Submission to the Stockholm Convention POPRC on PFOA

Health Care Without Harm: Who we are and our mission

I am writing to you in my capacity of Chair of the Board of Health Care Without Harm (HCWH) Europe. HCWH Europe’s objective is to help the EU healthcare sector improve patient and healthcare professionals’ safety and care whilst reducing the sector’s environmental footprint. We have no commercial interests and abide by the Hippocratic Oath “*First do no harm*”.

It is our view that the treatment of patients should not cause harm to other people or the environment. For this reason we believe in and militate for the reduction of the use of toxic chemicals in healthcare where possible and when safer alternatives are available.

This includes both the chemicals in the products used and the chemicals to make them. Perfluorooctanoic acids (PFOA) and its salts are well known to be hazardous and ought to be eliminated from the health care sector. It is for this reason that we decided to feed into this process to avoid that a time-unlimited exemption for products containing PFOA does not come about.

## Our concern

The POPRC process as it appears to be unfolding following the meeting in in Rome on 17-20 October 2017 opens the door to time-unlimited exemptions for PFOA production and use through a possible listing in Annex B of the treaty.

The focus of Annex B is “restriction” rather than the goal of elimination as it is in Annex A of the treaty. The loopholes in Annex B, known as “acceptable purposes”, have no time limit …

As regards the healthcare sector specifically, HCWH Europe wishes to voice its concern given that there is a blatant lack of information regarding the prevalence of this chemicals in the products used. Allowing for exemptions under these circumstances will predictably stifle research and innovation into alternatives, giving in effect a lease of life to a chemical known to be harmful both to human health and the environment.

## Information and the precautionary principle

In a constructive spirit, we wish to make two simple preliminary points which we feel should inform the way the issue of PFOAs is dealt with in the healthcare sector at the level of the POP Review Committee (POPRC).

The first point, is that whilst we understand the constraints of the timetable set by the POPRC process, we should all acknowledge that the issue will very much remain alive. For it is clear from our initial research that there is a blind spot, an absence of documented knowledge on where PFOAs are found in the healthcare sector.

The feedback we received from the Stockholm County Council is telling in this respect. When commenting on their procurement involving textiles, they reported that ”*[during the procurement procedure we asked for a declaration of fluorine content but the retailers couldn´t give us that. This means we do not know exactly which fluorine compounds are present, but only that there are some fluorine compounds*”. There is a crying need for reliable information.

This brings me to my second point. We cannot be guided by ignorance; certainly not if we take the EU’s precautionary principle seriously. According to the precautionary principle, if an action or policy could potentially causes harm to the public, or to the environment, in the absence of scientific consensus on that action or policy, the burden of proof that there will be no harm is incumbent on those taking an action or proposing the policy.

Clearly, there is an absence of knowledge as regards the presence of PFOAs in the healthcare sector. Suggesting any possible exemptions through an Annex B listing is not in keeping with the precautionary principle.

## PFOAs in the healthcare sector

As discussed at POPRC, PFOA can be found in several products in health care such as textiles, medical devises, implantable medical devices and photo imaging. However, as explained above we do not have the full picture yet.

For this reason, we strongly believe that the first step is to actually figure out which fluorinated compounds are present in these products used in the healthcare sector. At the moment too few of the fluorinated compounds are classified. This means that making demands on properties to avoid PFOAs is almost useless.

In short, we will need to get more information about the presence fluorine compounds (which ones and where) in our products through the procurement process. Information is fundamental.

## Selected products

**Textiles** – Textiles is an area where there is a lot of research and new strategies to develop PFOA free alternative for water and dirt repellence (see <http://www.supfes.eu/> and <http://organoclick.com/products/performance-textiles-nonwoven/>) (*more examples will be added*). Time-unlimited exemptions for PFOA in textiles will undermine this development and this cannot be accepted.

**Implantable medical devices** – Implantable medical devices can contain PFTE made from PFOA. However, PFTE can be made without PFOA (see <http://www.businesswire.com/news/home/20140210006474/en/Boyd-Coatings-Offers-Fully-Validated-Zero-PFOA-PTFE> and <https://cfpub.epa.gov/si/si_public_record_report.cfm?dirEntryId=257103>).

The use of PFOA in medical devices is suggested to be time-unlimited exempted without any specification. This is not acceptable! When cannot approve exemptions without knowing what is exempting. Information is fundamental.

**Photo imaging** – Photo imaging is a sector using lots of PFOA and suggested for time-unlimited exemptions regarding PFOA. Our experience is that analog photo imaging is more or less facing out itself in favor for digital technique. During the last year’s digital photo technique have been cheaper and cheaper while analog technique got more expensive and this development will continue and it occurs rapidly. We see this within the health care sector as well and therefor strongly opposing time-unlimited exemptions for PFOA in photo imaging.

**Pharmaceutical products** – Use of perfluoro iodide to make perfluorooctyl bromide for pharmaceutical products was suggested for possible global time-unlimited exemption to a single company. From a procurement point of view this is very contra productive since it will harm competition from other companies to develop flournie free substances for the same purpose.

## Conclusion

In summary, the healthcare sector has the mission to cure patients but this does not justify unhindered use of toxic chemicals that harm humans and the environment. Procurement is an increasingly powerful tool in healthcare for phasing out harmful chemicals and has already proven very successful over the years. This has actually stimulated the market to reduce the use of harmful chemicals.

For example, there are county councils in Sweden that have managed to eliminate hundreds of tons of harmful phtalates from their medical devices by strategic procurements.

We know that a global non-specified time-unlimited regime of exemptions regarding fluorinated compounds will remove the economic incentive for the market to develop new inventions and dramatically obstruct the global development towards a sustainable healthcare.

These kinds of exemptions are literally based on ignorance and fly in the face of the EU’s precautionary principle. As such, they cannot be tolerated.

Anders Bolmstedt, Chair of the Board of HCWH Europe