



Brussels, 23 November 2005

EU THEMATIC STRATEGY ON AIR QUALITY EU Environment Council, Brussels, 2 December 2005

Dear EU Environment Minister,

As you discuss one of the most important pieces of Community environmental policy that has an impact on peoples health across Europe, the European Public Health Alliance, International Society of Doctors for the Environment - Europe, the European Federation of Allergy and Airways Disease Patients Association and EPHA Environment Network, representatives of the health, environmental health and patient community throughout Europe, ask you to consider:

Under the legislative obligation in the 6th Environmental Action Programme, the European Commission was required to come forward with a Thematic Strategy on Air Pollution that considers strict air quality standards to reduce the health burden on our society, especially the impact on vulnerable groups such as infants, children, the elderly and those suffering from asthma, allergy and other respiratory diseases, which they have seemingly failed to achieve.

Every hour, at least one person dies of asthma in Western Europe¹.

According to the European Commission's own Impact Assessment², every year 369,980 people die prematurely because of air pollution. To put this in perspective this represents losing nearly the population of Malta every year. Premature death, health care and medication due to air pollution amount to between 3% to 10% of the EU GDP³ but this figure does not include the pain and suffering of individuals and their families.

Europe's leading scientists have highlighted their concerns that the European Commission proposed Thematic Strategy on Air Quality fails to achieve the health goals set out in its mandate (please see attached letter) in the following ways:

1. No "legally binding" mechanism proposed to ensure reduced exposure to PM2.5.
2. A blatant disregard of current European research into the health effects of PM2.5 in setting a health relevant standard.
3. The de-regulation of the PM10 health standard, by allowing subtraction of all 'natural' PM10 which means allowing higher PM10 exposures, which in turn dictates more adverse effects of air pollution to occur across Europe.

¹ European Federation of Allergy and Airway Diseases Patients Association, A European patient perspective on severe asthma, Fighting for breath GINA Global Initiative for Asthma. The Global Burden of Asthma Report, 2004

² Baseline Scenarios for the Clean Air for Europe (CAFE) Programme Final Report Authors: Markus Amann, Imrich Bertok, Janusz Cofala, Frantisek Gyarmas, Chris Heyes, Zbigniew Klimont, Wolfgang Schöpp, Wilfried Winiwarter submitted to the European Commission Directorate General for Environment, Directorate C Environment and Health for the study on Development of the Baseline and Policy Scenarios and Integrated Assessment Modelling Framework for the Clean Air for Europe (CAFE) Programme LOT 1 Contract No B43040/ 2002/340248/MAR/C1

³ The total cost of asthma in Europe is €17.7bn per year, and productivity lost to poor asthma control is estimated at €9.8bnper annum European Respiratory Society. The European White Lung Book: The First Comprehensive Survey in Respiratory Health in Europe 2003

For children, outdoor air pollution is associated with acute lower respiratory tract infections, asthma, low birth weight, and impaired lung function. Evidence is now overwhelming that small particles (PM10 and PM2.5) are, for a large part, responsible for these adverse health impacts and deaths.

In the context of the Ministerial Conference the Future for our Children, Environment and Health Ministers throughout Europe signed the WHO Children's Environment and Health Action Plan in which they committed 'to prevent and reduce respiratory disease due to outdoor and indoor air pollution, thereby contributing to a reduction in the frequency of asthmatic attacks, in order to ensure that children can live in an environment with clean air'⁴.

We believe that our children have a right to breathe clean air, and the European Commission, in this regard, has failed to take into consideration both 'Sound Science' or even the benefits highlighted in their own 'Impact Assessment' to fulfill this mandate. Even more alarming is the fact that the proposed Thematic Strategy on Air Quality does not taken into consideration the WHO⁵ recommendations on vulnerable populations, as required under the Clean Air for Europe programme.

We would therefore urge you to ensure that the lack of ambition in the European Commission's proposal is rectified as pointed out below and of course remain at your service in this regard.

1. No re-negotiation of existing limit values.
2. Limit values must apply everywhere and should not be turned into a "swiss cheese" by specifying that they apply in certain areas and not in others.
3. Derogations must be limited or not allowed.

The reduction of the adverse health effects of air pollution is an important case where European Union can show that it really makes a difference to people's everyday lives.

Yours Sincerely,

Lara Garrido Herrero



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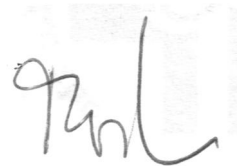
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⁴ World Health Organisation, Children's Environment and Health Action Plan for Europe
http://www.who.dk/childhealthenv/policy/20020724_2

⁵ World Health Organisation, Effects of air pollution on children's health and development, A review of evidence, Special Programme on Health and Environment European Centre for Environment and Health Bonn Office 2005. <http://www.euro.who.int/document/E86575.pdf>