



11th October 2006

European Union Health Air Quality Standards

Dear EU Environment and Health Minister,

As a health and environmental coalition representing the views of a broad constituency which includes health professionals, patient groups and health advocacy organizations, we are very concerned that the EU will backslide on air quality legislation, and thus weaken the health protection that is a Treaty obligation.

We would like you to consider the most recent developments on the health impact of air pollution, and send a strong signal that EU environmental legislation is, and will continue, to deliver significant health gains for Europe's people, particularly those most affected when you adopt your common position this October.

Last week, the **World Health Organisation issued world-wide Air Quality Guidelines** outlining the significant health burden of air pollution.

"Air pollution, in the form of particulate matter or sulfur dioxide, ozone or nitrogen dioxide, has a serious impact on health. For example, in the European Union, the smallest particulate matter alone (PM2.5) causes an estimated loss of statistical life expectancy of 8.6 months for the average European.

The new WHO Guidelines state that:

"By reducing particulate matter pollution from 70 to 20 micrograms per cubic metre as set out in the new *Guidelines*, we estimate that we can cut deaths by around 15%," said Dr Maria Neira, WHO Director of Public Health and the Environment.

The WHO Guidelines provide the latest scientific consensus on the health effects of air pollution.

"These new guidelines have been established after a worldwide consultation with more than 80 leading scientists and are based on review of thousands of recent studies from all regions of the world. As such, they present the most widely agreed and up-to-date assessment of health effects of air pollution, recommending targets for air quality at which the health risks are significantly reduced," stated Dr. Roberto Bertollini, Director of the Special Programme for Health and Environment of WHO's Regional Office for Europe

WHO is also urging governments around the globe to ensure that these Guidelines are legally binding.

"We look forward to working with all countries to ensure these Guidelines become part of national law," Dr. Robert Bertollini says.

The EU-wide updated health impact study of 26 **European cities, APHEIS**, confirms and strengthens the causal links between ill health and air pollution [<http://www.apheis.net/>].

It is now your turn to revise and ensure that new air quality legislation reflects these Guidelines, while at the same time strengthening the EU's leadership role in global environmental health policy making.

Today, we urge you to go further than the Parliaments' amendments, set out below, which we believe will reduce health protection by:

1. Increasing the possible number of "pollution days" from 35 to 55 for the daily PM10 limit value, which will not improve the daily lives of those most affected by air pollution, such as those suffering from asthma, COPD and other respiratory disease.
2. Extending the dates of entry into force for PM10 until 2014. The Commission's date is 2010 and Council "general approach" is 2011.
3. Extending the entering into force of a 20% reduction and legally binding cap for PM2.5 to 2015. The Commission's proposal implied a legally binding cap by 1st January 2010.
4. Turning the air quality limit values into "swiss cheese" by allowing for derogations in geographical areas where there is no permanent population, in workplaces, and in areas without air quality monitors. Air pollution limit values must apply everywhere, as air pollution knows no boundaries. The derogations for natural sources would reduce health protection by allowing industries to produce more pollution to fill in the space created by such a derogation.

We welcome in part your "general approach" in terms of reducing time extensions, however, we urge you to ensure on October 23 that:

- There is no roll-back of existing standards, particularly for PM10 and health protection under the daily limit value (which is linked to reducing the number of 'hospitalization days').
- The introduction of legally binding standards for PM2.5 in line with WHO air quality guidelines.
- No derogations are made for 'natural sources' that would reduce health protection
- No introduction of unworkable derogations such as exemption of some areas where limit values would be inapplicable.

When it is not possible to meet air quality standards, we urge you to ensure that the legislation will facilitate a transparent process for granting time extensions and provide for citizen involvement, including access to information and the right to appeal.

We would be happy to discuss these issues with you further should you have any questions or concerns.

Yours Sincerely,

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European Public Health Alliance (EPHA)

The European Public Health Alliance (EPHA) represents over 100 non-governmental and other not-for-profit organisations working on public health in Europe. EPHA's mission is to promote and protect the health of all people living in Europe and advocate greater participation of citizens in health-related policy making at the European level.

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European Federation of Allergy and Airways Diseases Patients' Associations (EFA)

EFA is a collaborative Network of allergy, asthma and COPD patient associations in Europe with the mission to improve the Quality of Life of people with Allergy, Asthma and COPD and of their carers throughout Europe.

EFA Vision is a European Community that shares the responsibilities for substantially reducing the frequency and severity of Allergies, Asthma and COPD and recognises their social environmental, economic and health implications.

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Health & Environment Alliance (HEAL)

The Health & Environment Alliance advocates protection of the environment as a means to improving the health and well being for European citizens. Launched in 2004, it brings together groups that want to ensure that health is at the centre of environment issues.

Member groups include NGOs specialising in public health, environment-related health conditions and women's environmental and health concerns and associations representing health care and environmental health professionals. One of HEALs key objectives is to bring health expertise to the environment policy-making process.

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