

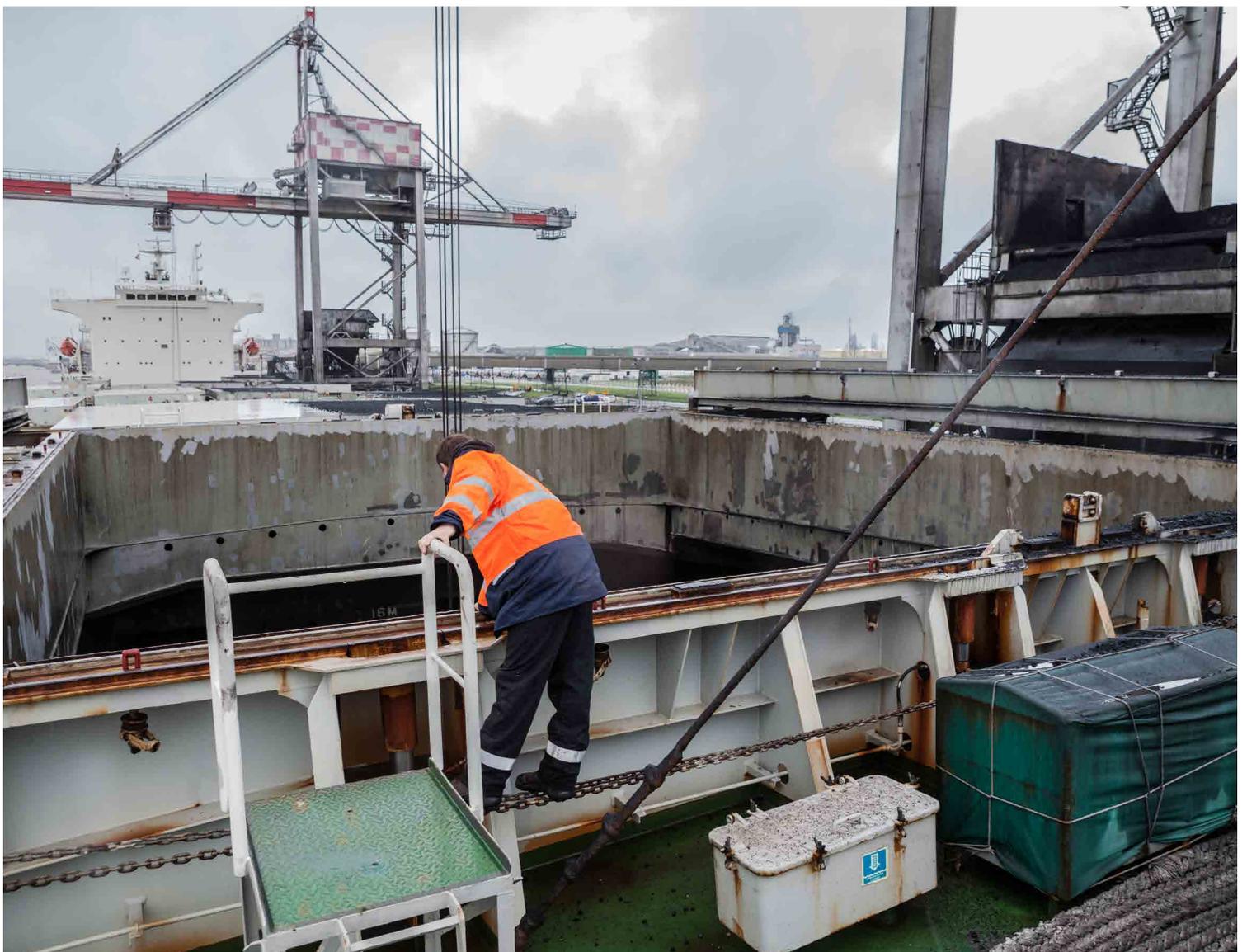
Making occupational illness visible: a call for a coalition between scientists and workers

Some 40 trade unionists and researchers coming principally from Belgium, France, the Netherlands, Spain and Italy took part in a seminar organised jointly by the ETUI and the Belgian association Santé & Solidarité. The purpose of the event was to present projects involving participation by both researchers and workers in the service of a common goal, namely, to make the impact of work on health visible. Of some 30 initiatives submitted to the organisers following a call for proposals, seven were selected and presented on 30 January in Brussels.

Denis Grégoire

ETUI

A research project involving workers at Nantes-Saint-Nazaire Port and experts revealed widespread exposure to carcinogens among the dockers.
Image: © Laurent Guizard



Paraphrasing Clemenceau, Laurent Vogel opened the seminar by stating that: 'Health is too important to leave to the experts'. The ETUI researcher justified his provocative statement by the fact that epidemiological studies and other research into working conditions have not yet sparked public debate about the considerable impact that work has on our health.

The scientific and institutional instruments that currently exist are not sufficient, as illustrated by the official figures on occupational diseases, which underestimate these illnesses in all European countries. Existing measures have unfortunately tended to ignore actual working conditions, leave out workers who have retired or been forced to give up work due to a deterioration in their health, and dismiss the gender dimension (in Belgium 90% of recognised occupational diseases affect men).

Laurent Vogel called for the perception of workers to be taken into account in scientific work. However, to make the impact of work on health visible, a coalition between researchers and workers is needed so that there can be a balance of power with those who have an interest in maintaining the status quo.

The first of the initiatives presented on 30 January provides a good illustration of the ETUI researcher's point. It related to a research project on occupational cancers that grew out of a movement of dockworkers at Nantes-Saint-Nazaire. Having noted a high number of cancers among their co-workers, a group of dockers initially carried out their own enquiry. This confirmed cases of lung, prostate and kidney cancer, among others. A sociologists' collective took the work further, conducting an in-depth investigation designed to reconstruct the occupational history of some 20 cancer survivors. In this way they were able to show that dockers had suffered exposure to a range of carcinogenic substances.

'We did not find a single case of a docker not having been exposed to at least four carcinogens. We identified that some of them had been exposed to 25 carcinogenic substances throughout their occupational history', commented Véronique Daubas-Letourneux from the University of Angers.

This initiative arose out of the momentum created by the GISCOP 93 project, which was launched in the early 2000s in

the French department of Seine-Saint-Denis. This project highlighted the occupational origin of a number of cancers occurring in this industrial department located to the north-east of Paris. It grew out of a movement of local trade unions, doctors, mutual insurance companies and researchers linked to the University of Paris XIII, among others. The latter reconstructed the occupational history of around 1 200 patients and tried to identify the various carcinogens to which they had been exposed in the workplace. The investigation established that 89% of men and 64% of women surveyed had been exposed to at least one carcinogen.

In Italy, the INCA, an occupational welfare service linked to one of the Italian trade union confederations, the CGIL, conducted a wide-ranging investigation on musculoskeletal disorders in sectors as diverse as footwear, fisheries, motor manufacturing, wholesale and retailing, etc. Over 1 000 fishermen took part in the investigation. In the Apulia region, in the south of the peninsula, 89 cases of occupational illness were recognised out of a total of 141 declarations, which was welcomed by Marco Bottazzi, an occupational doctor with INCA (read the interview in the box). The project also led to herniated discs among lorry drivers being added to the list of occupational diseases.

In Belgium, an investigation using the same methodology (based on the 'Nordic questionnaire') was conducted among cleaners, retail and wholesale workers, and industrial maintenance workers in the Charleroi area.

In the Netherlands, which has no official system for the recognition of occupational disease, a service set up by the FNV trade union confederation offers support to victims of occupational disease in their legal fight for damages.

The head of this service, Marian Schaapman, presented the highly detailed research work carried out by her service, based on the cases of two workers whose health has been irreparably affected by their work.

In the autonomous community of Asturias, in northern Spain, the Comisiones Obreras trade union launched a protest movement against occupational cancers. The mobilisation resulted in the identification of 680 cases of cancer possibly linked to work, 5.6% of which were recognised as occupational diseases proper and 11.7% as in some way linked to the workplace.

'Health is too important to leave to the experts.'

Laurent Vogel

In the Basque Country, Comisiones Obreras has highlighted the problem of silicosis in the construction industry. Far from belonging to the past, this illness continues to claim many victims. The arrival on the market of new products containing much higher concentrations of silica than traditional materials could cause new tragedies (see the box, p. 40).

These examples show that trade unions are in a position to act as 'whistle-blowers' and prevent workers from being blackmailed over their jobs, as has happened too often in the past: think back, for example, to the asbestos tragedy.

Due to their indisputable practical knowledge, workers are the leading experts on their work. As a result, greater attention should be paid to them in scientific work on the issue of occupational health and safety, and more generally working conditions. This was precisely the intention of the seminar organised by the ETUI with the association Santé & Solidarité (www.sante-solidarite.be). Other initiatives will follow in the coming months. ●

More information

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Trade unions 'blow the whistle' on the reappearance of silicosis in Spain

In Europe, silicosis is sometimes regarded as a problem from the past, and as just a subject for study by experts in industrial history. Some time ago, the press reported on the reappearance of the disease among workers in the textile industry. However, the European Union was spared because the process of spraying sand at high pressure to fade jeans, and therefore satisfy the demands of fashion, was banned in Europe. Since then, the young Turkish workers and their lungs have been rather forgotten given that, under pressure, their government decided to follow Europe's lead.

Did the Turkish case forewarn of a similar health problem, but this time affecting the European Union? In 2009 the Spanish trade union Comisiones Obreras was the first to sound the alarm. One of its members, Daniel Ramos, had just learned that he was suffering from silicosis even though he was only just 29. Six years later, a fresh report tells of seven victims of silicosis among the 14 workers at the Novogranit marble factory in Lemoa, an industrial suburb to the south-east of Bilbao.

How could the Comisiones Obreras trade union representative and his colleagues have developed this disease at such an early age, when miners were generally diagnosed on retirement?

'We were making kitchen worktops from quartz composite, a material that contains 95% crystalline silica, unlike natural stone that contains between 15% and 20%', explained Daniel Ramos in 2011 in the regional press.

Pure quartz is mixed with resins and pigments to obtain quartz conglomerates. This product was first sold in the 1990s, particularly under the trade name Silestone belonging to the Spanish group Cosentino. The Israeli company, Caesarstone, is also a major player in this growth market. According to the Spanish daily newspaper *El País*, it was these two brands that were mainly being used in the Basque marble factory. Again according to the Spanish newspaper, the labour inspectorate considers that Cosentino and Caesarstone bear some of the responsibility due to having failed to inform the marble factory about the risks posed by their products.

This is not an isolated case. Respiriologists at a hospital in a small Basque town have identified six cases of silicosis among 11 workers at a family-run marble factory, which mainly fits composite stone worktops. Andalusia is also affected. From 2009 to 2012, 47 cases of silicosis were diagnosed in four municipalities in the province of Cadiz (Andalusia). Most of the victims, including one who died during the study, were once again young workers who had, on average, been involved in worktop manufacture for 11 years.

In 2013 the courts ordered Novogranit, which in the meantime had closed its doors, to pay Daniel Ramos a total permanent disability allowance. Together with the company, the prevention

service that should have monitored the health of the workers was also given a heavy fine by the Basque authorities on the grounds that it had concealed, for two months, the worker's true state of health. The service had declared him fit for work without even waiting for the results of chest X-rays that eventually revealed the illness.

'The real guilty parties in this situation are the multinationals that sell this highly dangerous material', states the young worker who, with the support of Comisiones Obreras, has set up an association for victims. They are demanding a ban on quartz conglomerates that contain a high percentage of crystalline silica.

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Other studies have also reported cases in Tuscany, Israel and Texas.



The fisheries sector has terrible statistics in terms of accidents at work and occupational illnesses. The Italian trade unions are taking action to reverse these figures.
Image: © Belga

'Fishermen never really retire'

Between 2004 and 2008, INCA, a trade union body that helps Italian workers with social security issues, carried out a survey of the health of fishermen. Around 1 200 workers taking part. Musculoskeletal illnesses accounted for 60% of the health problems reported, followed by digestive complaints (10%), problems with the nervous system and psychological problems (7%), and cardiovascular illnesses (6%). In April INCA launched the survey in the regions of Italy that had not previously taken part. Interview with Marco Bottazzi, head of INCA's occupational diseases office.

Interview by
Denis Grégoire, 4 May 2015

Why did the INCA decide to carry out a survey of workers in the fisheries sector?

Marco Bottazzi – Until 2010 the fisheries sector had an autonomous insurance scheme for occupational illnesses. Since then, the fishermen became part of the general insurance

scheme for occupational accidents and illness of the Italian Workers' Compensation Authority (INAIL). That change meant that it was necessary to learn more about the health problems facing workers in that sector.

To what extent were the trade unions involved?

The fisheries trade unions were very closely involved in the survey and proved to be extremely sensitive to the issue of health and safety. Workers in this sector have quite special characteristics. Their link with the sea is so strong that it could be said that fishermen never really retire. Apart from that cultural dimension, there is also an economic problem: numerous workers in the fisheries sector continue to work past the legal retirement age because their pensions are too low. In addition to workers, many fishing vessels owners took part in the survey.

The fisheries sector still has the image of being quite a macho environment. How did you get them to talk about their health problems?

In general, we began the interviews with young fishermen, who had a somewhat different relationship with their work than previous

generations. They place more importance on health issues as they do not wish to age prematurely. With the reform of the pension system, they know that they will have to work until they are almost 70. However, their work requires them to be in excellent health. The issue of health and safety was thus a very natural one to examine.

What impact did the survey have?

The survey enabled many of the participants to have their health problems recognised as an occupational illness by INAIL and thus to obtain compensation. We are also pursuing our efforts to have the table of occupational illnesses amended. For example, we would like to include exposure to vibrations on vessels in the table of vibration-linked illnesses. We also are working on the issue of primary prevention. We are preparing proposals for ergonomic improvements to fishing vessels. This process is being carried out in close collaboration with the fishermen because we noted that they have often put in place their own 'home-made' measures to reduce occupational risks. We are looking into whether or not these methods could offer pertinent solutions from an ergonomic point of view.