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[Mid-term review of the European Environment and Health Action Plan 2004-2010](#)[P6_TA-PROV\(2008\)0410](#)[A6-0260/2008](#)

[European Parliament resolution of 4 September 2008 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⁽¹⁾,
- 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 Articles 152 and 174 of the EC Treaty targeting a high level of protection for human health and the environment,
- having regard to Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-13)⁽²⁾,
- 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 ([A6-0260/2008](#)),

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, so that it may be hoped that a coherent and integrated 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, the collection and evaluation of relevant data as well as an increase in the volume of research - will 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 and definitely insufficient for its efficient promotion,

D. whereas the main objective of the 2008-2013 health programme is to act upon the factors which traditionally determine health (diet, smoking, alcohol consumption and the use of drugs); whereas this 2004-2010 action plan should focus on certain new health challenges and

in addition address the determining environmental factors which affect human health, 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), as well as risks to health arising from climate change,

E. whereas respiratory illnesses rank second as a cause of death and in terms of incidence, 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 atmospheric pollution caused, in particular, by fine particles and ground-level ozone, is a significant threat to human health which is affecting the proper development of children and reducing life expectancy in the EU⁽³⁾,

G. whereas, with reference to the issue of urban environmental health, particularly the quality of indoor air, 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,

H. whereas at the 2004 and 2007 WHO ministerial conferences on health and the environment, attention was drawn to the links between the complex combined influence of chemical pollutants and a number of chronic illnesses and disorders (affecting children in particular); 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),

I. whereas there is increasing scientific evidence that certain cancers, such as cancer of the bladder, bone cancer, lung cancer, skin cancer, breast cancer and others are caused not only by the effects of chemical substances, radiation and airborne particles but also by other environmental factors,

J. 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,

K. 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⁽⁴⁾,

L. 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),

M. 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,

N. 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, flooding and wildfires as the most frequent natural disasters in the EU can lead to additional diseases, poor sanitation and deaths, while at the same time recognising the beneficial effects on health of measures to alleviate climate change,

O. whereas climate change will have significant effects on human health, inter alia by encouraging the development of certain infectious and parasitic diseases mainly because of changes in temperature and humidity and their impact on ecosystems, animals, plants, insects, parasites, protozoa, microbes and viruses,

P. whereas Directive 2000/60/EC of the European Parliament and of the Council of 23 October 2000 establishing a framework for Community action in the field of water policy⁽⁵⁾ and its daughter directives contain clear provisions concerning the preservation and restoration of healthy waters,

Q. 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,

R. whereas the number of persons suffering as a result of environmental factors is increasing and epidemiologies should be developed in order to obtain a full picture of diseases which are caused wholly or in part by environmental factors,

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. Draws the Commission's attention to the fact that a programme has already been carried out under the aegis of the WHO as part of which the WHO Member States established their own national and local environmental health action plans comprising specific objectives and implementation plans; recommends to the Commission therefore that it review this WHO programme as a possible model which could also serve as a useful example to the Union in the future;

4. 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;

5. Calls upon the Commission to respond by 2010 to two essential objectives which the Commission set itself in 2004 and to establish and carry out a practicable communication strategy for these objectives, 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;

6. Strongly recommends that the Commission and Member States meet their obligations as regards implementation of Community legislation;

7. Stresses that, when it comes to assessing the impact of environmental factors on health, consideration should be given first and foremost to vulnerable groups such as pregnant women, newborn babies, children and the elderly;

8. Calls for special attention to be given to vulnerable groups, who are the most susceptible to pollutants, by introducing measures to reduce exposure to indoor environmental contaminants in healthcare facilities and schools through the adoption of sound indoor air quality management practices;

9. Urges the Commission, when drafting proposals for the revision of existing laws, not to weaken those laws under pressure from lobbies or regional or international organisations;

10. Points that the EU needs to apply a continuous dynamic and flexible approach to the Action Plan; considers that it is therefore of paramount importance 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; points to the importance of improving the training of health experts by means, in particular, of exchanges of best practice at Community level;

11. 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;

12. 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;

13. Considers that shifting the burden of proof onto 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⁽⁶⁾), and encourages the Commission to extend that obligation to Community legislation concerning all products; considers that any increase in animal testing under the Action Plan should be avoided and full regard should be paid to the development and use of alternative methods;

14. Calls once again upon the Commission to come forward as soon as possible with concrete measures on indoor air quality which would ensure a high level of protection of health and safety indoors to be established, in particular when revising Council Directive 89/106/EEC of 21 December 1988 on the approximation of laws, regulations and administrative provisions of the Member States relating to construction products⁽⁷⁾, and to propose measures to increase the energy efficiency of buildings and the safety and the harmlessness of chemical compounds used in equipment and furnishings;

15. Recommends that, in order to reduce damaging effects of the environment on health, the Commission should call upon Member States, by means of tax concessions and/or other economic incentives, to interest market operators in improving the quality of indoor air and reducing exposure to electromagnetic radiation in their buildings, branch establishments and offices;

16. Recommends that the Commission draft appropriate minimum requirements to guarantee the quality of indoor air in buildings to be newly built;

17. Recommends that, in awarding individual European Union support, the Commission bear in mind its impact on the quality of indoor air,

exposure to electromagnetic radiation and the health of particularly endangered sections of the population in the projects concerned in a similar way to that in which attention is devoted to environmental protection criteria;

18. Calls for environmental quality standards for priority substances in water to be laid down in accordance with the latest scientific knowledge and regularly brought into line with current scientific thinking;

19. 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;

20. Is concerned about the lack of specific legal provisions to ensure the safety of consumer products containing nanoparticles and the relaxed attitude of the Commission with regard to the need to review the regulatory framework for the use of nanoparticles in consumer products in light of the increasing number of consumer products containing nanoparticles being put on the market;

21. Is greatly concerned at the Bio-Initiative international report⁽⁸⁾ 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;

22. 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)⁽⁹⁾, 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, and do not address the issue of vulnerable groups, such as pregnant women, newborn babies and children;

23. Calls, consequently, upon the Council to amend its Recommendation 1999/519/EC in order to take into account the Member States' best practices and thus to set stricter exposure limits for all equipment which emits electromagnetic waves in the frequencies between 0.1 MHz and 300 GHz;

24. 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;

25. Highlights that this Action Plan would benefit from being extended to cover negative impacts of climate change on human health by elaborating on effective adaptation measures necessary at Community level, such as:

- systematic public education programmes and awareness-raising;
- integration of climate change adaptation measures into public health strategies and programmes, such as communicable and non-communicable diseases, workers' health and animal diseases hazardous to health;
- proper surveillance aiming at the early detection of disease outbreaks;
- health-related early warning systems and response;
- coordination of existing environmental data monitoring networks with disease outbreak networks;

26. Calls on Member States and the Commission to respond adequately to the new threats posed by climate change such as the increased presence of emerging viruses and undetected pathogens and therefore implement new existing pathogen reduction technologies that reduce known and undetected viruses and other pathogens transmitted by blood;

27. Regrets that the current cost benefit impact assessment of the '20 20 by 2020 Europe's Climate Change Opportunity' (COM(2008)0030) only considers the health benefits of reduced air pollution at a 20% reduction of greenhouse gas emissions by 2020; calls on the Commission to ensure that the (ancillary) co-benefits to health of various levels of ambition, in line with the International Panel on Climate Change recommendations of domestic 25% to 40% as well as possibly 50% or more of greenhouse gas emission reduction by 2020, are urgently investigated and modelled into an impact assessment by the Commission;

28. Calls on the Commission to pay attention to the serious problem of mental health, considering the number of suicides in the EU, and to devote more resources to the development of adequate prevention strategies and therapies;

29. Reiterates that the Commission and the Member States should support the WHO Children's Environment and Health Action Plan in Europe, to encourage it both through EU and bilateral development policy, and to encourage similar processes outside the WHO Europe Region;

30. Calls on the Commission to reincorporate into its second action plan the initiative SCALE (Science, Children, Awareness, Legal instruments, Evaluation) relating to the reduction of exposure to pollution, as set out in the European Environment and Health Strategy (COM(2003)0338);

31. Urges the Commission to work on and provide instruments that would foster the development and promotion of innovative solutions, as stressed within the Lisbon agenda framework, in order to minimise major health risks from environmental stressors;
32. Urges the Council to take a decision without delay on the proposal for a regulation establishing the Union Solidarity Fund, as Parliament adopted its position as long ago as 18 May 2006⁽¹⁰⁾; considers that the new regulation, which, together with other measures, will lower thresholds for the entry into force of the Union Solidarity Fund, will make it possible to alleviate more effectively, flexibly and quickly damage caused by natural or man-made disasters; stresses that such a financial instrument is very important, particularly because it is assumed that natural disasters will occur more frequently in future, partly on account of climate change;
33. Recommends, as SMEs are of decisive economic importance in Europe, that the Commission should provide technical support to SMEs to make it possible, and help them, to comply with binding environmental health regulations and encourage them to make other changes which are positive from the point of view of environmental health and affect the operation of enterprises;
34. Advises the Commission to envisage (by 2010 and under the "second cycle" 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, pregnant women and older people are particularly vulnerable;
35. Urges the Commission and Member States therefore to acknowledge the advantages of the prevention and precautionary principles and to develop and implement tools enabling potential environmental and health threats to be anticipated and countered; recommends that the Commission cost the 'second cycle' of this action plan and make provision for appropriate funding covering a larger number of practical measures to reduce environmental impact on health and to implement prevention and precautionary measures;
36. Instructs its President to forward this resolution to the Council, the Commission, the governments and parliaments of the Member States and the WHO.

(1) OJ C 304 E, 1.12.2005, p. 264.

(2) OJ L 301, 20.11.2007, p. 3.

(3) Europe's environment, the fourth assessment, summary, European Environment Agency (10.10.2007).

(4) 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.

(5) OJ L 327, 22.12.2000, p. 1. Directive last amended by Directive 2008/32/EC (OJ L 81, 20.3.2008, p. 60).

(6) OJ L 396, 30.12.2006, p. 1; corrected version in OJ L 136, 29.5.2007, p. 3.

(7) OJ L 40, 11.2.1989, p. 12. Directive last amended by Regulation (EC) No 1882/2003 of the European Parliament and of the Council (OJ L 284, 31.10.2003, p. 1).

(8) Published by a group of independent scientists on 31 August 2007. For details, see: www.bioinitiative.org.

(9) OJ L 199, 30.7.1999, p. 59.

(10) OJ C 297 E, 7.12.2006, p. 331.