



**International Society of Doctors for  
the Environment (ISDE)**

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Doz. Dr. Hanns Moshhammer, President

**OPEN LETTER OF EUROPEAN DOCTORS AND HEALTH WORKERS  
ON TRANSPORT POLICY AND THE EUROVIGNETTE III**

To

the Transport Ministers of the European Union

Dear Transport Minister,

March 2009

We, doctors and health organisations in Europe, are writing to you because we are extremely worried about the health of our patients.

**I      **Diagnosis****

The everyday work in the surgery shows us that the current volume of road traffic is causing huge disruption to our wellbeing through illnesses, injuries and death.

1)      While it is true that the average life expectancy is still rising, many people are unable to benefit from this as their life is ruined by the effects of stress, allergies, circulatory problems, respiratory problems (chronic bronchitis, asthma attacks, lung tumours) and cancer. It has been proven that road traffic is a significant factor in these illnesses.

2)      Every year approximately 4 million life-years are lost due to high pollution levels<sup>1</sup>  
We are alarmed that children are especially susceptible to air pollution. Furthermore, they are often exposed to a higher concentration than adults due to their behaviour patterns and physical size. The healthy air children need to breathe is being taken away from them, along with the living space they need for their development.

But car passengers are also disproportionately affected. This is because the air intake of cars is at a height of less than one metre, often a similar height to the exhaust pipe of the vehicle in front.

3)      Doctors in sensitive regions, such as in the Alps, have found that the population of the transit valleys risk greater exposure because of the particular meteorological and geographical conditions. These increase the noise levels and pathogenic air particles (e.g. the reduced air exchange in the valleys, the 'funnel effect' which amplifies the noise, etc.)

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<sup>1</sup> European Commission, *Monitoring of ACEA's Commitment on CO<sub>2</sub> Emission Reductions from Passenger Cars (2003)*, SEC(2005)826, 2005.

- 4) Climate change brings additional risks to health. Stress factors due to the weather have a cumulative affect with the stress caused by traffic noise and the pathogenic effects of the air pollutants. The 35,000 deaths from the heat in the summer of 2003 (in Europe) are a clear alarm signal!
- 5) HGV drivers are also risking their health. Through the polluted air they breathe in the cab on the one hand, through the long hours at the wheel on the other, and also through the safety risks they face – particularly when the transportation of hazardous goods is involved.
- 6) Road accidents have grave and long-lasting effects on society. Therefore close attention needs to be paid to accidents in which the transportation of dangerous or environmentally harmful goods plays a role. The socioeconomic cost of road traffic injuries – much of which is borne by the health sector – is estimated to be about 2% of a country's gross domestic product. For European Union countries alone, this means about €180 billion – twice the Union's annual budget (2004).<sup>2</sup>
- 7) Although the socially deprived in our society are less likely to drive, the pathogenic repercussions of road traffic are disproportionately higher among them and also among disabled people, the elderly, and the poor who are forced to live on streets with a high volume of traffic because the rents are cheaper there. It has been observed that children who live on busy streets have problems with their concentration and ability to learn. They therefore have yet fewer chances to escape such an environment – a vicious circle indeed.
- 8) It is also necessary to consider the consequential high economic costs, such as lost working hours and reduced working efficiency. A considerable number of illnesses from road traffic are chronic, demanding long-term and expensive therapy. This increases the burden on the public health sector, which is already stretched to the limit. Air pollution in Western Europe amounts to 0.6% of GDP, noise to 0.3% and global warming to 0.2%.<sup>3</sup> These costs are quickly increasing.

## II Responsibility

We have always done and will always continue to do, whatever is in our power to help people. However, long exposure to excessive levels of polluted air, damaging noise levels, increasing concentrations of greenhouse gases, traffic speeds which are too high and insufficient road safety cannot be cured by us doctors alone. The decisions made as part of transport policy have a close bearing on the health of the population of Europe. It is therefore our duty as doctors and health organisations to appeal to you to utilise every option available to you as part of transport policy to the good of an improved standard of health.

In 1999, the European States signed the charter for Transport, Environment and Health and thereby committed themselves to the following:

***“We must ensure that the wellbeing of our communities is put first when preparing and making decisions regarding transport and infrastructure policies” (Charter Transport, Environment and Health)***

In light of this, there are sufficient instruments to provide both effective and sustainable relief for the general public. We see the potential in creating demanding rules for the automobile engineering industry, in ambitious regulations for environmental noise and particle matter, in a European-wide speed limit, in a better system to control working hours, vehicle safety and pollution levels, and finally in better coordination with the public health sector.

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<sup>2</sup> WHO, [http://www.euro.who.int/transport/HIA/20021009\\_1](http://www.euro.who.int/transport/HIA/20021009_1)

<sup>3</sup> Quelle: UNITE, Final Report, 2003

### **III The true costs**

As the basis for an effective policy-mix, we believe there must be a complete internalisation of the Environment and Health costs. Appropriate charges according to the 'polluter pays principle' are an important provision for all further mechanisms to reduce unnecessary transport, to support the shift towards less polluting transport modes, and to attain a collectively improved standard of health.

**We therefore welcome the proposal of the EU Commission for the amendment of the Eurovignette directive of 2006. We hope that this will soon result in other transport strategies and the internalisation of external costs and are, for the moment pleased, that a start has been made on improving road transport.**

**We emphatically implore you to further strengthen the Commission's proposal by establishing ambitious rules. An amendment, which raises the standards, will have a substantial impact in terms of real health care. It has to be possible to achieve the following findings:**

- 1) Within the next five years, a compulsory kilometre charge over the whole of the EU road network should be introduced.**
- 2) All the cost factors relevant to health have to be taken into account: accident costs (which are not covered by insurance), costs to the climate, noise and costs through air pollution.**
- 3) The costs have to be completely met by the parties responsible. The current proposed upper limit on charges is not sufficiently targeted to achieve a reduction of the pathogenic material particles.**
- 4) An appropriate part of the income generated needs to be used to reduce the stresses and strains on health, as well as for an improved system of control on the roads.**
- 5) The specific living conditions of the population, especially in the environmentally sensitive regions, must be borne in mind. For example, in the Alps, the hitherto highest charges allowed are far removed from reality.**
- 6) Everything that can now be done to improve the health of the population at large must be done. Any attempt to delay important improvements until a new amendment, is, from a medical perspective, not helpful. Regarded from the perspective of demographical trends, it is even counterproductive.**

We doctors and health organisations are convinced that regulations aimed at achieving such a standard will find widespread approval among the population. And we are willing to put ourselves at your disposal for the further development of a responsible policy providing long-term and healthy road transport.

We thank you most sincerely for your commitment.

## SIGNATURES

### International



**European Federation  
of Road Traffic Victims  
(FEVR)**

Brigitte Chaudry  
London



**EU Physicians for the  
Environment  
(EPHE)**

Dr. Guy Luïs Magnus  
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**Health and  
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(HEAL)**

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**International Society  
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### National / Regional



**Ärztinnen und Ärzte  
für Umweltschutz  
- Switzerland -**

Dr. Peter Kälin  
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**Ärztinnen und Ärzte  
für eine gesunde  
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- Austria -**

Dr. Hans-Peter Hutter  
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**Ärztekammer Tirol,  
Umweltreferat,  
- Austria -**

Dr. Heinz Fuchsig  
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**Artsen vor Milieu**

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- Belgium -**

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**FORUM  
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und Umwelt  
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**LÄRM & GESUNDHEIT**

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**Irish Doctor's  
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**Sakh Ambient  
- Malta -**

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**Ukrainian Association  
of Doctors for the  
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## Single Persons

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