

ÄRZTINNEN UND ÄRZTE FÜR EINE GESUNDE UMWELT

**AGU**



# OEKOBIOTIKUM

S1/2005



ISDE General Assembly  
Turning Knowledge into Action

September 24-25, 2005; Vienna, Austria

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Cover: Installation on the famous Viennese Heldenplatz: monument of national hero Erzherzog Karl got a cubic covering (Pic: **Hutter**)

# TURNING KNOWLEDGE INTO ACTION

ÄrztInnen für eine gesunde Umwelt (ISDE Austria) are glad to welcome an ISDE meeting for the second time in Austria. In 1996 the ISDE World Congress and Assembly “Building Bridges between Health and Environment” took place in Innsbruck, the capital of Tyrol. This successful meeting has left ISDE Austria with financial problems for several years. In spite of this drawback we still dearly remember this event which culminated in a blockade of the highway crossing the Alps.

In the meantime both ISDE and ISDE Austria have witnessed a fast development. The Austrian association has recovered from its financial problems and has increased its members. We are now a recognised partner of Austrian policy makers on national and local level and our expertise is sought by journalists from many key media.

ISDE on the other hand has established its international standing and received consultative status with WHO, UNEP, and other UN bodies. While organisational structure still needs strengthening, expertise and commitment are already impressive within ISDE.

## Projects

ISDE facilitates the development of projects that are jointly prepared and conducted by several affiliates from different continents. But still there remain many “white spots” on several continents where Environmental Health is not considered important and where medical doctors fail to raise their voice for a better environment. This is often seen in places that suffer the most from environmental pressures although often this burden is misconceived as economic pressure instead of what it really is. So both on a global scale and on local scales much remains to be done. We hope this assembly in Vienna will serve as a successful first step on the way onwards.

Keeping in mind our problems in 1996 this assembly will be a “low budget” meeting. We are confident this does not mean “low quality”. Unfortunately we were not able to provide funding for participants from far away countries. This restricted the number of participants. The more we are grateful to those that still managed to come from Asia, Africa, America, and Australia. By no means less we want to welcome our friends and partners from many European countries.

## Cooperations

Our special thanks go to the Medical University of Vienna and the Institute of Hygiene for providing us with the meeting rooms. Most of all we want to thank the City council of Vienna and the Councillor for Environmental Protection for a long good cooperation for the improvement of the local environment as well as the dinner reception.

We hope you will not only enjoy the meeting but also the city of Vienna with its culture and flair!

**Hanns Moshhammer, Peter Wallner, and Hans-Peter Hutter**

“ÄrztInnen für eine gesunde Umwelt”

# **INTERNATIONAL SOCIETY OF DOCTORS FOR THE ENVIRONMENT AGENDA OF THE GENERAL ASSEMBLY**

September 24-25, 2005; Vienna, Austria

under the Patronage of the Viennese Councillor for the Environment

**Mrs. Ulli Sima**

**organised by ISDE Austria**

## **Friday, September 23<sup>rd</sup>**

Registration at the hotel

Informal meeting and dinner:

“Heuriger 10erMarie” (typical “wine-pub”) at 19.00 (for details see page 16)

**Welcome address on behalf of Viennese Councillor for the Environment**

## **Saturday, September 24<sup>th</sup>**

Institute for Environmental Health, Medical University of Vienna

Lecture Hall (for details see page 16)

### *SESSION 1 (8:30-13:00)*

- **Welcome**

President's welcome and introduction

- **Update, summaries, administratives**

Item 1 - approval of agenda

Item 2 - approval of minutes

Item 3 - treasurer's report and discussion

Coffee Break

Item 4 - Vice-Presidents' reports

Item 5 - election of new officers

Item 6 - next meetings/conferences: possible options for next DB

- **Lunch**

**SESSION 2 (14.00-19.00)**

- **ISDE, international collaboration**

1. Presentations from members involved in international programs on behalf of ISDE

- EEN (Lew Gerbilsky)
- IFCS, CAN (Lilian Corra)
- HECA (Peter van den Hazel)
- IPEN (Paul Saoke)
- UN – Water Program (Cathey Falvo)

2. Other activities of ISDE and partners

- ISDE School (Roberto Romizi)
- Future opportunities (Lilian Corra)
- Current status of Vietnam Project (Peter van den Hazel and Cathey Falvo)

Coffee Break 16.00- 16.30

- Health Care Without Harm (Peter Orris)
- Model Surabaya (Fuad Amsyari)
- Asbestos Campaign (Peter Orris)

- **ISDE strategy, development & sustainability**

1. Approval of main priorities

2. Development of collaboration between members:

Regional strategy, regional membership, regional Issues activities, and updates

- **Dinner 20.00** (invitation by ISDE Austria: “Witwe Bolte”, 7., Gutenbergg. 13)

**Sunday, September 25<sup>th</sup>****SESSION 3 (9.00-11.00)**

1. Approving the current list of members and accepting new members
2. Approval of the ISDE Plan of Action for the period 2006-2007
3. Other ISDE issues (Newsletter, bulletin, etc)
4. Next General Assembly

Coffee Break (11:00-11:20)

**FINAL SESSION (11:20-13:00)**

1. Other topics for consideration
2. Closing of ISDE GA - Remarks by President Lilian Corra

## LEGAL ASPECTS OF CLIMATE CHANGE

Joseph Wayne Smith and David Shearman, Doctors for the Environment Australia and the Law School, University of Adelaide, South Australia.

**Society must prevent and mitigate climate change by every possible means. Recognizing the health implications of climate change, the National Health and Medical Research Council of Australia has funded our proposals to develop legal strategies to enforce a reduction in greenhouse emissions by legal strategies.**

This paper will examine the role that the law can and may play in attempts to deal with nations such as the United States and Australia, **who have not signed the Kyoto Treaty** on the limitation and control of greenhouse gas emissions and who are the highest per capita producers of such emissions. The paper examines both public law and private law responses which have been made by various environmental groups, NGO's and private individuals.

Public law is that field of law concerned with the rights, powers and obligations of governments and those governed by them. It is contrasted with private law which is that part of the law regulating relationships between private individuals and legal persons, including corporations. At present most cases of climate change litigation have focused on judicial review of administrative decisions. The first successful case occurred in Australia, being 'Australian Conservation Foundation v Minister for Planning' [2004]VCAT 2 2029, where it was held that greenhouse gas emissions must be taken into account in planning decisions to approve a new coal mine. In the US, Friends of the Earth and others have put a case against the US Export Import Bank and Overseas Private Investment Corporation for funding US \$ 32 billion of fossil fuel projects, and failing to comply with the National Environmental Protection policy Act which requires and environment impact assessment.

A second US case involves over two dozen States, NGO's and others against the US environmental protection agency for its failure to regulate greenhouse gas emissions under the US Clean Air Act.

These cases have raised most of the fundamental jurisprudential issues that are likely to be characteristic of climate change litigation. For example, regarding questions of causality, how is it possible given the present stage of the science to specifically link a plaintiff's specific case of damage eg damage to maple trees, with the greenhouse gas emissions of a particular producer. **Is damage to all damage to none?** How is blame to be quantified when we all play some role in the continuance of a consumer society?

These questions and others will be addressed in the paper. In particular a human rights response to the legal issue of global warming will be examined with the existing limitations of this approach noted and some thoughts made about where the law should go in this area to address the most serious issue of our time. ♦



University of Adelaide.

## AN ORGANIZATIONAL STRUCTURE FOR EXERTING ENVIRONMENTAL INFLUENCE

David Shearman, Hon Secretary, Doctors for the Environment Australia, Emeritus Professor of Medicine, University of Adelaide, Australia, and now Hon Research Fellow in the Department of Geographical and Environmental Sciences and in the Law school.

**In Australia, non-government, environment organizations operate in the public arena by mobilizing public opinion. Statements are made about government policy in newsletters and press releases and in general these are reactive and critical. In particular the method of operation of these environmental NGOs is seen as hostile by government. Successful campaigns are conducted when the public can be mobilized to “save the whale” or protect a particular forest, but this method of advocacy is much less effective in complex issues of environmental health such as climate change or ecological services.**

The complex issues of environmental health are also addressed by the professional medical organizations such as the Australian Medical Association and the Public Health Association. However, these organizations are also responsible for salaries and conditions of service of their members and government tends to regard their statements as self-serving. This reduces their influence

**Doctors for the Environment, Australia** has developed a different method of operation to influence government that we believe is more successful than that of the environmental NGOs or the medical professional organizations.

Firstly we are medical doctors working in our own time and without gain for our own careers. Our web page is designed to convey this message and the information detailed below.

Secondly we have recruited a panel of distinguished scientists and doctors, some of whom have contributed to the IPCC and MA reports.

They are public figures whose names are recognized by governments. Their knowledge helps us prepare briefing papers of interest to Ministers and politicians and their standing enables us to get appointments with Ministers and influential politicians

Thirdly we explain and undertake that there will be no press releases about the meeting and the Minister will not be quoted. The meeting is informal.

Although we are a young organization, we have found that our method of operation has gained access to a large number of Federal and State Ministers and members of parliament. On no occasion have we been refused an appointment. We have briefed Ministers on complex environmental health issues that have political implications in a friendly and co-operative manner. We believe that our organization is regarded as cooperative rather than adversarial and at the General Assembly we will discuss our success in several issues that we will not put in writing in this abstract.

We are not suggesting that our method of advocacy is unique but some aspects may be applicable to other countries. ♦

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## HEALTH AND ENVIRONMENT DYNAMICS IN URBAN AREA

An Approach of a System Dynamic Modeling by Fuad Amsyari MD, Ph.D, Assoc. Prof. of Public Health of Airlangga University, School of Medicine.

In urban area, particularly in a big city of a developing country, health and environmental condition are usually still much unsatisfactory. They are not only interrelated one to the other but also inter-related to various numbers of variables. The prospect of health status of the people in the area is not only dependent to environmental condition of the area but also subject to many other conditions. On the other hand, environment quality of the area is influenced by various numbers of variables as well. Therefore, the best way to understand the dynamics of health and environment status of an urban area is through a system dynamic approach.

This study was meant to analyze the dynamics of health and environmental status in a big city using system dynamic modeling and Surabaya City in Indonesia as a case. The ultimate purpose of this study is actually to exercise the impact of alternative policies of the city on various development indices, particularly on health and environmental variables. This objective might be comprehensively met by applying dynamic modeling method using STELLA computer software.

### Dynamic modeling of Surabaya City

The basic structure of the city model in this program consists of Input, Output, and Process variables. The process variables include population, economic condition, social services, public health status, social pathology, and environmental condition.

The interaction among variables in the model was represented by mathematical equation or function using 10 years previous data. All level variables were set up initially with data from Surabaya figure of 1986.

The simulation of dynamic modeling of Surabaya City was based on two determinants, namely:

- 1) Variables that can be changed by policy intervention such as number of industries established in particular year and level of pipe-water production by the Municipal Government;
- 2) Variables that can not be changed directly by Government policies but necessary to measure for assessing the progress of the city, such as diseases prevalence rate and criminal rate.

Based on those two considerations a series of scenarios for city development can be set up. The impact of those scenarios can be analyzed from simulation process and the result can be reviewed by looking at the figure and trend of variable conditions up to the year 2020.

The result from simulation model showed that low industrial growth combined with tight pollution control from industries and increase of pipe-water production will improve the quality of environmental and health status of the people. It was suggested that system dynamic modeling approach could be used for the analysis of alternative development policies of a city management. Environment and health status of the people must be monitored continuously, as the physical and economic growth of the city tends to decrease the quality of the environment and the social harmony of the people. ♦

### Contact:

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## PROSPECTIVE ROLE OF ISDE

in developing International projects on the Integrated Environment & Health education for children. By Prof. Lew Gerbilsky.



There is no constructive solution to contemporary environmental catastrophe except to raise our environmental consciousness dramatically. However, environmental education during the last half of XX century can be characterized as a very disintegrated and ineffective area without enough developed integrating concepts. With respect to this fact, "Green Doctors - ISDE Ukraine" have developed integrating concept of the Integral Health, which includes three levels of health: individual health, population health and ecosystem health (Gerbilsky at al., 1995-2005). The Integrated Health Concept could be also helpful in creating a methodological framework for International Comparative Studies in Environmental Education that will enable appropriate policies and most effective regulations to be implemented. A blend of quantitative and qualitative research methods was applied in this study. Perhaps the major methodical task during the first year was to develop a questionnaire for the Integrated Health Concept quantitative study (Ukrainian, Russian, German and English versions). The following aspects of the environmental consciousness have been examined: information, motivation, intention, volition, and action. The following factors have been included in our questionnaire: global warming and health, ozone depletion and health, genetically modified organisms and health, transport and health, pollution and health, nutrition and health. The format developed during the first year was piloted in five educational organisations in the Ukraine and also in some other countries.

Especially useful component of the evaluation process was the visits to the pilot classes by principal investigator. The survey showed that Ukrainian respondents are very interested in medical-ecological topics such as pollution, global warming, ozone depletion, genetically modified organisms, transport and nutrition. They want to know how to mitigate risks related to environmental factors. More than 90 percent of the respondents said the environmental education in the Ukraine is poor and should be improved. The important consideration is that the study of those topics is clearly cross-national in its scope and intent and ISDE is working on them primarily through member organisations activities and by the facilitation of the information flow between them. For example, "Green Doctors ISDE Ukraine" drafted a report entitled "The Integrated Medical-Environmental Education Concept" for consideration by the Ukrainian Parliament, and, after our lobbying in the Parliament and corresponding Ministries over the past five years, the environmental education concept was approved officially by the Ukrainian Ministry of Education. A positive attitude towards environmental education among medical doctors is necessary in order to guarantee successful development of the Medical-Environmental education for children and in order to ensure the protection of the right of children to live in healthier environment. ISDE is the unique professional international medical-ecological NGO, therefore, ISDE could and should play an important role in developing and implementing International projects on the Integrated Medical-Environmental education for children, teachers, parents, medical doctors, and public-at-large.

Our study results can foster international collaboration in medical-ecological area and, especially, development of International projects on the Integrated Medical-Environmental education and ISDE could play an important role in this process. ◆

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## APHEIS IN AUSTRIA

Dr. Hanns Moshhammer, Dipl.-Ing. Dr. med. Hans-Peter Hutter, and Dr. Peter Wallner P, from ISDE Austria estimate the Health Impact of Air Pollution in Austrian Cities (APHEIS).



In the developed world urban air pollution accounts for approximately 1% of the total mortality (WHO, 2002) and thus there is the leading environmental burden of disease. Numerous studies from various continents have established the close link between air pollution and an even growing number of health problems ranging from increased number and severity of respiratory symptoms, adverse pregnancy outcomes, morbidity measures (e.g. hospital and emergency room admissions), lung cancer, and mortality (from cardiovascular and respiratory causes). Therefore it is no longer necessary to prove the impact of air pollution but to inform the public about its consequences and to propose and encourage abatement strategies. To this end a network of European cities has set out to estimate the burden of disease attributable to air pollution in each city and – even more importantly – to point out the possible gain in public health achieved by feasible reductions in the urban air pollution. This network is known under the acronym of APHEIS ([www.apheis.net](http://www.apheis.net)).

We have invited the larger Austrian cities to participate in APHEIS. To date three of the four largest towns in Austria, namely **Vienna, Linz, and Innsbruck**, decided to participate. Only Graz, the second largest town of Austria, situated in a southern alpine basin and therefore troubled by episodes of extremely high air pollution each year, until now is not interested to take part in the APHEIS network.

The data collected for the impact assessment consist of air pollution and health indicators. Daily mean concentrations (averaged across urban background monitoring sites) were collected for PM<sub>10</sub> and O<sub>3</sub>. Health indicators entered in the data base are daily mortality and hospital admissions for respiratory and cardiovascular causes which are compared to baseline demographic data (population, distribution per age and gender, standardized mortality rate).

### High priority: particles

Particulate air pollution is of primary interest among the air pollutants in the three towns. While in all three towns the annual mean of PM<sub>10</sub> lies well below the European limit value of 40 µg/m<sup>3</sup> the limit for the daily mean (50 µg/m<sup>3</sup>) is trespassed repeatedly. Although this would indicate that the short term high exposures (that are mostly due to specific weather conditions) pose the more urging problem the APHEIS calculations clearly prove that a small reduction of PM<sub>10</sub> concentration every day (which could be achieved by local measures that reduce local emission sources) would have a much greater impact than a large reduction in the concentration on only the high exposure days.

An Austrian report highlighting the findings including and advertising current measures to reduce the air pollution in the three towns is being developed. This should serve as a means to inform the public and to encourage further steps to improve the already high quality of life as well as the environment in Austria. ♦

**Project partners** Rammer HP, Schiener J (Innsbruck), Hager W (Linz), Augustyn R, Riess P (Vienna)

### References:

WHO, 2002: Reducing Risks, Promoting Healthy Life. The World Health Report 2002. Geneva. ([www.who.int/entity/whr/2002/en/whr02\\_en.pdf](http://www.who.int/entity/whr/2002/en/whr02_en.pdf)).

APHEIS, 2005: APHEIS. Health Impact Assessment of Air Pollution & Communication Strategy. 3rd Year Report. ([www.apheis.net/vfbisnvsApheis.pdf](http://www.apheis.net/vfbisnvsApheis.pdf))

## CHANNELLING THE OUTRAGE

Dr. Yuri Korobkin, Dr. Eugen Pinsky, and Prof. Lew Gerbilsky from the NGO "Green Doctors - ISDE Ukraine", Ukraine report on their experience in participating at the WHO "Channelling the Outrage" Project.

According to the Agreement with WHO Europe for Performance of Work EU ICP TOB 209 XK 02 the brochure on the Framework Convention on Tobacco Control and Smoke-Free Environment was written and published by NGO "Green Doctors - ISDE Ukraine" (2000 copies). The brochure was peer-reviewed by 2 University Professors and pre-tested repeatedly. Our brochure was presented via TV and at our NGOs stand during the Kyiv-2003 Environmental Ministerial Conference "Environment for Europe".

We organized 5 Workshops on FCTC, 3 of them in educational institutions. Four Workshops in Dnipropetrovsk with presentation of the brochure were organized in the National Mining University with the participation of NGOs, in the Dnipropetrovsk City Health Center with participation of the Oblast Health Center, in the Dnipropetrovsk Oblast Medical Library, in one Dnipropetrovsk school. All Workshops took petitions sent to the President of the Ukraine, Ukrainian Parliament, and Cabinet of Ministers. One Workshop and one presentation of the brochure were organized in Cherkassy. Main barrier we did encounter was **insufficient awareness and education of officials and general public** on FCTC questions.

Finding people ready to help us actively has not been very easy; this has meant that there have been times when we have met lack of understanding and much reluctance to support our project. Not all official, even medical, institutions were eager to fully support FCTC implementation. We had great difficulty with accessing up-to-date and sufficient information on Environmental (second-hand) tobacco smoke in NIS Countries.

The support given to us by ISDE Italy and the NGO „Green World FoE Ukraine“ was very valuable in preparing and implementing the project and obtaining public approval. We also welcomed the support from the National Mining University, Cherkassy Technical University; Dnipropetrovsk Regional and City Health Institutions. Our brochure gained great popularity, our project was helpful in increasing awareness of the importance of tobacco control and FCTC by local, regional, national governments in the Ukraine and we think also for changing the tobacco legislation. The Smoke-Free Environment Policy should be implemented in the Ukraine as soon as possible. ♦

The Framework Convention  
*Alliance* for Tobacco Control

### Contact:

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## MEASURING THE ENVIRONMENTAL IMPACT ON CHILDREN'S HEALTH IN THE SOUTHERN CONE

The Canadian Institute of Child Health (CICH) and the Asociación Argentina de Médicos por el Medio Ambiente (AAMMA), in cooperation with the Argentine Ministry of Health and Environment, Health Canada, the University of Ottawa and the Argentine Society of Paediatrics (SAP), are working together to complete a Profile that collects and compiles information on the state of Children's Environmental Health in Argentina. Dr. Lilian Corra (AAMMA) reports.

**This project is based upon the Canadians' successful flagship project: "The Health of Canada's Children – a CICH Profile". The three editions of the Profile that have been published to date have provided a better understanding of the state of children's health in Canada and promoted action to better protect the health of Canadian children and youth.**

The goal of the project is to assist in the protection of Argentine children's health by decreasing environmental hazards, resulting in healthier children and healthier environments. In order to achieve this goal, the following data collection activities will take place: a survey will be distributed to over 13,000 paediatricians who are members of SAP; CEH information will be compiled through a review of literature that takes into account Argentinean as well as international publications and key informant interviews; and, two field case studies will be completed that address unique environmental health issues faced in different environments.

One case study will examine a rural community (in the Province of Misiones) where children are exposed to agricultural chemicals (pesticides); the second will look at an urban setting (Municipality of Zarate), where children are exposed to industrial pollution (lead). While data collection is a necessary part of producing a profile, the profile itself is not a primary research project, but a compilation of data and information that can be used to encourage and facilitate political and societal involvement. In collecting and analysing the data, networks are created, bringing together stakeholders from different parts of society including medical professionals, decision makers, government officials, non-governmental organizations, academia, the general public and industry. The CICH Profile has become an educational tool that is widely used in Canada by the general public, academia, policy makers, researchers and practitioners serving specific communities within Canadian society.

The Profile highlights gaps, problem areas and points toward solutions. The Profile operates on the premise that knowledge and understanding precede action and that any action must take place in partnership with all stakeholders. This is the ultimate rationale for the project: once the issues are recognized and understood, the issues can then be addressed.

The overall direction of the project will be determined by a Steering Committee, comprised of representatives from the Canadian Institute of Child Health (CICH), Asociación Argentina de Médicos por el Medio Ambiente (AAMMA), the Ministry of Health and Environment of Argentina, Health Canada, the University of Ottawa and the Argentine Society of Pediatrics (SAP).

### The legacy of the project will include:

- A better understanding by all the stakeholders, general public and academia of the links between the environment and children's health in Argentina.
- Demonstrations of successful programs through case studies in the field and interventions that are implemented.
- Experience in multi-sectoral processes, building cooperation between different stakeholders (governments, academia, scientific societies, NGOs and civil society) working together on CEH.
- A transfer of the Canadian experience to Argentine partners, related to building a National CEH profile, resulting in an increased capacity to protect children from environmental hazards.
- The development of an ongoing system(s) of data collection and communication.
- The cooperation and development of a profile of children's environmental health in Argentina. ♦

The Project has been developed with support from the Canadian government through the Canadian International Development Agency (CIDA-ACDI).

<http://www.aamma.org/english/index.html>

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## MERCURY FREE SWISS HEALTH SYSTEM

Dr. Peter Kaelin, president of ‚Ärztinnen und Ärzte für Umweltschutz‘ (ISDE Switzerland) presents a new Swiss project.

According to my survey there are still approximately 4 tons of metallic mercury in medical devices in Switzerland, especially in the institutions of the health system but also in households.

The presented project is supported by the Swiss Agency for the Environment, Forests and Landscape. It will start with an exchange of mercury sphygmomanometers by oszillometric or aneroid devices in Swiss medical practices in September 2005.

In a next step similar exchanges will be implemented in Swiss hospitals, nursing homes and similar institutions. Finally clinical thermometers without mercury will replace the old equipment in Swiss pharmacies and drugstores in order to reduce the health risks associated with this toxic metal. ◆

# A LEARNING PROPOSAL

Roberto Romizi and Alessandra Pedone present an integrated model for health, the environment & sustainable development.

**Since good health and the healthiness of the environment are strictly correlated, both the local administration and national government need to give overwhelming priority to these areas. A community's health is generally influenced by social, economic and environmental factors as well as lifestyles and availability of services.**

## 1. Objectives

A strategy for integrating the various government and non-government organisations and agencies in health planning throughout the city of Arezzo and the 5 surrounding districts.

The involvement of the community in the city health planning: Social and Health Agencies, General Practitioners, Schools, the University, Doctors' Associations, Consumers' Associations, Volunteer Services, all of which are represented on the Steering Committee.

To establish common background for public administrators, health and social service employees, volunteer sectors and all those included the planning process. To facilitate this "learning process" courses have been organized in every district.

## 2. Commitment

ARS (Regional Agency for Health), ARPAT (Regional Agency for the Environment), the institutions represented on the Steering Committee of the HCP (City Council, the Province, GPs Associations, ISDE, College of Physicians, Volunteer Services, Consumers' Organisations, the University, Schools and the Local Health Unit.

## 3. "Integrated Health Plans"

**Participants:** Municipality Administrators and employees; Social and Health service employees; University and Schools; Trade Unions; Voluntary sectors; Consumer's Organisations. **Contents:** Health determinants; Health profile; Epidemiological data; Availability of information at the local level; Problems and criteria to identify the priorities. **Aims:** to produce a plan, based on previously defined priorities. **Assessment:** to value results.

These courses are organised in each of the 5 districts and, at the end of training, the participants, divided in workgroups, produce the framework for an integrated plan.

At the moment, the course in Cortona (one of the health district of the province of Arezzo) has been completed. The participants indicated their priorities: the elderly, the traffic accidents, health amongst immigrant and air pollution.

Positive results of the course has been the exchange of Knowledge between participants, discussion of problems linked to health, the creation of a framework for future work together and the introduction and integration of new elements in the planning process, e.g.: General Practitioners; Schools for Healthy & Sustainable City; Doctors for the Environment; Trade Unions; Voluntary sectors; Consumers' Organisations.

## 4. General Practitioners: resource 1

GPs are the main educational agency for adults, the link between the world of scientific research and technicians working in health and the environmental.

GPs are crucial in increasing public awareness in health matters, in observing the effects of environmental pollution in their patients, in advising the latter on suitable treatment to follow and guiding them in their choice of lifestyle to adopt.

Today, it is widely accepted that GPs treat people in their environment, not just people.

## 5. Levels of Intervention by GPs

- Professional intervention on a single individual
  - doctor as an educator, informer
  - doctor as an example of lifestyle and how to live healthy
- Professional Intervention in the Community
  - doctors as researchers
  - doctors as participants in workgroups and cultural exchanges

- Public-political Intervention
  - doctors as promoters of initiatives directed at stimulating politicians & institutions
  - doctors as activists in non-government organisations and political forces

## **6. Schools and University for a Healthy & Sustainable City: resource 2**

**Aim:** to promote schools as the ideal place for developing ideas of good health.

All-important is the development of a model of collaboration at the local level between schools (students, teachers and parents) on one hand, and, local administrators from the various departments in the district, doctors and representatives from the private sector, in particular business associations, on the other. Such collaboration offers active experience capable of orienting young people and their families in their choice of lifestyles more favourable to good health. All these elements interact with the schools enriching their knowledge in terms of professional development and personal insight.

## **7. Doctors for the Environment (ISDE): resource 3**

The Society of Doctors for the Environment (ISDE) was founded to integrate policies promoting good health with those of environmental sustainable development. Since its foundation the association has actively contributed to the development of the Healthy Cities Project and its sustainable development.

In fact, the Association of Doctors for the Environment (ISDE), operates in all fields in the integrated model:

- it is mainly constituted by GPs but it also includes other specialists: paediatricians, epidemiologists, specialists in all different branches of medicine, health and environmental workers and volunteers;
- promoters of an educational initiative concerning the environment and health which addresses schools in general - "Schools for a Healthy & Sustainable City";
- the association promotes the Healthy Cities Project in different Italian cities, by supporting the Project's objectives and strategies at various national and international conventions;
- the association deals with national governments;
- the association officially participated at the UN Congress on the Environment and Development held in Rio de Janeiro in 1992 and at the 3rd European Conference of Sustainable Cities held in Hanover in February 2000;
- it is formally recognised by the World Health Organisation and by the Global Environmental Facility (organisation promoted by the UN and financed by the World Bank);
- it has activated a series of training initiatives (School of Environment and Health) as well as educational initiatives and epidemiological research;
- it has promoted a project to defend the right of children to live in a non-polluted environment. This has stimulated changes in some national laws;
- it applies the integrated model in a number of thematic areas (e.g. safety and the reduction of fatalities, health & environmental problem areas with children) and directs its activities to bringing about changes in national laws.

## **8. The International School for Health, Environment and Sustainable Development**

To realize this integrated model, an international School was promoted as a meeting point for representatives of local, national and international bodies and the representatives of associations and the professions in order to evaluate the state of knowledge and exemplary experiences and to work together, using integrated strategies, to find solutions on health-environment issues.

The International School on Environment, Health and Sustainable Development, which is an independent, interinstitutional, intersectorial and interdisciplinary body, was jointly promoted and created by Tuscany Regional Agency for Health, the Tuscany Regional Agency for Environmental Protection, the Florence University Hospital for Children - Meyer, International Society of Doctors for the Environment - ISDE in collaboration with other organisations.

Initiatives promoted or co-realized by the School: National Conference "Healthy Cities for Children and Adolescents: Poverty, Environmental Risk and Health" (3-4 March 2005); Workshop "Training for Trainers: The International Perspectives on Children's Environmental Health"(1 April 2005); Course "Integrated Health Plan: Environment, Health and Children"(5 and 12 April 2005), Workshop "Avoidable Mortality in the Cities: General Practitioners and Primary Cancer Prevention" (6 June 2005).

### **Contact**

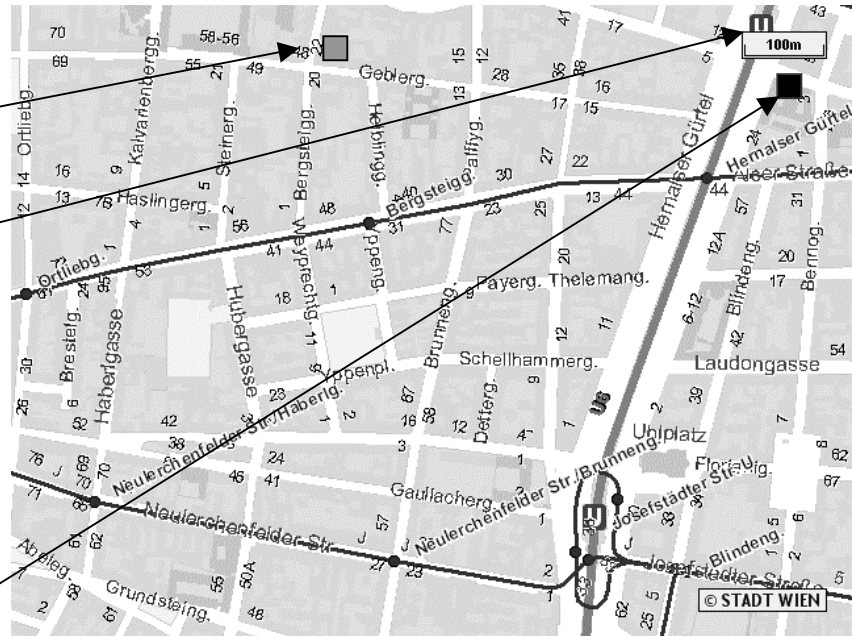
Roberto Romizi, Alessandra Pedone, ISDE/Arezzo WHO Healthy Cities Project  
Via della Fioraia 17/19 - 52100 Arezzo, Telephone +39-0575-22256, Fax +39-0575-28676  
E-mail: isde@ats.it

## LOCAL ARRANGEMENTS AND INFORMATION

1) Hotel: most participants will stay at the hotel “Mate Dependance”:

Bergsteiggasse 22  
1170 Wien  
Tel: +43/(0)1/404 66

The hotel (square in the map above) is near the Underground station „U6 Alserstrasse“



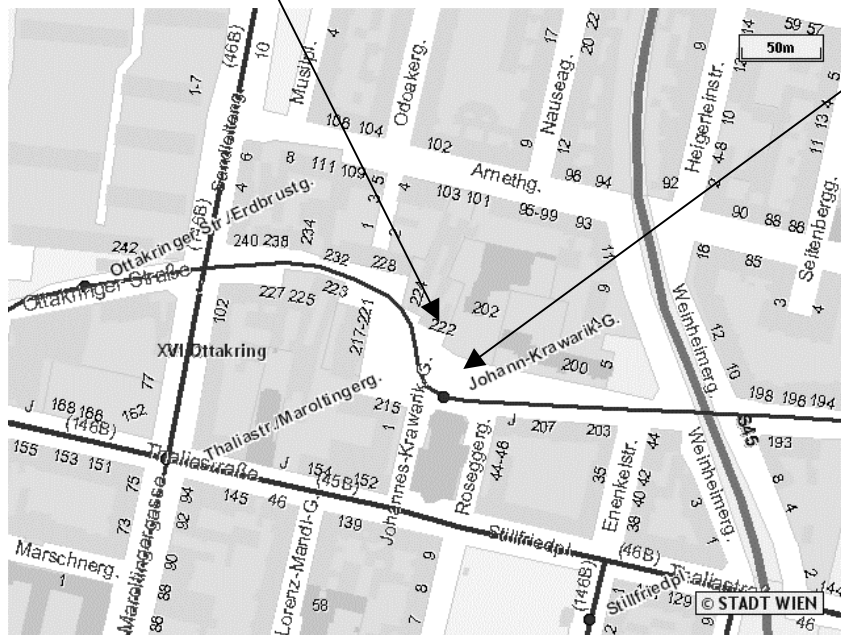
2) Lecture room:  
In the building of the  
Institute of Hygiene

Kinderspitalgasse 15  
1095 Wien  
Tel: +43/(0)1/4277 64700

The institute (black square in the map above) is just opposite U6 „Alserstrasse“

3) Heurigen “Zehnermarie” (Dinner on Friday):

Ottakringer Strasse 222:



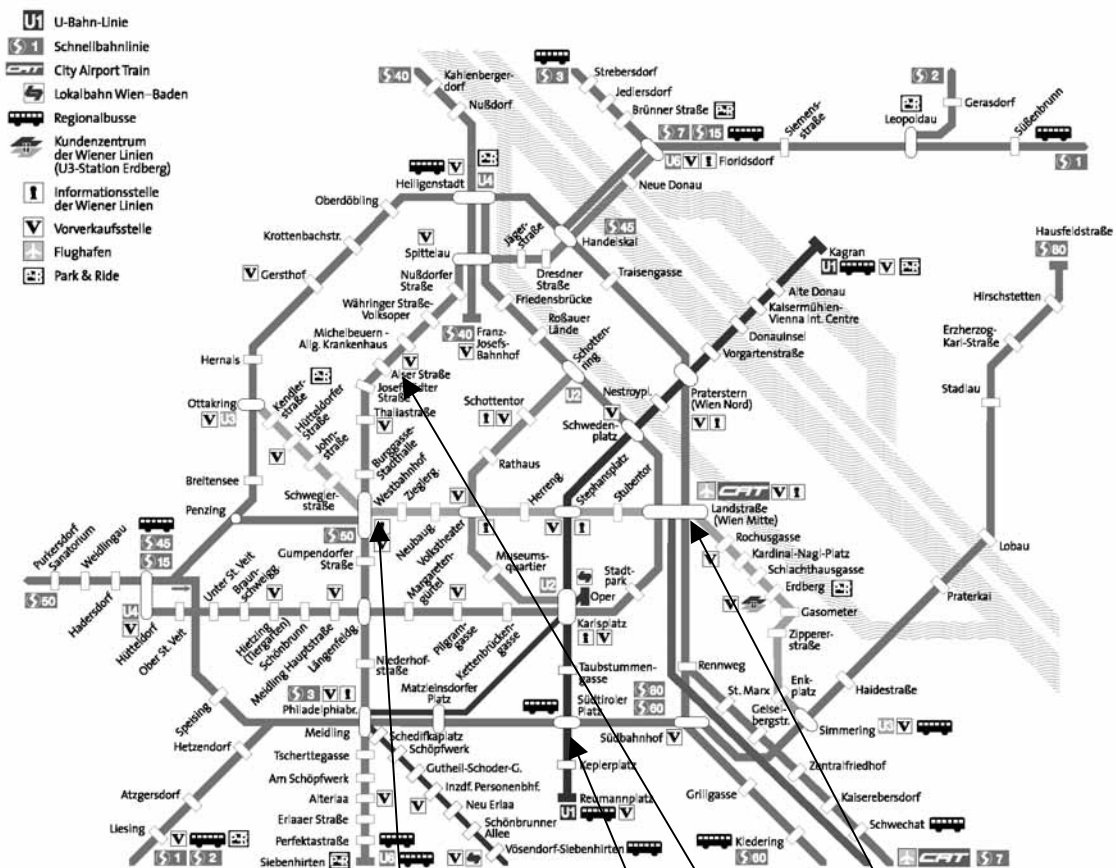
Take tram “J” to  
“Johannes Krawalikgasse”  
(Square and pedestrian  
zone with church)

Tram “J” passes U6 at  
the station “Josefstädter  
Strasse” which is one  
station of U6 to the  
south (5-10 min. walk  
from U6 “Alserstrasse”),  
go west to get to the  
Heurigen!

(see also map of under-  
ground lines next page!)



## VIENNA PUBLIC TRANSPORT



Most of the participants will come by plane.

The best choice to get to Vienna from Vienna airport is by train. (there are also taxis and busses)

There are two trains that leave from different platforms. Both leave every 30 minutes. The expensive one (City Airport Train – CAT) takes approx 20 minutes to go to “Landstrasse”, the normal train (S7) takes approx. 30 minutes to get to “Landstrasse”. The former costs EUR 9.-, the latter approx. EUR 3.- (including a one-way ticket for public transport within Vienna).

From “Landstrasse” take U3 to “Westbahnhof” and from there U6 to “Alserstrasse”.

Some might come to Vienna by train. They would end up either at “Westbahnhof” (see above) or “Südbahnhof” with the Underground-Exit (U1) to “Südtirolerplatz”. (Most trains from the South also stop at “Meidling” – Underground U6 – before reaching “Südbahnhof”.)

Vienna is not that big! You will find your way!

**NOTE: Underground U2 due to construction works is not operative!**



**ISDE GENERAL ASSEMBLY**  
**September 24-25, 2005; Vienna, Austria**

**LIST OF PARTICIPANTS**

<b>Fuad Amsyari</b>	<b>Indonesia</b>
<b>Oral Antaniyasova</b>	<b>Uzbekistan</b>
<b>Stefania Borgo</b>	<b>Italy</b>
<b>Sylvia Brunner</b>	<b>Austria</b>
<b>Karin Büchl-Krammerstätter</b>	<b>Austria</b>
<b>Lilian Corra</b>	<b>Argentina</b>
<b>Cathey Falvo</b>	<b>USA</b>
<b>Heinz Fuchsig</b>	<b>Austria</b>
<b>Lew Gerbilsky</b>	<b>Ukraine</b>
<b>Hans-Peter Hutter</b>	<b>Austria</b>
<b>Thomas Jakl</b>	<b>Austria</b>
<b>Peter Kälin</b>	<b>Switzerland</b>
<b>Michael Kundi</b>	<b>Austria</b>
<b>Christian Martineus</b>	<b>Sweden</b>
<b>Alexander Mauckner</b>	<b>Germany</b>
<b>Philip Michael</b>	<b>Ireland</b>
<b>Hanns Moshammer</b>	<b>Austria</b>
<b>Peter Orris</b>	<b>USA</b>
<b>Erik Petersen</b>	<b>Germany</b>
<b>Brigitte Piegler</b>	<b>Austria</b>
<b>Roberto Romizi</b>	<b>Italy</b>
<b>Péter Rudnai</b>	<b>Hungary</b>
<b>Paul Saoke</b>	<b>Kenia</b>
<b>David Shearman</b>	<b>Australia</b>
<b>Wolfgang Stück</b>	<b>Germany</b>
<b>Peter van den Hazel</b>	<b>Netherlands</b>
<b>Peter Wallner</b>	<b>Austria</b>

**Organised by ISDE Austria**





# Oekobiotikum

16. Jahrgang – S1/2005

Supplement anlässlich der  
Generalversammlung von ISDE

## Herausgeber:

„Ärztinnen und Ärzte für eine gesunde Umwelt“  
Große Mohrengasse 39/6; A-1020 Wien  
Tel.: 01-216 3422  
Fax: 01-219 9295  
<http://www.aegu.net>  
e-mail: [aegu.wien@blackbox.net](mailto:aegu.wien@blackbox.net)  
e-mail: [info@aegu.net](mailto:info@aegu.net)

### Chefredaktion:

DI Dr. Hans-Peter Hutter  
Dr. Hanns Moshhammer  
Dr. Peter Wallner

Büroleitung: Brigitte Piegler

OEKOBIOTIKUM

Österreichische Post AG  
Info.Mail Entgelt bezahlt

Adressenänderungen, bitte, an den Verein  
„Ärztinnen und Ärzte für eine gesunde Umwelt“  
Große Mohrengasse 39/6  
A-1020 Wien

Einzelpreis: € 5,-  
Abo (4 Ausgaben): € 18,-

### **Offenlegung gemäß § 25 des Mediengesetzes:**

Medieninhaber: Gemeinnütziger Verein Ärztinnen und Ärzte für eine gesunde Umwelt

Sitz des Vereins: 1020 Wien, Große Mohrengasse 39/6

Vorstand: (siehe rechts oben)

Grundlegende Richtung gemäß § 25, Abs. 4 Mediengesetz:

Das Ökobiotikum ist ein Medium zur Unterstützung der Vereinsziele und dient der Information von Mitgliedern und anderen Interessierten über die vielfältigen Zusammenhänge von Umweltfaktoren und Gesundheit

## Mitglieder des Vorstandes:

### Vorstand:

DI Dr. Hans-Peter Hutter  
Dr. Hanns Moshhammer  
Dr. Günther Obermeier  
Dr. Peter Wallner

### Erweiterter Vorstand:

Dr. Harald Büchele  
Dr. Heinz Fuchsig  
Dr. Carina Schindler  
Dr. Rainer Unterrichter  
Dr. Ferdinand Weinschenk  
Dr. Eva-Maria Wendler

### Bankverbindung:

„Ärzte für eine gesunde Umwelt“  
Hypo-Bank Tirol (BLZ 57000)  
Kto.-Nr. 210 086 084  
IBAN: AT50 5700 0002 1008 6084  
BIC: HYPTAT22

## Wissenschaftlicher Beirat:

SR Dipl.-Ing. Dr. Wolfgang Bolzer  
SR Ing. Dr. Karin Büchl-Krammerstätter  
Ass.-Prof. Ing. Dr. Renate Cervinka  
Univ.-Prof. Dr. Manfred Dierich  
Univ.-Prof. Dr. Gottfried Dohr  
LSD HR Dr. Odo Feenstra  
Univ.-Prof. Dr. Elisabeth Groll-Knapp  
Univ.-Prof. DDr. Manfred Haider  
Univ.-Prof. Dr. Helger Hauck  
Prof. Ing. Bruno Klausbruckner  
HR Univ.-Prof. Ing. Dr. Michael Köck  
Univ.-Prof. DI Dr. Hermann Knoflacher  
Univ.-Prof. Dr. Michael Kundi  
Univ.-Prof. Dr. Peter Lercher  
Univ.-Prof. Dr. Andreas Lischka  
Univ.-Prof. Dr. Volker Mersch-Sundermann  
Univ.-Prof. Dr. Wilhelm Mosgöller  
Dr. Gerd Oberfeld  
Dr. Christoph Puelacher  
Dr. Klaus Rhomberg  
Univ.-Prof. Dr. Manfred Rotter  
Dr. Andrea Schnattinger  
Univ.-Prof. Dr. Gerold Stanek  
Univ.-Doz. Dr. Peter Weish

Die veröffentlichten Beiträge widerspiegeln die Meinung der Verfasser und müssen sich nicht mit der Ansicht der „Ärztinnen und Ärzte für eine gesunde Umwelt“ decken. Nachdruck mit Quellenangabe gestattet.