

## EURACOAL Position Paper

### on “The Unpaid Health Bill: how coal power plants make us sick”

The **Health and Environment Alliance (HEAL)**, based in Brussels, launched this damning report on 7 March 2013. Given that a number of MEPs are cited in this report – Geringer de Oedenberg, Liese, Parvanova and Sarbu – we feel obliged to give our considered view.

#### Background

EURACOAL has not given the alliance the satisfaction of a public response, because to do so would simply give more publicity to a biased and inflammatory report funded by two anti-coal NGOs: Global Campaign for Climate Action (a loose coalition of NGOs funded by the Government of Québec and Prince Albert II of Monaco) and the European Climate Foundation (a professional non-profit lobbying organisation funded by donations from the Dutch Postcode Lottery and private foundations – it spent €22 million in 2012, campaigning for the EU to adopt a 30% GHG emission reduction target for 2020).

#### The report

HEAL commissioned an expert assessment of the health impacts and costs of emissions from coal-fired combustion plants for thirty European countries. This assessment was carried out by a freelance consultant trading as Ecometrics Research and Consulting based in the UK. The report itself was researched and drafted by two staff from the HEAL secretariat.

In the report, the health costs of coal-fired power stations are shown to add a financial burden to the European population of up to €42.8 billion a year. Public health experts are quoted who express their concerns that carbon emissions associated with coal use will contribute to climate change and add to future public health problems. The report links 18 200 premature deaths, about 8 500 new cases of chronic bronchitis and over 4 million lost working days to coal-fired power stations – each year. The launch of the report marks **the beginning of a coal and health campaign** in which HEAL plans to work closely with medical, health and climate advocacy groups, especially in countries such as Poland where dependency on coal is greatest.

#### Health and Environment Alliance

HEAL claims that its members, numbering c.70, are independent of governments, political parties or commercial interests: NGOs are full members (€300/year, two votes at AGM) and other non-profits – such as agencies, professional associations, academic institutions and local authorities – are associate members (also €300/year, but only one vote). In fact, **HEAL depends on governments for the majority of its income, notably the European Commission**. In 2011, membership fees accounted for just 2% of HEAL’s annual income, as shown in the table below.

| HEAL income 2011                                | €          |      |
|-------------------------------------------------|------------|------|
| EU Commission grant                             | 362 992.00 | 59%  |
| other grants (governments, private foundations) | 243 952.58 | 39%  |
| membership fees                                 | 10 920.00  | 2%   |
| total income                                    | 617 864.58 | 100% |

HEAL is thus a government-supported advocacy group with an agenda driven by NGOs who themselves have non-health related aims and ambitions in respect of EU climate and energy policy. The organisation's membership gives a veil of transparency to what is quite simply an environmental lobby group with no accountability. HEAL and its sponsors claim to represent EU citizens. They do not. In truth, they are well-funded, professional lobbyists who take grants from government and well-endowed private foundations to influence EU policy makers. By selectively quoting "scientific evidence" gathered from a trawl of the Internet, they use scaremongering and hyperbole as tactics against coal. By offering this "scientific evidence" in a tool box for action, they hope to turn medical professionals and public health experts into climate activists. EURACOAL questions why public money is being used to support such activism given that the EU has a system of democratic government in place.

### EURACOAL response to the report

On the report itself, EURACOAL makes some specific observations in an annex to this paper and some more general points here:

- Between 1980 and 2009 **emissions of SO<sub>2</sub> and NO<sub>x</sub> were reduced in the EU-27 by around 80% and 57%** respectively, while electricity demand grew by 75%, according to Eurelectric.
- Investment today in modern, clean and efficient coal-fired power plants means that the trend of reduced emissions is continuing. More needs to be done, especially in Central and Eastern Europe where the full benefits of EU membership have yet to be realised. **Replacing or modernising old coal plants can reduce pollutant emissions by 90% and CO<sub>2</sub> emissions by up to 40%.**
- The report itself acknowledges that, **"coal power plants are only responsible for a small portion of total outdoor air pollution"**. Traffic pollution is now the leading cause of poor air quality in Europe.
- The report notes that outdoor air pollution [in fact, outdoor air pollution from PM<sub>2.5</sub> emissions, according to the cited reference] causes 492 000 premature deaths every year across Europe, excluding Turkey (p. 8). Pollution (SO<sub>2</sub>, NO<sub>x</sub> and dust) from coal power plants is then estimated to cause 23 289 deaths across Europe, including in Turkey (p. 24). Although these figures are not geographically comparable, they suggest that **coal-fired power stations account for less than 5% of the presumed premature deaths** due to outdoor air pollution. EURACOAL questions therefore why HEAL has targeted coal-fired

power stations when over 95% of the estimated impacts are due to emissions from other sources, such as transport.

- The report estimates a large economic impact due to air pollution from coal-fired power stations, rising to 12% of GDP in Bulgaria and over 14% of GDP in Serbia. If these figures truly reflected the health costs associated with coal use, then the total burden of air pollution from all sources would have necessitated wartime-like austerity measures in these countries. Clearly, this has not been the case and suggests that the **negative economic impacts are grossly overestimated**.
- The EU has some of the world's strictest air quality legislation, monitoring and enforcement, including the Industrial Emissions Directive which means very low emissions from coal-fired power stations compared with, say, the 1970s and 1980s. The report highlights poor air quality in Europe's urban areas, but this has little to do with emissions from coal-fired power plants. Emissions from transport are the main problem and must be tackled by **new measures such as the promotion of natural gas as a transport fuel in place of diesel and electrification of the transport sector**.
- On carbon capture and storage (CCS), the report states, "The risks emanating from different stages in the CCS life cycle simply make it a gamble with people's health. From the health perspective, CCS should not be pursued as an energy option in Europe. The only proven way to decrease all air pollution from coal power plants is installing the best abatement technology available." While this statement is correct in that state-of-the-art technologies are available today for pollution control, it ignores the potential for further technological developments that could safely eliminate CO<sub>2</sub> emissions. EURACOAL believes that the climate challenge demands that **all CO<sub>2</sub> abatement options are pursued**.
- The availability, across the EU, of reliable, affordable and secure electricity supply – 27% of which comes from coal-fired power stations – provides EU citizens with heat and warmth at home, world-class high-speed trains, efficient telecommunications, modern schools and hospitals, and a multitude of other benefits that are often taken for granted but that add up to more comfortable, more productive and longer lives. **The benefits – including better health – of electricity use are incalculable**.

In conclusion, the report conflates air quality policy with energy and climate policy objectives. Whilst the two are related, they are separate. With today's commercially available technologies, coal is used for electricity generation with very low emissions of conventional pollutants. This means cleaner air for everyone. In the future, we expect CCS to reduce anthropogenic emissions of CO<sub>2</sub> and thus make a major contribution to the fight against climate change. However, CO<sub>2</sub> emissions are not responsible for the health-related issues identified in the report. Preventing any long-term health impacts from climate change demands much more than a focus on coal. **CO<sub>2</sub> emissions from ALL fossil fuel use – oil, gas and coal – need to be tackled**, which means the wide adoption of carbon capture and storage. Here, the HEAL report fails to be objective; it is

written using the language of extremists that makes coal appear to be the bogey man of Europe when, in fact, coal accounts for just 22% of EU GHG emissions. Moreover, the report ignores the benefits of coal: jobs, added economic value, security of energy supply and affordable energy which for those who live in fuel poverty can mean the difference between life and death.

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## Annex – How does HEAL calculate health impacts?

The share in total EU-wide dust emissions of coal-fired power plants is estimated by HEAL to be only 3.7%, *i.e.* more than 96% of air pollution caused by dust has other causes. How then does HEAL derive a number of 18 200 premature deaths in the EU-27, which it attributes to coal-fired plants?

The alliance points to a 2009 paper by the European Topic Centre on Air and Climate Change from 2009.<sup>1</sup> For the EU, the paper assesses that 492 000 premature deaths are due to PM<sub>2.5</sub> air pollution, with heart and lung diseases and lung cancer being the main causes of premature death. HEAL then draws the conclusion that of these 492 000 deaths, 3.7% can be attributed to coal. It is this simplistic calculation that gives the reported 18 200 premature deaths and other alleged consequences of coal-fired power plants. This is a mono-causal derived number that ignores the multiple and interdependent causes in a complex context.

Arguing against such a trivial calculation and the health impacts of air pollution in general is the fact that increased rates of heart and lung diseases and lung cancer correlate with increased life expectancy. Life expectancy continues to grow due to technological progress and the older people are, the more pronounced is their susceptibility to these diseases. Research on respiratory diseases from Germany indicates that these are regionally distributed fairly uniformly, regardless of whether and how many coal plants are to be found nearby. In contrast, behavioural factors such as smoking play a significant role.

In each case, the cause-and-effect chain is not as simple as claimed by HEAL. A poor life expectancy always has several factors, including economic and social factors which play a dominant role. Electricity production from coal contributes only a small share to total air pollution. A causal link between coal-fired power plants in the EU and thousands of illnesses or premature deaths is not tenable.

The HEAL report reaches conclusions and makes statements based on outdated data. It does not at all contain “brand-new figures”. Total air pollution – not only from coal-fired power plants – leads to an average shortened life expectancy of 8.6 months, it is claimed. This value is taken from a WHO study dating from 2006. In citing this study, the HEAL authors neglect to mention that the value is an estimate for the year 2000. Also, it is not reported by HEAL that the very same WHO study predicts a significant reduction of this estimated impact of air pollution: by 27% by 2010 and by 37% by 2020.

The use of obsolete data ignores the large emission reductions over the period since 2000 and thus HEAL overstates the impact of coal-fired power plants on people’s health.

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<sup>1</sup> [http://acm.eionet.europa.eu/docs/ETCACC\\_TP\\_2009\\_1\\_European\\_PM2.5\\_HIA.pdf](http://acm.eionet.europa.eu/docs/ETCACC_TP_2009_1_European_PM2.5_HIA.pdf)