are possible; also, political and administrative specialists, who can furnish guidance in carrying out programs. Finally, the support and interest of civic organizations is vital for getting the job done through citizen action. Putting together the right combination can lead to effective results. Such a combination proceeds by collecting all pertinent facts on the community situation and its capabilities, both present and future.

After the data are in hand, they are analyzed and a course of action is determined to satisfy present deficiencies and prevent new ones. The final step is that of carrying out the recommendations. In other words, each community must find answers to the questions: "Where do we stand now?" "Where should we be going?" "How do we get there?"

The Public Health Service is now trying out this fact-finding and evaluation procedure in several metropolitan areas, as it relates to a study of environmental health conditions. These field trials are based on a procedure guide which soon should be published. From the field tests, we are developing workable programs for assisting states and communities faced with growing pains in their health programs.

As described earlier, the problems do not necessarily follow city limits or county lines. Instead, they are found wherever rapid growth and expansion takes place. In fact, many metropolitan areas already cross State borders and a new name, "megopolis" now has been coined to describe a giant string of densely built-up areas such as exist already from Boston down to Washington, D. C.

Such areas have special problems of great complexity. Solutions here will require interstate compacts, extremely careful coordination in many fields and perhaps entirely new concepts of government to provide adequate health and closely related services of common concern to these broad areas.

In the above mentioned metropolitan planning studies being conducted by the Public Health Service, we have been firmly convinced that there is no single or magic solution to the problems of sanitation in suburban areas which can be applied to any particular community. A variety of approaches or actions are possible depending on existing state enabling legislation, the pattern of government, and the desires and wishes of the population being served. Whether the provision of future sanitation needs, particularly pub-

lic water supply and sewerage, and refuse handling that lend themselves to area-wide consideration is satisfied by such procedures as annexation, extension of city services, incorporation, mutual cooperation, or by the formation of special sanitary districts, there is one fundamental, important thing which is common to all solutions. This is that dynamic community interest and leadership is necessary as a starting point. This ingredient can be supplied by people like you and I. And, it can stem from neighborhood action if the facts relating to sanitation needs are made known to them and to community leaders. Unless more public health agencies and advocates of better community health are willing to step forward and project their interests and objectives as a full member of the comprehensive community development and planning team, we can look forward to the frustrations of putting out endless brush fires instead of preventing them through sound planning.

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