

WHAT CAN WE DO?

In 2004, scientists and health care professionals, among others, met in Paris and discussed the issue of chemicals contamination and the effects on human health. As a result of this meeting, the participants have written the "Paris Appeal" and have urged the scientific community and other stakeholders to sign this petition asking European politicians to act in favour of stricter chemicals control. HCWH and Chemsec are now asking the health care professionals to act as well, on the following suggestions:

- Contact organisations at your hospital, such as the trade unions or hospital organisations, and urge them to send an appeal to decision makers in the EU and your own country. Insist on the requirements that are listed below: They are essential if we are to get legislation that protects our own health and that of future generations.
- Sign the Paris Appeal – the International Declaration on Diseases Due to Chemical Pollution at:
<http://appel.artac.info/anglais.htm>

- Pass on this fact sheet to your colleagues and inform them about the situation.
- Contact the people responsible for purchasing at your hospital and ask them to buy safe products without hazardous chemicals.

Require:

Substitution of hazardous chemicals:

REACH must include an obligation to phase out the worst chemicals when safer alternatives are available.

Access to information:

We, as consumers, must have the right to know if hazardous chemicals are used in the goods we buy. According to the current proposed bill we do not have that right.

Producer's responsibility:

Chemical manufacturers must be made responsible for the chemicals they manufacture and the harm that

can arise from them. Their responsibility must therefore be clearly written into the legislation.

Sufficient test data:

The information required for substances produced in low volumes (around 20,000 chemicals) is insufficient to decide if a chemical has carcinogenic or mutagenic effects or is toxic to reproduction. More test data is therefore necessary for these chemicals.

Substances in products:

We are contaminated by chemicals that exist in products in our surroundings: at home, at school and at work – hospitals. Chemicals that are present in consumer products must therefore be covered by the same requirements that apply to other chemicals, regardless of whether goods are manufactured outside European borders or within the EU.

1 Paris appeal: <http://appel.artac.info/anglais.htm>

2 Allergy, UK (2003), *Stolen lives – The Allergy Report*

3 Krestevska – Konstantinova et al, *Hum Reprod* 16(5) (2001)

4 Finnish Institute for Occupational Health (1998), *Occupational Exposure to Carcinogens in the European union in 1990-93*

5 EEA (2001), *Late lessons from early warnings: the precautionary principle 1986-2000*

6,9 European Commission (2003), *Commission staff working paper [SEC(2003)1171/3]*

7 EEA (2003), *Europe's environment: the third assessment*

8 RPA (2003), *Assessment of the Impact of the New Chemicals Policy on Occupational Health*

10 DEFRA (2004), *New European Chemicals Strategy. UK Partial Regulatory Impact Assessment.*

11 Godstein, E. and Hodges, H. (1997), *Polluted Data, The American Prospect*, no.35



Health Care Without Harm (HCWH) is an international coalition of hospitals and health care systems, medical and nursing professionals, community groups, health-affected constituencies, labour unions, environmental and religious organisations. HCWH is dedicated to work to transform the health care industry worldwide, without compromising patient safety or care, so that it is ecologically sustainable and no longer a source of harm to public health and the environment.

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The International Chemical Secretariat (Chemsec) is a non-profit organisation dedicated to work towards a toxic free environment. The secretariat is a cooperation between four environmental organisations in Sweden; SSNC, WWF, FoE and Fältbiologerna.

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Protecting our patients' health
– Supporting new legislation that will reduce exposure
to hazardous chemicals

We are exposed to hundreds of man-made chemicals through our skin, intestines and lungs; and daily in our homes, workplaces and public places. These chemicals can be measured in our fatty tissue, in our blood, in mother's breast milk. The biological effects of this invasion are, with few exceptions, unknown. Their potential role in decreasing fertility, causing allergies, immunological and hormonal disorders, and cancers has, however, given rise to large and serious concern among experts.

Contrary to common belief, the vast majority of chemicals in general use have never been systematically tested. No comprehensive testing for potential harmful effects is required before chemicals can be used in everything from children's toys to building materials, with total volumes often exceeding thousands of tonnes per year. A similar situation would be unthinkable in the case of pharmaceuticals, for instance, where testing for harmful side effects is rigorous.

New EU legislation is proposed that could change this situation. The new law, REACH, requires basic tests on 30,000 chemicals – gradually enforced over the next eleven years. The goal is to get a much better understanding of chemical hazards, and subsequently, to make sure that the most risky substances are phased out or more adequately controlled.

The success of this political initiative to identify chemical hazards, ease pollution and reduce the toxic body burden depends on support from us and our colleagues. The impact of this legislation will go far beyond European Union, because international companies that operate in Europe will have to accommodate the new system.

WHAT IS THE PROBLEM?

Today, 15% of couples in Europe are infertile. There is evidence that chemical pollution may be one of the causes of this infertility¹. More and more children are suffering from allergies². Toxic chemicals are suspected of playing a crucial role in the increase in allergies and some cancers. Girls are entering puberty at an earlier age. Some experts believe that chemicals that affect our hormone system may be in part responsible³. Nearly 23% of all employees in Europe are exposed to carcinogenic substances at work⁴. An illustration: asbestos, a material for insulating buildings, was widely used before proven harmful. More than 400,000 people in Europe are expected to die of cancer caused by asbestos over the next few decades⁵.

HOW MUCH DO WE KNOW ABOUT CHEMICALS?

It is estimated that between 30,000 and 70,000 chemicals are in use today. Experts

estimate that approximately 70% of these chemicals may have toxic properties⁶. For 86% of the chemicals used in high volumes, no information is publicly available about health impacts on humans⁷.

Hazardous chemicals are in the buildings where we live and work, including hospitals, in the clothes we wear, and in the appliances we use every day, such as computers and medical devices.

HOW HAS EU TACKLED THE PROBLEM?

The EU environmental ministers stated in 1998 that existing legislation was unable to provide sufficient health protection, and asked for major legislative reform. In 2001, the EU Commission presented a strong and promising strategy, called REACH.

However, after unprecedented lobbying from the chemical industry, the original strategy

has been weakened on crucial points. There is an obvious risk that REACH will fail to bring real improvements in health protection, unless flaws are removed. Currently the European Parliament and Council are discussing the issue and it is particularly important that crucial requirements are reinstalled before the final text is agreed upon.

WHAT COULD REACH DO TO IMPROVE HEALTH?

The European Commission has calculated the effects that strict chemical legislation would have on workers' health. Up to 12,000 cases of occupational skin diseases could be avoided each year. Furthermore, 4,300 cancer deaths caused by exposure to carcinogenic chemicals at workplaces could be prevented annually with greater information about hazardous effects of chemicals⁸.

The possible health benefits for EU would

bring significant reduction of costs for chemicals related diseases, under the law as currently proposed. The Commission has illustrated that, if REACH becomes law, society could save at least € 50 billion over the next 30 years through reduction of the burden of diseases⁹. This does not even include all the other potential health benefits that have not been included in the calculations, such as fewer allergies and reduced infertility. Moreover, it is impossible to put a price tag on effects such as suffering, learning difficulties or effects on people's hormone systems. Another example from the UK shows that if only 18-37 occupational cancer deaths per year would be prevented through REACH, this would outweigh the costs to UK industry for the implementation of the new law¹⁰.



WHY DOES THE CHEMICAL INDUSTRY WANT TO WEAKEN REACH?

REACH intends to hand over responsibility to the chemical producer to test a chemical before it can be sold. However, chemical manufacturers have expressed great worries over the costs of the new system for their industry. They claim it will be too expensive for companies that use their chemicals to switch to safer alternatives. The experience with other toxic substances that are now under strict control shows that these industry predictions overestimate costs and underestimate the innovation potential within industry. For example, industry adapted well to new regulations in the case of CFCs (Chlorofluorocarbons), which are used in refrigerators or air conditioners¹¹. Unfortunately the decision makers have listened to the chemical industry and, consequently, have

put forward a proposed bill that is considerably weaker than was originally intended.

As mentioned above, the financial benefits from improved public health could go beyond € 50 billion, over 30 years. In comparison, the Commission estimates that REACH would cost the chemical industry a total of approximately € 2.3 billion over 10 years.

WHY SHOULD WE AS DOCTORS/NURSES CARE?

Health care professionals are committed to the prevention of disease. We know there is widespread exposure to hazardous chemicals, and widespread exposure to chemicals for which we have little data. There is evidence that known hazardous chemicals may be contributing factors to disease. In addition, medical devices may also contain chemicals that haven't been adequately tested, raising concerns about direct patient safety.

The lack of required testing for most chemicals poses real concerns for health care practitioners who are interested in protecting patients. This situation is in stark contrast to the testing required for pharmaceuticals. It is a paradoxical situation. We check pharmaceuticals, but do not require any checks on chemicals that are in widespread use.

Therefore, it is prudent public health practice to ensure toxicity testing for chemicals in widespread use, and to restrict those chemicals that are most hazardous.

Because of the nature of our work, we understand the risks of harm caused by the chemicals. Sometimes there is a clear link between an illness and chemicals, and sometimes it is not so obvious. A growing number of children are affected by allergies. Girls are entering puberty at an earlier age due to chemicals that affect our hormone system. For health care providers, such links are more apparent than for most other members of society.

The REACH system

REACH stands for Registration, Evaluation, Authorisation and restriction of CHemicals.

For chemicals produced in quantities of more than 1 tonne per company per year, the producer or importer will have to report to a central agency about the properties of the chemicals they sell. Approximately 30,000 chemicals are included in the system. Those in the highest volumes or those known to have dangerous properties will be dealt with first. Chemicals in pharmaceuticals will not be part of the legislation. But all chemicals that are used in making paint, furniture, construction materials, children's toys and most other products we use will be included.

The most hazardous chemicals will require a special authorisation license for use. These will be chemicals that cause cancers, damage to genetic material, or are toxic to reproduction. Chemicals that cannot be broken down in nature and therefore accumulate in humans and wildlife, or those that interfere with the hormone system, are also seen as the worst chemicals.