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*Committee on the Environment, Public Health and Food Safety*

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## **DRAFT REPORT**

on the mid-term review of the European Environment and Health Action Plan  
2004-2010  
(2007/2252(INI))

Committee on the Environment, Public Health and Food Safety

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## MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

### on the mid-term review of the European Environment and Health Action Plan 2004-2010 (2007/2252(INI))

*The European Parliament,*

- having regard to the Communication from the Commission to the Council, the European Parliament and the European Economic and Social Committee on the mid-term review of the European Environment and Health Action Plan 2004-2010 (COM(2007)0314),
  - having regard to its resolution of 23 February 2005 on the European Environment and Health Action Plan 2004-2010<sup>1</sup>,
  - having regard to the World Health Organisation (WHO) report of 27 July 2007 entitled 'Principles for evaluating health risks in children associated with exposure to chemicals',
  - having regard to Rule 45 of its Rules of Procedure,
  - having regard to the report of the Committee on the Environment, Public Health and Food Safety (A6-0000/2008),
- A. noting with interest the fact that, since 2003, the EU has based its health-protection policy on closer cooperation between the health, environment and research sectors, hence it may be hoped that a proper European environmental-health strategy will eventually be introduced,
- B. whereas the courses of action currently being followed by the EU as part of its first environment and health action plan (2004-2010) (COM(2004)0416) - namely, the preparation of indicators, the development of integrated monitoring and an increase in the volume of research - will probably allow greater insight into the interactions between sources of pollution and health effects but are known to be inadequate as a means of reducing the growing number of diseases related to environmental factors,
- C. whereas it is virtually impossible to establish a mid-term assessment of the aforementioned action plan, since the latter pursues no clear, quantified objective and the total budget allocated to it is difficult to determine,
- D. whereas the main objective of the 2008-2013 public-health programme is to act upon the factors which traditionally determine health (diet, smoking, alcohol consumption and the use of drugs), this 2004-2010 action plan should focus on certain new health challenges such as indoor and outdoor air quality, electromagnetic waves, nanoparticles and chemicals which are a cause for serious concern (substances classed as carcinogenic, mutagenic or toxic to reproduction [CMR], endocrine disruptors),
- E. whereas respiratory illnesses rank second as a cause of death and in terms of incidence,

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<sup>1</sup> OJ C 304 E, 1.12.2005, p. 264.

prevalence and cost within the EU, whereas they constitute the main cause of death amongst children under the age of five and whereas such diseases are continuing to progress on account of - in particular - indoor and outdoor air pollution,

- F. whereas the Community - in accordance with the subsidiarity and proportionality principles - should do more to combat domestic pollution, since Europeans spend on average 90% of their time inside buildings,
- G. whereas at the 2004 and 2007 WHO ministerial conferences on health and the environment, attention was drawn to the links between 'cocktails' of chemical pollutants and a number of chronic illnesses and disorders (affecting children in particular), and whereas those concerns are also expressed in official documents issued in connection with the United Nations Environment Programme (UNEP) and by the Intergovernmental Forum on Chemical Safety (IFCS),
- H. whereas these problematic developments in environmental health have been accompanied in recent years by the emergence of new diseases or syndromes, such as multiple chemical hypersensitivity, dental-amalgam syndrome, hypersensitivity to electromagnetic radiation, sick-building syndrome and attention-deficit and hyperactivity syndrome in children,
- I. whereas the precautionary principle has been enshrined in the Treaty since 1992 and whereas the European Court of Justice has repeatedly specified the substance and the scope of that principle in Community law, which constitutes one of the cornerstones of the protection policy pursued by the Community in the field of health and the environment<sup>1</sup>,
- J. having regard to the highly restrictive - if not to say impracticable - nature of the criteria adopted by the Commission in its 2 February 2000 Communication on the precautionary principle (COM(2000)0001),
- K. having regard to the importance of human biological monitoring as a tool for assessing the European population's degree of exposure to the effects of pollution and the determination (repeatedly expressed by Parliament in paragraph 3 of its aforementioned resolution of 23 February 2005 and in the conclusions issued at the end of the 20 December 2007 Council meeting of Environment Ministers) to expedite the introduction of a biological-monitoring programme at EU level,
- L. whereas it is readily acknowledged that climate change can play an important role in increasing the severity and incidence of certain diseases and in particular that heat-wave frequency and flooding as the most frequent natural disasters in the EU can lead to additional diseases and deaths,
- M. whereas environmental medicine is a new medical discipline based on university teaching which is still too fragmentary and unevenly distributed amongst the Member States and which thus deserves to be supported and promoted within the EU,

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<sup>1</sup> Judgment of 23 September 2003 in Case C-192/01, Commission/Denmark, ECR 2003, p. I-9693; judgment of 7 September 2004 in Case C-127/02, Landelijke Vereniging tot Behoud van de Waddenzee and Nederlandse Vereniging tot Bescherming van Vogels, ECR 2004, p. I-7405.

1. Acknowledges the efforts made by the Commission since the action plan was launched in 2004, particularly in terms of improving the chain of information concerning health and the environment, integrating and expanding European research in this area and cooperating with specialist international organisations such as the WHO;
2. Considers, however, that such an action plan is bound to fail at least in part, since it is designed solely to accompany existing Community policies, it is not based upon a preventive policy intended to reduce illnesses linked to environmental factors, and it pursues no clear, quantified objective;
3. Deeply regrets the fact that the Commission (and in particular its Research DG) has not provided sufficient funding for human biological monitoring in 2008 to enable it (as it had promised Parliament and the Member States) to introduce a consistent approach to biological monitoring within the EU;
4. Calls upon the Commission to respond by 2010 to two essential objectives which the Commission set itself in 2004, namely to make members of the general public aware of environmental pollution and the impact thereof on their health, and to reconsider and adapt European risk-reduction policy;
5. Points that the EU needs to acquire specific expertise on the subject of environmental health, to be based on transparency and on a multidisciplinary and adversarial approach which would thus enable the general public's distrust of official agencies and committees of experts to be countered;
6. Points out that in recent years there have been genuine advances in environmental policy in the form of (for example) a reduction in air pollution, an improvement in water quality, the collection and recycling of waste, the monitoring of chemicals and a ban on leaded petrol, but notes at the same time that EU policy still lacks a comprehensive preventive strategy and fails to apply the precautionary principle;
7. Calls, therefore, on the Commission to revise the criteria laid down in its aforementioned Communication as regards recourse to the precautionary principle pursuant to European Court of Justice case-law, in order to ensure that an action and security principle based on the adoption of provisional and proportionate measures lies at the heart of Community health and environment policies;
8. Considers that shifting the burden of proof on to producers or importers and requiring them to demonstrate that a product is harmless would make it possible for a policy based on prevention to be promoted (as provided for in European Parliament and Council Regulation (EC) No 1907/2006 of 18 December 2006 concerning the registration, evaluation, authorisation and restriction of chemicals (REACH) and establishing a European Chemicals Agency<sup>1</sup>), and encourages the Commission to extend that obligation to Community legislation concerning all products;

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<sup>1</sup> OJ L 396, 30.12.2006, p. 1; corrected version in OJ L 136, 29.5.2007, p. 3.

9. Calls once again upon the Commission to publish a Green Paper on indoor air quality which would enable guidelines on health and safety indoors to be established, with particular reference to the properties of construction materials, the energy efficiency of buildings and the safety and the harmlessness of chemical compounds used in equipment and furnishings;
10. Points out that certain Member States have successfully introduced mobile analysis laboratories (or ‘green ambulances’) to enable habitat pollution in public and private places to be diagnosed swiftly and reliably; considers that the Commission could promote such a practice within the Member States which have not yet acquired such a means of direct intervention at a polluted site;
11. Is greatly concerned at the Bio-Initiative international report<sup>1</sup> concerning electromagnetic fields, which summarises over 1500 studies on that topic and which points in its conclusions to the health risks posed by emissions from mobile-telephony devices such as mobile telephones, UMTS, Wifi, Wimax and Bluetooth, and also DECT landline telephones;
12. Notes that the limits on exposure to electromagnetic fields which have been set for the general public are obsolete, since they have not been adjusted in the wake of Council Recommendation 1999/519/EC of 12 July 1999 on the limitation of exposure of the general public to electromagnetic fields (0Hz to 30 GHz)<sup>2</sup> and obviously take no account of developments in information and communication technologies, of the recommendations issued by the European Environment Agency or of the stricter emission standards adopted, for example, by Belgium, Italy and Austria;
13. Takes a very serious view of the multiple health risks created by global warming on EU territory and calls for enhanced cooperation between the WHO, the Member States’ monitoring authorities, the Commission and the European Centre for Disease Prevention and Control in order to bolster the early-warning system and thus to curb the harmful effects which climate change has on health;
14. Advises the Commission to envisage (by 2010 and under the ‘second round’ of the health and environment action plan) refocusing its initiatives on vulnerable populations and to devise new methods of risk-assessment, taking into account the fundamental fact that children are particularly vulnerable;
15. Instructs its President to forward this resolution to the Council, the Commission and the WHO.

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<sup>1</sup> Published by a group of independent scientists on 31 August 2007. For details, see: [www.bioinitiative.org](http://www.bioinitiative.org)

<sup>2</sup> OJ L 199, 30.7.1999, p. 59.

## EXPLANATORY STATEMENT

### Background

On 23 February 2005 the European Parliament adopted by an overwhelming majority (576 votes to 48) a resolution on the launch of the Environment and Health Action Plan 2004-2010.

The resolution was to say the least critical of the Commission and it was based on a simple observation: more research and more data cannot be the sole objective of an Action Plan!

Taking its cue from its rapporteur, Parliament's plenary took the view that the priority objective announced by the Commission for the 'first round' (i.e. 2004-2010) – namely, the improvement of knowledge concerning the impact of environmental pollution on health – was undoubtedly praiseworthy but obviously inadequate, especially since an increasing number of scientific studies and research projects were demonstrating the correlation between exposure to environmental factors and the four priority diseases referred to in the Communication: asthma and childhood allergies, neuro-developmental disorders, cancer and endocrine-destruction effects.

It was chance timing that the Action Plan was submitted just a few months prior to the ambitious declaration issued by the 52 European environment and health ministers at the Budapest conference organised by the WHO in June 2004. If we also take into consideration the action plans (often containing clear, quantified targets) which have already been introduced in certain Member States (the Benelux countries, France and the German *Länder*), the reservations expressed by the European Parliament are readily understood.

The European Parliament wished to give a real boost to the Action Plan and it issued a number of recommendations concerning in particular:

1. the precautionary principle as a means of political action, since it must be acknowledged that this safety principle is often proclaimed but rarely applied at EU level;
2. the introduction of a bio-monitoring scheme at EU level in order to make it easier to measure the interaction between pollutants and harmful effects on health;
3. action to combat domestic pollution, involving in particular the Commission's designation of tobacco smoke as a class-1 carcinogen and also the specific request for the Commission to publish a Green Paper on indoor air quality;
4. funding to match the issues at stake, to be drawn from the budget of the 7th Research and Development Framework Programme (a figure in excess of EUR 300 million had been mentioned) and ideally to be coordinated with the public-health programme 2003-2008.

Three years on, most of those priorities still apply.

For good reason, the Commission concentrated on its own agenda and its main desire was to secure results in the areas in which it had set its priorities: improving the health and environment information chain, integrating and stepping up European research in that area and cooperating with specialist international organisations such as the WHO.

The rapporteur does, however, note with satisfaction that over 38 projects concerned with health and the environment were financed under the Sixth Research Programme, with total funding in excess of EUR 200 million.

#### On the difficult art of assessing an Action Plan whose name is a misnomer

Of the 13 actions initially envisaged by the Commission, only four were concerned with specific measures:

- Action 10: promote training of professionals and improve organisational capacity in environment and health
- Action 11: coordinate ongoing risk-reduction measures and focus on the priority diseases
- Action 12: improve indoor air quality
- Action 13: follow developments regarding electromagnetic fields.

Back in 2005 the rapporteur expressed his satisfaction at the Commission's appropriate response under Action 12 to the environmental problems posed by passive smoking.

As for the rest and in view of the lack of detail regarding the actions pursued, an interrogatory approach should be adopted in respect of the mid-term review, bearing in mind that the rapporteur has made specific remarks concerning Actions 12 and 13.

Are there any actions designed to promote the development of environmental medicine and to facilitate the recognition at EU level of qualifications in that speciality? Since endocrine disruptors are not included in the REACH authorisation procedure, what action (apart from a pilot scheme) has been taken by the Commission in order to ensure that those substances are properly monitored?

Taking an impartial view, it must be acknowledged that over the last three-and-a-half years the EU has achieved some genuine successes in its effort to combat various forms of pollution. Those successes include checks on over 10 000 chemicals on the basis of the REACH regulations, new legislation on air quality and the legislative and strategic package on pesticides.

However, from that same impartial viewpoint it must at the same time be noted that EU policy lacks an overall preventive strategy and does not apply the precautionary principle.

#### The precautionary principle: neither zero tolerance nor zero application

The rapporteur points out with regret that this civilising principle is often proclaimed, sometimes sullied but hardly ever applied, even though it has been included in Article 174-2 of the EU Treaty since 1992.

With the well-known exception of the ban imposed by Parliament and the Council in June



2005 on the use in children's toys of six substances belonging to the phthalate family, the precautionary principle has not been applied in recent Community legislation. And even then it took over 10 years of struggle on an epic scale to bring about a permanent ban on CMR substances used in this particular connection.

For this reason the rapporteur questions the relevance of such binding criteria for invoking the precautionary principle as those adopted by the Commission in its 2 February 2000 Communication.

At every stage - from dependence upon analysis and risk-management through the determination at each stage of the degree of scientific uncertainty and the drawing up of a cost-benefit report to the study of various possible courses of action - everything seems to be designed in order to ensure that the precautionary principle is rendered inapplicable by means of a complex, hierarchical and never-ending procedure.

This observation has prompted the rapporteur to propose (in paragraph 7 of the resolution) a thorough revision of the 2 February 2000 Communication in order to activate the precautionary principle. This proposal is also backed up by the case-law of the European Court of Justice, which has on a number of occasions specified the content and the scope of the principle in Community law as being one of the cornerstones of the protection policy pursued by the Community in matters relating to health and the environment<sup>1</sup>.

#### Habitat pollution: a particularly insidious threat to health

Faced with this health threat to which few people are immune (since they spend on average 90% of their time in a confined space - kindergarten, school, office, house, industrial site, etc.), the Commission has not simply sat on its hands.

It has taken a number of courses of action, such as the establishment of a working party bringing together industrialists, consumers' organisations and environmental-protection bodies and the funding of at least 17 European projects in such varied fields as the monitoring of indoor and outdoor air quality and research into construction materials as a source of pollution.

The rapporteur does, however, point out that all of these initiatives taken together do not constitute a comprehensive, integrated policy on indoor air quality.

The rapporteur was very surprised to learn from a report by an expert at the London School of Hygiene that, for example, in the beautiful city of Prague the air inside people's houses was more polluted than the outside air breathed by Kundera's lovers. The Commission would therefore be well advised to publish a Green Paper on the specific problems of habitat pollution, as called for by Parliament in paragraph 21 of its 21 February 2005 resolution on the Action Plan.

The EU should as a matter of urgency adopt a proper strategy on this topic which would enable guidelines for the Member States to be set and would protect members of the general

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<sup>1</sup> ECJ, 23 September 2003, Commission v Denmark, Case C-192/01; ECJ, 7 September 2004, Case C-127/02.

public who are exposed to numerous sources of biological and chemical pollution at every stage of life, from kindergarten to office.

The rapporteur also points out that the EU authorities as a whole could usefully assess the overall financial cost of indoor pollution in terms of medical expenses, industrial disability and the cost of cleaning up contaminated habitats.

### The emerging threat from electromagnetic fields

When Parliament last considered this topic (in 1999<sup>1</sup>), local high-output wireless networks such as Wifi or Wimax were only just being introduced into Europe - and European households had not yet been totally invaded by a plethora of electronic devices and wireless-telephony systems.

As sometimes occurs, technical progress can - if it is poorly mastered - present certain health risks. This is exactly what has occurred in the case of electromagnetic waves, the exposure limits for the general public date from 1999 and have not kept pace with developments in technology.

The rapporteur is well aware that radio emissions have been the subject of heated debate for over 20 years and that there is still a degree of scientific uncertainty. Hence he considers that the most comprehensive document produced so far should be taken into account. The document in question is the Bio-Initiative Report, which has been drawn up by prominent European and US scientists and which summarises over 1500 studies concerned with the effect that electromagnetic fields have on human health. The document comes to the conclusion that repeated and/or excessive exposure to electromagnetic waves may cause cancer (in particular leukaemia in children), Alzheimer's disease, nervous disorders and irregular sleep patterns.

In September 2007 the European Environment Agency advised the 27 Member States on the basis of the above document to introduce more effective protection of the general public. The rapporteur agrees with such advice and takes the view that in the field of environmental health the EU must do more and do it more effectively.

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<sup>1</sup> Tamino Report, A4-0101/99.