



Health Care Without Harm Europe  
**Annual Report for 2006**

*Healthy Hospitals, Healthy Planet, Healthy People*



# Mission and Goals of HCWH Europe

Health Care Without Harm Europe is part of a global coalition of more than 450 groups in 55 countries. We are working together to transform the healthcare industry so that, without compromising patient safety or care, it is ecologically sustainable and no longer a source of harm to people and the environment.

Our membership is diverse, including hospitals and healthcare systems, medical and nursing professionals, community groups, health-affected constituencies, labour unions, and environment and health organisations.

We have forged successful partnerships with global bodies including the United Nations Development Program and the World Health Organisation, national unions such as the Royal College of Nursing, major NGOs such as Friends of the Earth Germany, and regional health authorities such as Stockholm County Council, Sweden.

By working with diverse constituencies from around the world, we are achieving the following:

- Creating markets and policies for safer products, materials and chemicals used in healthcare while promoting safer substitutes, including products that avoid mercury, PVC and brominated flame retardants.
- Eliminating incineration of medical waste, minimising the amount and toxicity of all waste generated, and promoting safer waste treatment practices.

- Transforming the design, construction and operation of healthcare facilities to minimise their environmental impact and foster healthy, healing environments.
- Encouraging food purchasing systems that support sustainable food production and distribution, and providing healthy food on-site at a healthcare facilities.
- Securing a safe and healthy workplace for all healthcare workers.
- Ensuring patients, workers and communities have full access to information about chemicals used in healthcare and can participate in decisions about chemical exposures.
- Promoting human rights and environmental justice for communities affected by the healthcare industry, while assuring that problems are not displaced from one community to another.



## A Brief History of Health Care Without Harm Europe

In 1994 the US Environmental Protection Agency discovered that medical waste incinerators were responsible for 40% of total dioxin pollution in the US.

Shocked that hospitals could be doing so much harm to human health, a group of environmental and health organisations got together to tackle the problem. In 1996 a new type of organisation was born, dedicated to transforming healthcare so it embodies the Hippocratic idea of preventative medicine.

By 1999 Health Care Without Harm was looking to expand into Europe. A number of environmental groups began cooperating to lay the path for formal establishment of HCWH Europe as an organisation in

2003, when it was registered in the Netherlands and then the Czech Republic, where the Head Office is located. Today, HCWH Europe has over 60 members in 23 European countries.

Although HCWH Europe has full constitutional autonomy from other HCWH offices around the world, it is tightly integrated into the global campaign. The office is developing an important role not only in improving the environmental profile of European healthcare, but in placing the EU at the forefront of environmentally responsible healthcare.

Health Care Without Harm also has offices in the Philippines, Argentina and the USA.

# HCWH Europe Achievements in 2006

## Safer materials in medical devices

Health Care Without Harm is working hard to: raise awareness among healthcare professionals of the problems that some chemicals, such as phthalates, pose for vulnerable patient groups; ensure the European legislative framework prevents unnecessary harm to patients and healthcare workers; and help hospitals take practical steps towards phasing out problematic substances.

In 2006 there has been a lot of legislative activity in the EU with repercussions for use of toxic chemicals in healthcare. We have put in a corresponding degree of effort, commenting on the final stages of the REACH proposal, the Medical Devices Directive, the proposed ban on sale of medical devices containing mercury, and more. We have also been contributing to a number of committee discussions.

Overall, the volume of legislation has given us a chance to position ourselves as a key voice in developments at the EU governmental level relating to PVC and especially the use of DEHP in healthcare—we are one of few non-industry organisations qualified or able to take an interest in this issue.

To support our lobbying efforts we have worked with allies in six countries on a mercury hair-testing project and report



about the health effects of mercury exposure. The report will be launched at the EU Parliament building in Brussels in January 2007 with an accompanying media campaign. It will raise awareness among MEPs and the public about the issue and how its solution is realistic and necessary (a sale and export ban and, in healthcare, adopting mercury-free medical devices).

Through our members we have been helping hospitals phase-out PVC. We have been providing resources to help with PVC audits, distributing information about the availability of alternatives, and supporting the development of partnerships between hospitals looking to share the workload involved in becoming PVC- and mercury-free.

## Successes

**PVC and phthalates:** Work in the US on using joint purchasing efforts to force down price and increase demand for safer medical devices has been very successful. This year, we began working towards replicating these achievements in Europe and established a Green Purchasing group, with experts from Austria, Sweden, France, UK and Denmark.

We completed research into the availability of PVC-free medical devices on the European market. This research contributed to the pool of information on alternatives developed by member hospitals in Austria, Sweden and Denmark, developed in cooperation to make phase-out of PVC devices easier.

HCWHE members in Austria, Czech Republic, Slovakia, France, Denmark and Sweden have been working with hospitals on PVC phase-out projects. Work is in preparation in the UK and Germany.

We have developed our image as an important interlocutor to governmental bodies. We have been communicating with the EU about issues concerning the SCENIHR committee, the Risk Reduction Strategy and Medical Devices Directive. We have opened relationships with the UK Committee on Toxicology, the UK National Patient Safety Authority, and the UK Purchasing and Supply Agency.

**Mercury in medical devices:** We joined forces with the Zero Mercury lobby group, adding healthcare's voice to mercury legislation issues. We presented to Brussels politicians about why proposed mercury legislation should be broadened. We won important concessions from the European Commissions, and several Parliament Committee votes went in our favour.

## Improving the Management and Disposal of Medical Waste

The objectives of our waste work are to minimise the total amount of medical waste hospitals produce, minimise the toxicity of medical waste, and eliminate incineration as a method for dealing with medical waste.

One of our main activities is to train healthcare professionals to keep infected waste segregated from non-infectious waste. This massively reduces waste management costs, as infectious waste is expensive to handle. In countries where medical waste has to be incinerated, segregation minimises the amount of waste and accompanying environmental damage that comes from incineration.

In 2006 in Central and Eastern Europe we organised trainings for healthcare professionals, distributing factsheets, and holding seminars to improve understanding and practice in on-site healthcare waste management. In Western Europe we have continued to expand our network, raising awareness of the issues and communicating economic arguments for minimising waste.



*Segregating waste in Moldova*

We see waste incineration as a priority issue because of the harm incinerators do to people's health—especially in EU countries which don't use the best available technology. Incineration also wastes resources which could be recycled.

In 2006 the EU began revisiting laws dealing with incineration. As there is significant risk that revisions will favour incineration, redirecting waste away from recycling and increasing the overall quantity of healthcare waste being incinerated, we have begun lobbying on the issue in cooperation with two important international organisations: GAIA (the Global Alliance for Incinerator Alternatives) and the European Environment Bureau.

We understand that it is not enough to work against waste incineration: viable alternatives have to be offered as well. We have therefore been working with hospitals to promote the use of non-incineration infectious waste treatment technologies. These can also be economically efficient, just as effective as waste incineration, whilst being less polluting.

### Successes

**Legislation:** A letter we drafted and distributed to our members which explains to MEPs our concerns about the latest revisions to Europe's incineration laws ended up arriving from groups as far away as Mexico.

**Waste minimisation:** Through our network we were able to organise a train-the-trainers seminar for waste management trainers from five CEE countries.

Waste minimisation projects and awareness raising about issues went ahead in Slovakia, Armenia, Poland, Belarus, Moldova, Czech Republic, France, and the United Kingdom. Representatives from Sweden, Ireland, India and beyond came to CleanMed to discuss and share experience in waste management issues.

**Network building:** We have allied with the European Environment Bureau and GAIA to work on EU legislation and developed a strategy in cooperation with Friends of the Earth. We are involved in the establishment of a new European NGO (KITE).



## Promoting Good Practice

Busy healthcare professionals rarely have time to work out what changes they need to make to their daily routines so healthcare delivery, as a whole, becomes more sustainable. Although the dangers of toxic chemicals may be well understood, at a practical level it is not always clear what can be done about the problem.

Nor do busy professionals have the time to share experience with colleagues in other countries—let alone develop the communications skills and network links that would allow them to do so effectively.

This is where Health Care Without Harm Europe has unique value. We have experts able to translate abstract issues of environmentalism and sustainability into practical changes in healthcare. Our position as a multi-national network with contacts in over 20 European countries allows us to transmit leading examples of good practice across Europe (and beyond).

We promote good practice in two ways. Firstly, we produce and disseminate educational material about environmental issues in healthcare, emphasising the relevance of a healthy environment to healthcare's mission to "first, do no harm".



*Best Practice Award winners at CleanMed 2006, Stockholm*

Secondly, and most importantly, we use our network to find the best examples of good environmental practices in healthcare in Europe and then transform individual successes into general practical tools that can be implemented by healthcare facilities.

A key activity in this regard in 2006 was our bi-annual CleanMed Europe conference. As the world's largest congress on environmentally responsible healthcare (it is the sister of CleanMed US), CleanMed Europe plays a vital part in spreading knowledge of best practice in healthcare.

Or in the words of one of the CleanMed participants, "CleanMed translates sustainability into housekeeping."

## Successes

**Information sharing:** CleanMed Europe attracted 400 participants from across Europe. 30 companies exhibited products such as PVC-free medical devices and non-incineration waste treatment technologies in the accompanying environmentally-preferable tradeshow

Over 70 projects were entered in the CleanMed Best Practice Awards. Six winners were chosen in categories including Environmental Protection and Waste Reduction. A special award for outstanding grassroots activism was presented to a Korean NGO.

We developed a series of factsheets in six European languages through cooperation with members from a number of countries. Topics included health risks and safe management issues relating to mercury use in healthcare, questions raised relating to the use of PVC in healthcare, and an introduction to the issue of green purchasing in healthcare.

We re-launched our newsletter as a website. It is one of very few publications in Europe dealing expressly with case studies, news and educational feature articles about environmental issues in healthcare. It is distributed to 3000 people.

**Network building:** Six organisations joined HCWH Europe in 2006. Two of these are BUND (Friends of the Earth Germany) and the UK Soil Association, the UK's leading environmental charity promoting sustainable, organic farming and championing human health.

We have continued to support international cooperation between members. In 2006 Gentofte County Hospitals (Denmark) and Malmo Hospitals (Sweden) began working together to reduce the environmental impact of their activities.

# Our Donors

## Health Care Without Harm

1901 N. Moore Street, Suite 509, Arlington, VA 22209, USA

## King Baudouin Foundation

King Baudouin Foundation, Rue Brederodestraat 21, B-1000 Brussels, Belgium

## Global Greengrants Fund

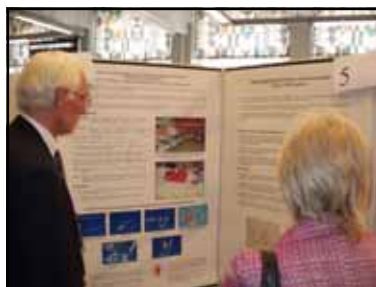
2840 Wilderness Place, Suite A, Boulder, CO 80301, USA

## Ecology Center

2530 San Pablo Avenue (near Dwight Way), Berkeley, CA 94702, USA

## European Commission Environment DG

Beaulieu 5, Avenue de Beaulieu, 5, 1160 - Auderghem



*Images from CleanMed Europe 2006 (left to right: Best Practice Award, Poster Exhibition, Gathering for a Session)*

# Composition of the Board

## **C. Vyvyan Howard MB. ChB. PhD. FRCPath**

Vyvyan Howard is a medically-qualified toxico-pathologist and the leader of the Bioimaging Research Group at the Centre for Molecular Bioscience at the University of Ulster in the UK.

Through his research he became concerned about the potentially synergistic effects of the mixtures of pollutants to which we are daily exposed. In recent years he has become involved in researching the toxicological properties of nano-particles. He has co-edited a book on endocrine disrupters.

## **Dr. Åke Wennmalm, PhD**

Åke Wennmalm is Environmental Director of Stockholm County Council, Sweden, and a Professor of Clinical Physiology. He is active in implementing clean and environmentally-friendly practices in the hospitals of Stockholm County, focusing on green purchasing and management of pharmaceutical drug residues from public health institutions.

## **Dr. Gavin ten Tusscher, MD, PhD**

Gavin ten Tusscher is a consultant paediatrician at the Department of Paediatrics and Neonatology of the Westfriesgasthuis, Hoorn, the Netherlands. He works as a paediatrician in a 500-bed hospital with large out-patient clinic.

His Ph.D. thesis (2002) was on the later childhood health effects of perinatal exposure to background levels of dioxins in the Netherlands. He continues to do research on paediatric environmental health issues and regularly lectures, publishes in peer-reviewed medical journals, and teaches and trains medical students and junior doctors.

## **Anja Leetz**

Anja created and coordinated “Chemical Reaction” - a Brussels-based cooperative project between the European Environmental Bureau, Friends of the Earth Europe and Greenpeace. The project’s goal was to activate the European public on chemical issues.

Since January 2007 Anja has been fundraising for Friends of the Earth Europe. She has extensive experience in the environmental movement and NGO work. She has also worked as a freelance photographer in London.

# Staff of HCWH Europe

<b>Dr. Čestmir Hrdinka</b>	<i>Executive Director</i>
<b>Karolina Růžičková</b>	<i>Safer Materials Working Group Coordinator</i>
<b>Jamie Page</b>	<i>Good Practice Working Group Coordinator</i>
<b>Pawel Gluszynski</b>	<i>Waste Working Group Coordinator</i>
<b>Lisette van Vliet</b>	<i>Brussels Policy Advisor</i>
<b>Paul Whaley</b>	<i>Campaign Support</i>

# List of Members

Name of Organisation	Country
Armenian Women for Health and a Healthy Environment (AWHHE)	Armenia
Women for Green Way for Generations	Armenia
ETA Umweltmanagement GmbH	Austria
Otto Wagner Hospital Centre of Social Medicine	Austria
The Institute for Sustainable Healthcare (INGES)	Austria
Vienna Health Care Institutions Association (KAV)	Austria
Foundation for Realisation of Ideas	Belarus
IPA Ecosphere	Belarus
Belgian Platform Environment and Health	Belgium
International Chemical Secretariat	Belgium
ARNIKA Association	Czech Republic
Ecological Council	Denmark
Endometriose Foundation	Denmark
Gentofte County Hospital	Denmark
Sonderborg Hospital	Denmark
Sygehus Nord Health Care Institutions - Nykobing Thisted	Denmark
The Health Care Institutions Services of Aarhus County	Denmark
Association of Independent Doctors for the Environment and Public Health	France
Committee for Environmental Health	France
C2DS - Committee for Sustainable Development in Healthcare	France
National Centre for Independent Information on Waste (CNIID)	France



## List of Members (continued)

Name of Organisation	Country
BUND - Friends of the Earth Germany	Germany
European Institute for Transfer of Technology, Info Management and Communication (ETIK)	Germany
Institute for Environmental Medicine and Health Care, Freiburg	Germany
Irish Doctor's Environmental Association (IDEA)	Ireland
Organisation for Ecologically Sustainable Waste Management	Ireland
ALERR	Italy
Central Clinic of Colle Cesarano	Italy
Mother Earth Foundation	Netherlands
Waste and Environment Foundation	Netherlands
Women In Europe for a Common Future	Netherlands
Waste Prevention Association 3R	Poland
Macedonian Association of Doctors for the Environment MADE	Republic of Macedonia
Cleaner Production and Energy Efficiency Center	Republic of Moldova
Life Youth Foundation	Romania
Baikal Environmental Wave	Russia
Kaliningrad Children and Youth Invalids (NGO "Maria")	Russia
Friends of the Earth Slovakia	Slovakia
Slovenian Clean Production and Right-to-Know Action Club	Slovenia
Children's Health Care Institutions University	Spain
Consultants for Sustainable Development	Sweden
County Council of Sörmland	Sweden

## List of Members (continued)

Name of Organisation	Country
Jegrelius Research Centre	Sweden
Karolinska University Health Care Institutions	Sweden
Malmö University Health Care Institutions MAS	Sweden
Stockholm County Council	Sweden
Swedish Doctors for the Environment	Sweden
Uppsala University Departments of Clinical Microbiology and Earth Sciences	Sweden
International Council of Nurses	Switzerland
International Society of Doctors for the Environment	Switzerland
Physicians for the Environment Switzerland, AefU	Switzerland
Schelker Environmental Consulting	Switzerland
Swiss Health Care Institutions Association, H+ The Health Care Institutions of Switzerland	Switzerland
British Society for Ecological Medicine	UK
Cancer Prevention and Education Society	UK
Communities Against Toxics	UK
Medact - ISDE UK	UK
Royal College of Nursing RCN	UK
Soil Association	UK
International Society of Doctors for the Environment Ukraine	Ukraine
MAMA-86-Kharkov	Ukraine

# Financial Statement 2006

<b>BALANCE SHEET</b>	<b>CZK</b>
<b>TOTAL ASSETS</b>	<b>1,652,240</b>
Fixed assets	42,923
<i>Intangible fixed assets</i>	44,149
<i>Accum. depreciation</i>	1,226
<b>Current assets</b>	<b>1,609,317</b>
<i>Receivables</i>	65,479
<i>Financial assets</i>	1,496,293
<i>Other assets</i>	47,545
<b>TOTAL LIABILITIES</b>	<b>1,652,240</b>
<b>Equity</b>	<b>513,696</b>
<i>Equity</i>	513,696
<i>Profit</i>	0
<b>Liabilities</b>	<b>1,138,544</b>
<i>Short-term payables</i>	1,125,675
<i>Other liabilities</i>	12,869
<b>PROFIT &amp; LOSS ACCOUNT</b>	<b>CZK</b>
<b>TOTAL COSTS</b>	<b>13,066,574</b>
Material consumption	438,321
Repair and maintenance	6,029
Travel expenses	390,624
Representation expenses	38,552
Other services	5,978,934
Wages and salaries	1,275,277
Legal social insurance	444,948
Legal social security expenses	5,341
Foreign exchange losses	240,873
Miscellaneous	60,731
Depreciation	1,226
Donations	4,185,717
<b>TOTAL RETURNS</b>	<b>13,066,574</b>
Interest	17,746
Foreign exchange gains	13,253
Use of funds	301,641
Other income	15
Grants	6,909,264
Operational grants	5,824,655
<b>PROFIT AFTER TAX</b>	<b>0</b>

# Auditor's Report

## Opinion

In our opinion, the financial documents of the Association Vereniging Health Care Without Harm Europe as of 31 December 2006 comply with the financial provisions of the agreement #07.0302/2006/SI2.435376/SUB/A3, the costs declared are the actual costs and all receipts have been declared.

## Auditing Company:

MGI HÁJEK, KOČOVÁ & spol., s. r. o.  
having its Registered Office at Praha 6, Jaselská 18,  
corporate identification #618 55 120  
incorporated in Section C, File #31490 of the Register of Companies lodged with the City Court,  
Prague, Certificate of Entry in the Auditing Companies List #127

## The Report made in six identical copies has been compiled by:

Ing. Naděžda Kočová (Certificate of Entry in the Auditors List #156) .....


Ing. Petr Hájek (Certificate of Entry in the Auditors List #140) .....


**Audit Completion Date:** March 27, 2007

**Enclosures:** Financial documents for the EUROPEAN COMMISSION, DG Environment