Social dialogue and occupational diseases in Europe

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Ten lines of action to strengthen and harmonize the prevention and compensation policies

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Ten lines of action to strengthen and harmonize the prevention and compensation policies

Preamble

This brochure is the fruit of a close cooperation between two trade federations from the chemistry sector – CSC Énergie-chimie (B) and FEMCA-CISL (IT) –, and INAS (IT), that provides legal guidance to workers who are the victims of occupational diseases and organises the individual protection of workers in the field of social security. Its aim is to present a synthesis of the reflections and comments that were expressed by those three organisations at a seminar held in Padua (Italy) from March 29th until April 1st 2006, that was attended by many European trade union organisations, the European trade union federation of chemistry (EMCEF), a representative of the EC, as well as representatives of insurance institutions from the Member states and physicians.

From the beginning of the European construction, tens of thousands of Italian workers came to France, Germany, Belgium to find a job in the coalmines in the 1950's and 1960's. Back in their countries of origin, some of them who had contracted an occupational disease had to face a lot of difficulties in setting up their medical records, having the disease acknowledged, getting compensations… Today, given the developments of working conditions, new types of occupational diseases have emerged. However, the European Union that keeps on promoting workers' mobility has not engaged itself in a convergence process regarding national compensation systems. Of course, there is a « European schedule of occupational diseases" and the Commission defined a series of guiding principles in the field of prevention, recognition and compensation. But those principles, that are not binding, have not prevented European countries from developing their own systems, without caring too much about their consequences, and more particularly the difficulties met by workers who exercise their right to free movement.

We think that time has come to raise this issue. The recent developments of the social dialogue in the chemistry sector, the REACH regulation, the next revision of the European schedule of occupational diseases have provided us with opportunities to be seized to assess the actions that have been undertaken and to prepare the debates aimed at improving and achieving a greater convergence in the prevention and compensation systems of occupational diseases. We hope this brochure will contribute to those debates and hope you read it with great interest

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A few years ago, we were told about « the disappearance of hard occupations, the deletion of physical constraints, the increase in intellectual work…» [1]. Today, epidemiologists, ergonomists, sociologists and trade unionists have noticed that the « global movement of progressive improvement of the working conditions that had characterised the 20th century was reversed at the turning point of the 1990's » [2].

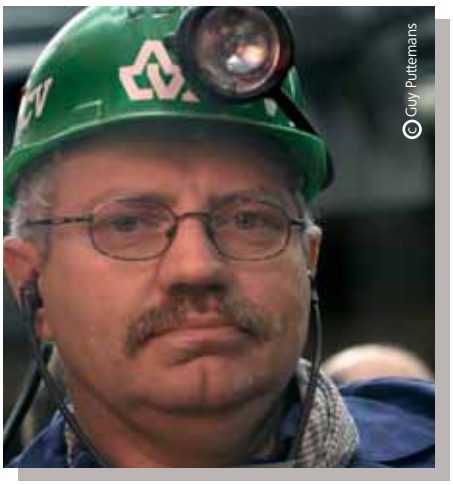
Indeed, in the construction sector or in assembly lines, hard jobs have not all disappeared. Workers tend to be more exposed to risks and hard work; worker's exposure to chemical products increased from 34% to 37% from 1994 to 2003. Besides, organisational constraints, like rhythms and time limits have come into general use. Atypical and unforeseeable working hours, at night or day, are more and more frequent. Job precariousness has increased. Thus, it is not surprising to see the progression of diseases related to musculo-skeletal disorders, chemical agents or resulting from psychosocial strain.
Although we know that musculo-skeletal disorders often have a plurifactorial origin, the fact remains nonetheless that repetitive gestures, work intensity, carrying loads, inadequate handling movements, the absence of ergonomic processes widely contribute to the emergence of physical disabilities that heavily penalize workers on the labour market, and more particularly low skilled workers.

Initiatives

These observations were at the origin of several initiatives in different European countries : pilot studies in the hospital sector, information on ergonomics in the schools, awareness raising of the medical profession, adaptation of the seats at work, actions of trade union organisations with their affiliated members, risk analyses in the companies, etc. Amongst the difficulties encountered as to the implementation of musculo-skeletal disorders prevention measures, trade unions usually report employers' opposition to change, the unemployment pressure and the fact that companies don't really perceive the economic advantages of such measures. In some cases, workers express their reluctance to report an occupational disease, for fear of losing their job.

New constraints

Another big subject of worry concerns the job-related psychic pathologies such as stress, harassment and violence. In a work organisation form characterized by just-in-time, flexibility, the race for innovation, and in highly capitalistic companies such as in the chemistry sector, it is not surprising that workers, who are often isolated, drop out, sink into depression, different types of addictions… This accumulation of stress causes behavioural disorders, but also psychic and/or social diseases. More and more, in companies, affiliated members request trade



union representatives to turn into social workers or psychologists and to provide temporary assistance in moments of distress. In this kind of situation, we are of course far away from the notion of well-being at work that has to remain the concern of all the actors involved in the company. Of course, there can be individual explanatory factors related to the worker's personality or to his/her personal history, but the work constraints should invite us to better understand the collective nature of the phenomenon.

1. « Le travail dans vingt ans », Rapport Boissonnat, Commissariat général du Plan, Odile Jacob, Paris, 1995.

2. « Santé: l'impact des nouvelles formes de pénibilité au travail », in Le Monde, 19 décembre 2005.

New diseases that are rarely recognized

The employment threats, the development of competence assessment systems, the call for more personal involvement in the job are factors that do not leave all individuals unharmed from a psychological or psychic viewpoint. We think that these are occupational diseases although they are rarely recognized. More serious, these diseases are not always recognized in the working environment[3]. Besides, management strategies that are highly widespread in some sectors, like chemistry, aim at outsourcing the health-related risks by resorting to workers employed by subcontracting companies with limited added value and prevention investments that are strictly limited.

Besides, workers are more and more mobile in the European Union. In the absence of a harmonization in the field of industrial medicine, compensation institutions sometimes have a lot of difficulties in setting up medical records when the worker is abroad or when he/she worked abroad. CSC Énergie-chimie (B), FEMCA-CISL (IT), and INAS (IT) are convinced that it is time to put the issue of occupational diseases in Europe back on the political and social agenda. In the following lines, we will successively deal with[4] :

- The relevance and the limits of the European schedule of occupational diseases.
- The big differences that exist amongst the health insurance schemes in Europe.
- Trade union's assessment as regards occupational diseases
- The possible contribution of REACH to the issue of occupational diseases.
- The role of the European social dialogue in the chemistry sector.

The brochure concludes with ten concrete lines of action and reflection with a view to putting the issue of occupational diseases back on the political and social agenda.

3. As a sign of a recent development, the European social partners reached an autonomous agreement on stress at work. This agreement was signed by the ETUC, UNICE-UEAPME and CEEP on October 8th 2004.

4. The reader will find boxed quotations in this brochure. These are extracts from different interventions of the participants during the Padua seminar.

The European schedule of occupational diseases

The European Commission suggested the adoption of a « European list of occupational diseases » as well as a series of guiding principles in the field of prevention, recognition and compensation of the diseases in the 1960's. At that time, the aim was to achieve a progressive harmonization of the national systems and of industrial medicine to the benefit of "mobile" workers. Today, we are far away from there.

The initiatives launched by the Commission in the 1960's that aimed at an approximation of the national compensation schemes for occupational diseases were immediately faced with national reluctances. At that time, the Commission had to content itself with suggesting a "recommendation », that it to say a non binding legal instrument. The first recommendation was adopted in 1962. It mainly recommended the drawing up of a uniform list of occupational diseases and agents that might cause those diseases. It also asked member states to take a series of measures to improve the prevention, the recognition and the compensation of the victims. A new more precise recommendation was adopted in 1966. Those two texts remained widely not applied in the member states.

Updates

While at that time, occupational diseases essentially concerned miners' silicosis and musculo-skeletal disorders due to mechanic vibrations, new work-related diseases progressively appeared: asbestosis, occupational cancers, stress-related psychosocial diseases, etc. In this context, the Commission came back with a new recommendation in May 1990. It adopted a communication on the European schedule of occupational diseases in 1996 and an update to this schedule in 2003. But these are still non binding instruments, which may be interpreted as a failure of the harmonization endeavours in the 1960's. From December 2006, a new evaluation and an update to this recommendation will be initiated.

« The European Union adopted a directive which, to protect consumers' health, limits the marketing of hazardous substances. Why does it make do with a simple recommendation, when it comes to occupational diseases? Is there a difference between a consumer and a worker? (A European official)

« Since 1962, there has been a European list of occupational diseases. In spite of this list, no consistency has been achieved yet in the national compensation schemes. If this consistency cannot be secured today, the situation of Europe is hopeless » (a person in charge of a compensation institution)

Recommendation

The recommendation of 2003[5] is now based on two lists. The first one (annex 1) covers the occupational diseases that should be recognized in all member states. The second one (annex 2) concerns those diseases whose origin and occupational nature are suspected and that should be notified in order to possibly allow their future inclusion. Moreover, the recommendation requests member states to take a series of measures to improve the prevention, the recognition and the compensation of victims (cf. box). The update to this recommendation is mainly required in order to take account of data deriving from technical and scientific progress in this field, as well as the experience achieved.

Let us recall that member states are the ones that set the recognition criteria for each occupational disease according to their national legislation or national practices. They are invited to inform the Commission on the measures they have taken to follow up the recommendation of 2003, by the latest, on December 31st 2006.

Let us also recall that at that time, the European Trade Union Confederation (ETUC) welcomed some improvements that had been provided to the recommendation of 2003, while deploring the decline regarding some simply "suspected" diseases - for instance larynx cancer caused by an exposure to asbestos -, the withdrawal from the list of low back pathologies caused by load carrying and the dismissal of certain diseases [6].

5.Recommendation of the EC of 19/09/2003 concerning the European schedule of occupational diseases (OJEC, L 238 of September 25th 2003).

6. New recommendation on occupational diseases : limited progress but no harmonization in sight, Newsletter of BTS n°26, December 2004.

Moreover, the results were mitigated because no sign of harmonization appeared through the texts. Besides, important differences remained amongst the national occupational health insurance schemes (cf . next chapter).

« The principle of the single market is that free movement cannot lead to consequences in terms of costs if I move, all the more so for occupational reasons. So, this principle should be applied to the rights to social security when a worker moves within the single market ».
(A European official).

The recommendation of 2003 : main recommendations addressed to the member states

- Prevention and compensation of the occupational diseases listed in annex I.
- Right to compensation for those diseases which do not appear in annex I but whose origin and occupational nature can be proved, particularly if the diseases are listed in annex II.
- To develop effective preventive measures for occupational diseases, by involving all interested parties in the work environment.
- To establish national quantified objectives with a view to reducing the rate of recognized occupational diseases.
- To secure the reporting of all cases of occupational diseases and to progressively make their statistics concerning occupational diseases compatible with the European schedule in annex I, so as to get, for each case of occupational disease, information on the agent or the causal factor, on the medical diagnosis and on the gender of the patient.
- To introduce an information or data collection system on the epidemiology of diseases, especially those listed in annex II, or any other disease with an occupation character.
- To promote research in the field of affections related to an occupational activity, notably for those affections described in annex II and for work-related psychosocial disorders.
- To pass on the statistics and epidemiological data related to the occupational diseases recognized at the national level to the Commission and to make them available to the interested circles, more particularly through the information network that has been set up by the European Agency for health and safety at work.
- To prompt the national health systems to actively contribute to the prevention of occupational diseases, more particularly through a greater awareness raising of the medical personnel to improve the knowledge and the diagnosis of those diseases.

Insurance schemes for occupational diseases in Europe : some remaining differences

The insurance against occupational diseases was set up in Europe in the 1920's through an extension of the risks covered by the workmen's compensation insurance (accidents) [7]. The workmen's compensation insurance (against industrial accidents) is the oldest social insurance. It was put in place in Germany in 1884 and spread to Portugal in 1913.

The setting up of a social insurance against occupational risks now allows the victim of an industrial accident or an occupational disease to get benefits without having to provide evidence – as he or she had to do it beforehand – of the employer's fault, because the industrial accident or the occupational disease are presumed to be of occupational origin when some conditions are met: one speaks of an objective liability of the employer. In return for its automatic nature, the indemnities granted by social insurance are a lump sum and therefore, they are less generous than the compensation provided within the framework of civil law (liability for fault). Today, this insurance is managed by different types of institutions, that vary from one country to the other:

- In the United Kingdom and in Ireland, the State directly manages the different social insurance services.
- In Finland, private insurance companies are responsible for it.
- In a majority of countries – Austria, Germany, Italy, Luxembourg, France, etc. – public or private institutions with a public service mission are in charge of this insurance.
- In Portugal, Belgium and Denmark, occupational diseases are managed by a public institution, but industrial accidents are managed by private companies.

Everywhere, those insurance institutions are organized on a territorial basis, except in Germany where some 26 Berufsgenossenschaften are currently structured per sector of activity.

"In Europe, there is a real jungle when it comes to national systems of recognition and compensation of occupational diseases and industrial accidents. How can the workers find their way ?"(a person in charge of a legal service)

Some insurance institutions have several missions: next to the compensation of victims of occupational diseases, they also work in the field of prevention of occupational risks:

- This is the case of Germany, Austria, France and Luxembourg, where the insurance institution's employees have to advise companies, provide them with technical expertise, check whether they apply the regulation in the field of prevention.
- In other countries, like Belgium, Italy and Spain, the insurance institution mobilizes means for the prevention but in a more limited way, because other entities are in charge of this mission. Those means are generally used for information and training products and to conduct surveys.
- In the other countries, like the United Kingdom, Ireland and north European countries, the prevention of occupational risks is entrusted to an entity that is completely distinct from the insurance institution.

Recognition

Recognition must be achieved before getting compensation. But the recognition methods are not identical in all European countries. When the workmen's compensation insurance was extended to occupational diseases, the compensable diseases were the diseases that appeared on a national list of occupational diseases. Later, from 1963 to 1993, most of the countries set up a wider so-called "open" or "non-list" complementary system. This system allows a person suffering from an affection that does not appear on the list to get compensation by producing evidence of the origin and occupational nature of that disease.
All the countries of the EU - 15

7. This chapter is based on different studies conducted by Eurogip. See among other: EUROGIP (2000), « Occupational diseases in Europe. A comparative study in 13 countries. Reporting, recognition and compensation procedures and conditions », Eurogip & European Forum, September 2000. See also : EUROGIP (2002), « The occupational diseases in 15 European countries. The figures 1990-2000. Legal and practical news 1999-2002 », Eurogip & European Forum, December 2002.

have a list of occupational diseases, except Sweden that has a proof-based system: the victim always has to prove the occupational origin of his or her disease. And all the countries organized a complementary system, except Spain and the United Kingdom. The function of the list is to confer a presumption of occupational origin on the pathologies that appear on the list. This presumption is more or less strong according to the country. For instance, in France, the list takes the form of tables listing very accurate criteria for recognition as regards the definition of the pathology, the periods of liability and a limitative list of works, including sometimes the exposure period. If all the criteria that fit the pathology are met, the disease will be automatically recognized. On the other hand, in Finland, the list is merely indicative. The victim will have to produce the elements proving the origin and occupational nature of his or her disease. In the other European countries, the victim is released from the burden of proof and the insurance institution leads the investigation and determines whether the disease has an occupational origin or not.

« During the last few years, 20 000 miners lost their jobs in Romania. Today, some of them work in different European countries. I am convinced that there are cases of silicosis and musculo-skeletal disorders, but they are not reported. Who will take care of them? »;
(a Romanian trade unionist)

Compensation

In any case, recognition does not automatically mean compensation. This is mainly the case for cases of permanent disability, the compensation sphere that shows the largest number of differences amongst the countries. Indeed, some countries set a minimum degree of disability that is often requested to entitle a person to compensation, which leads to the exclusion of compensation for small disabilities. The minimum degree is 33% in Spain, 20% in Germany, 10% in Finland, 6,66 % in Sweden. Four countries have not set any minimum degree : Belgium, France (but 25% if the disease is recognized on the grounds of the non-list system), Luxembourg and Portugal. The compensation systems for occupational diseases are different in other respects such as the nature of the compensable injuries and the calculation of the benefits.

Recognized cases of occupational diseases per 100 000 insured individuals

The decreasing trend in occupational diseases may be explained, depending upon the countries, by the closure of mines, the efficiency of preventive measures, by the reinforcement of the burden of proof, etc. The increasing trend may be explained, among other things, by the registration of new occupational diseases in the national lists, by the alleviation of recognition procedures, by victims' better knowledge of the system of recognition of occupational diseases, etc.

COUNTRY	TREND
Germany	↗
Austria	↘
Belgium	↘
Dennemark	↗
Spain	↗
Finland	↘
France	↗
Irland	→
Italy	↘
Luxembourg	→
Sweden	↘
Switzerland	↘

« In my company, we were five workers strongly exposed to asbestos. My four colleagues died. I am the only survivor ». (A French worker).

If we look at the number of applications for recognition and the number of recognized cases, in most countries, the ratio is lower than 50%. But there is a big contrast between countries like France and Switzerland that accept more than 75% of the applications, and countries like Germany, Denmark or Italy, where less than 25% of the applications are accepted (the other countries – Austria, Belgium, Finland, Ireland, Portugal, Sweden – are between 25% and 50%). The reason that is put forward by the countries that accept a limited percentage of applications is that they have a very open reporting procedure: a large number of people can declare cases and/or the application for recognition is possible regardless of the degree of disability. Overall, a large number of declarations does not result in a large number of recognitions, because each country has its own list of occupational diseases and its own recognition conditions.

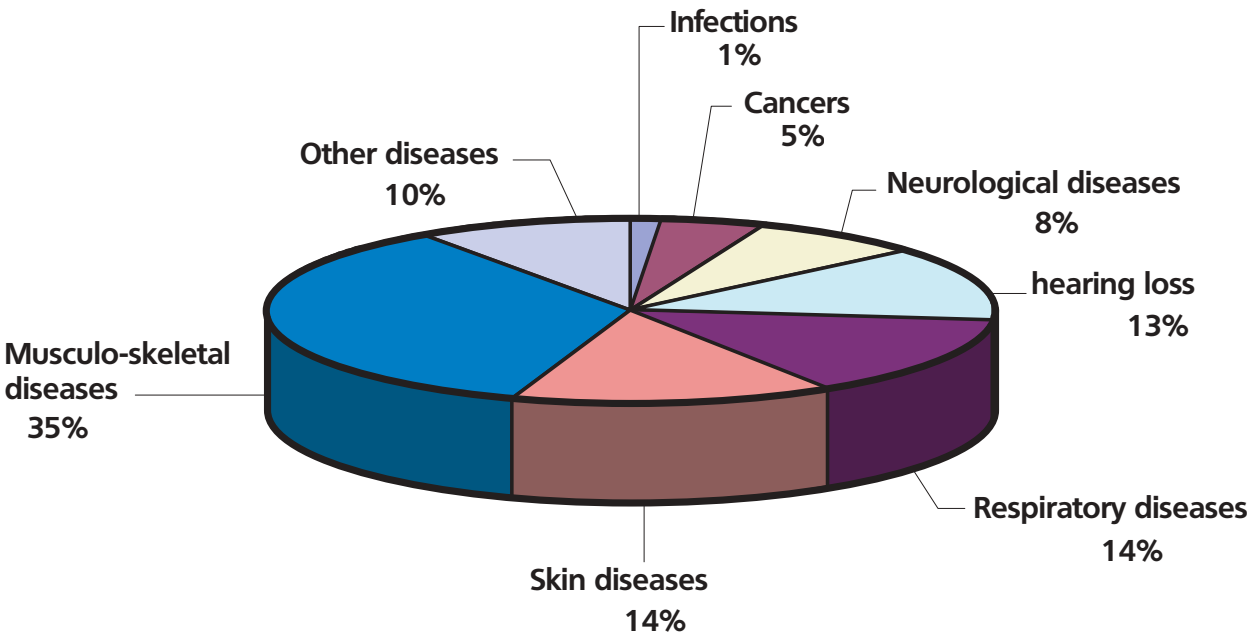
In conclusion, the important gaps between the countries are due, on the one hand, to the diversity of reporting systems and on the other hand, to the heterogeneous contents of the lists.

« In Bulgaria, the employer is the only one that can apply for the recognition of the occupational disease. This will automatically reduce the number of cases…». (A Bulgarian trade unionist)

In Europe: Breakdown of the recognized diseases in 2001

The first causes of occupational diseases in Europe are musculo-skeletal disorders (MSD), followed by dermatosis, respiratory disorders, hearing losses, neurological disorders, cancers, infections and others. So, chemical substances are not the only ones involved.

The most recognized diseases per country, in 2000



Putting the issue of occupational diseases back on the social and political agenda

Today more than ever, the protection of salaried employees' rights as regards occupational diseases has become a topical issue because of the globalization of the economy, the increased mobility of workers, the relocations of companies, the restructuring and the increase in migratory flows. Indeed, to take notice of the increased mobility of workers and the segmentation of their career paths, it is indispensable to provide them with a consistent framework in which they can exercise their social rights. In the absence of such a framework, many gaps and barriers will still arise.

It is necessary to put the issue of occupational diseases back on the political and social agenda now [8]. In the following lines, we synthetize the analyses, reflections and proposals that resulted from the two working parties that looked into these questions during the Padua seminar, as well as quality speeches of the different participants: experts, representatives of the European Commission, of national compensation institutions, doctors, trade unionists, etc.

Prevention policy

One has to combat the monetarization of risk, that marked the social history of the European countries and one has to give priority to prevention policies. Those policies have to be carried out both in trade union and employers' circles because prevention is everyone's concern. Within companies, the existing consultation in the health and safety committees is an added value. At the European level, there are now European works councils. Wouldn't it be time also to set up European health, safety and hygiene committees where health and working conditions would be discussed in a prevention perspective?

Within the framework of the social corporate responsibility, on has to promote a responsible attitude in the field of health and safety vis-à-vis workers, and more particularly workers who are in a precarious situation: the temporary workers and sub-contractors. This attitude should also be promoted vis-à-vis consumers. The issue of sustainable development should be tackled in collective negotiations.

« Prevention has to be financed by the employers, and not by the community. This is the only way of making them aware of their responsibilities ».
(A French trade unionist)

Implementing the regulation

The implementation of the regulation in the field of health and safety sometimes presents big gaps. There is little monitoring to see whether this legislation is complied with; legal texts are great, but they are not always implemented, or partially implemented, or they are applied late. However, one notices that an effective monitoring of employers' obligations leads to a reinforced prevention and a clear reduction of industrial accidents and occupational diseases. This monitoring is one of social partners' prerogatives within the framework of social consultation.
In a close future, REACH should make it possible to get new knowledge to promote the introduction of substitution chemical substances on the market, but also to improve the information on the storage and the handling of chemical substances. All this information could be used to prevent and analyse the risks in the chemistry sector, and more particularly in all user companies in Europe and throughout the world. But REACH will only have positive impacts on the recognition of occupational diseases provided it is fully implemented.

« The weakness of the inspection services and their understaffing and under-equipment in terms of control means strongly weaken the real scope of the best regulations »;
(A person in charge of a legal service)

8. For an overall overview of this issue, see among others: Vogel Laurent (2004), « Santé au travail. Huit terrains d'action pour la politique communautaire », Trade Union Technical Office for health and Safety, BTS, Brussels, 2004.

Portability of the rights

The issue of workers' mobility is not only about the recognition of occupational diseases (gaps in the medico-legal assessments of the pathologies and in the methods of diagnosis), but also about the drawing up of medical records (application procedures), the compensation of workers (degrees) and the portability of the rights. The differences that currently exist among the national legislations in these matters result into diverging compensation systems. But in the long run, more harmonization and coordination are needed among the systems and schemes. For instance, as regards the diversity in the diagnosis of pathologies, one should develop a system of information meant for national administrations to explain which are the documents necessary to have occupational diseases recognized in the other European Union countries. This looks simple but it has never been done.

« It is important to have medical protocols that are recognized at the European level. Why don't we set up European networks bringing together those who take care of those issues at the national level? ». (A Belgian doctor).

Information of the persons concerned

The information of the actors concerned by the prevention, the recognition and the compensation of occupational diseases are fundamental, more particularly in government corporations that have to take care of all those tasks. Very often, a person's claim for benefit is simply turned down because of a lack of knowledge of other countries' practices. So, one has to stimulate the exchange of information among the countries. Too often, doctors do not have adequate information to assess the occupational nature of the disease. If the clinical history of the worker and if his/her occupational background are not known, it becomes difficult to diagnose and treat the worker. But today, workers' career paths are more and more segmented, they move to other companies, to other sectors of activity, to other countries, which makes it very difficult to get occupational diseases recognized when they move within the European Union. It might also be interesting to draw up a personalized « register » of the exposure to hazardous substances that would include useful information for a diagnosis (where has the worker worked? which are the substances the worker has been in touch with?), knowing that diseases may have long latent periods. Such a register – or "European health booklet » – could improve the quality of prevention and the recognition of occupational diseases and their related benefits.

Moreover, the information and the communication on the risks incurred by workers are clearly better in large companies than in small and medium-sized companies and in subcontracting companies. This is the reason why social consultation is essential, also in small and medium-sized companies.

« In Germany, every chemical substance has its technical form including the measures to be taken as regards precaution, handling, storage, labelling, specific equipments. But those forms are left aside in the manufacturing industry. Sometimes, workers are not even informed » (a German trade unionist)

Training

Training must not be restricted to employers. Workers and their representatives must be involved in the prevention training within the framework of social consultation. Besides, physicians have to be made more aware of the link between health and working conditions. Joint training actions could be considered with general practitioners. They play a strategic role in the field of compensation. They are the first line actors when approaching the disease. They provide information stemming from medical centres and they play an essential role in reporting the occupational disease. It would be useful to promote the exchanges and transfers of knowledge and good practices (among other things, with regard to the recogni-

tion criteria and procedures of the disease) at the European level. Why don't we dedicate a certain percentage of the wage bill to the training of low skilled workers and those who are at risk and why don't we use the training to enhance the quality of our representatives and trade union officials' interventions when it comes to health and safety issues? A better knowledge of the legislation might be helpful.

« In small and medium-sized companies, it is often difficult to collect all the documents that are useful to achieve the recognition of risk exposure». (An Italian trade unionist)

« The training of doctors on occupational diseases is pathetic. In my country, in a 6 year degree course, only 2 hours are dedicated to occupational diseases ». (A French trade unionist)

Research

With the emergence of new risks in the field of health, it is important to stimulate research, and notably to direct it towards multifactorial diseases, of which cancers. Those new issues – among others stress-related diseases due to continual productivity gains – deserve serious studies to prepare a recognition.

« A tremendous amount of research work still has to be done on the balance between productivity and stress » (a Belgian trade unionist)

Services close to the members

Trade union organizations have to provide a quality service to their affiliated members in order for them to assert their rights in their own country and throughout Europe. Workers do not necessarily know their rights and the procedures they have to follow to have them recognized. Within the context of restrictions on social spending and budgetary cuts, proximity services must not be undermined (legal services, etc.) and they must be provided at local level. Sala-ried employees have to be better informed on the right to prevention, benefits, etc. There is a real need because occupational diseases are a specific field that requires particular competences. It is important to have structures at the European level to enhance the cooperation among trade unions and the European institutions to help citizens who move in the EU. On top of the national services, one should set up European services.

« A convergence of the recognition methods by the insurance institutions would be desirable in Europe » (a German official in charge of a Berufskrankheiten)

Exchanges of good practices

If there is no quick European harmonization - which is desirable but difficult given the divergences among the systems - it would be useful to identify all the good practices that exist in Europe (asbestos, occupational medicine, research centre, pilot initiative on non recognized diseases, registration of the exposure data, awareness raising of physicians, research on plurifactorial diseases, risk analysis, prevention policy in the companies, etc.) These initiatives must be publicized and good practices must be disseminated. The Commission could take advantage of the evaluation of the recommendation of 2003 at the end of 2006 to ask member states about their good practices in this field. For instance, one notices that the link between the amount of employers' contributions and the risk is an incentive to promote prevention.

« In a plastic company in Rumania, an increase in lead-related diseases was noticed. Instead of improving the protection of workers, the facilities that posed problems were relocated to Moldavia. There, workers want to keep their jobs at all costs. That's just too bad for the occupational diseases » (a Rumanian trade unionist)

In the new member states and applicant countries

The workers of the applicant countries and the new member states say how important it has been to transpose the European directives, notably the framework directive on health and safety. However, the situation is still worrying there with regard to working conditions. For instance, in Bulgaria, the employer is the only one who can apply for the recognition of an occupational disease. If on top of that, one considers the weakness of the benefits, one often realizes that it is neither in the interest of employers, nor in the interest of workers to report occupational diseases. Besides, the inspection services are still very weak and poorly equipped.

Another delicate issue is that now, one has to achieve the right balance between health and safety concerns and economic and job-related issues. How can we care about health and safety when restructuring issues are given priority?

« In my country, occupational diseases benefits are so limited that the worker himself prefers to keep on working... As a result: the statistics regarding occupational diseases are very good ! » .
(A Bulgarian trade unionist).

REACH : an opportunity

REACH is the acronym for « Registration, Evaluation & Authorization of Chemicals ». This draft European regulation results from a reflection that was launched by the Commission in February 2001[9]. It has three goals: to promote a sustainable development, to achieve a high level of protection for human health and the environment and to strengthen the competitiveness of the chemistry industry. Indirectly, REACH could contribute to combating the chemicals-related occupational diseases.

To reach those goals, REACH aims at regulating the use and the sale of chemical substances throughout the European Union. Because the current legislation poses problems: it does not allow the provision of an adequate level of protection for human health and the environment, it does not encourage the innovation and the competitiveness of the European industry. There is a blatant lack of information on chemical substances. The health-related risks of most of the substances that are brought on the market are unknown.

Workers are exposed, not only in the chemistry sector, but also downstream, in other sectors, in small and medium-sized companies, in subcontracting companies…

« We don't know about the health-related risks of most of the chemical substances which are brought on the market" (a European research worker)

Registration

REACH should concern more or less 30 000 chemical substances. With this regulation, Europe shall collect the data related to those substances, their toxicological properties, the environmental damages, and other information that will make it possible to define protection measures. The substances shall be registered through a registration file. This file has to be provided by the producers and/or importers of the substance (if this substance's production exceeds one ton per year). This file will gather all the information and should guarantee a safer use of the products.

Evaluation

With regard to the « evaluation » strand, a European agency, based in Helsinki will collect all the registration files. The member states will have to assess the dossiers and if need be, will be able to ask manufacturers to provide information if the file is not comprehensive.

« It would certainly be desirable that the future European agency on chemical substances be competent to provide elements of information on the health of workers ».(a European official)

Authorization

As regards the authorization, it will only be required for very hazardous substances (mutagens, carcinogens, substances that are toxic for reproduction, biocumulative substances in the environment). The manufacturer and/or the importer will have to apply for a marketing authorization. This authorization will concern +/- 1400 substances and should encourage substitution.

Expected consequences

One of the expected consequences of this system, would be an improvement of the health protection of exposed workers. Of course, there is already a European legislation on health at work [10]. But one has to note that this legislation has only given poor results. The directives are not applied because one does not have all the information. With REACH, risk analyses can be more comprehensive, in particular for the users. The producer or the exporter will also have to provide advice with a view to securing a safe use of the substances. The safety-related data instructions will be improved.

9. European Commission, « White Paper – Strategy for the future policy in the field of chemical substances », COM(2001)88 final, Brussels, February 27 2001.

10. In particular, the directive on chemical substances and the directive on carcinogenic or mutagenic substances : directive 98/24/EC of the Council, of April 7th 1998, concerning the health protection and the safety of workers against chemicals-related risks at the workplace (fourteenth particular directive in the light of article 16, paragraph 1, of directive 89/391/EEC) ; directive 2004/37/EC of the European Parliament and the Council, of April 29th 2004, regarding the protection of workers against risks related to the exposure to carcinogenic or mutagenic agents at work (sixth particular directive in the light of article 16, paragraph 1, of directive 89/391/EEC).

Another expected result: REACH should prompt producers to bring substitution substances on the market. Some people consider that those substances will be more competitive in the future because consumers demand more healthy and environmental-friendly products.
According to a study conducted by the University of Sheffield, 50 000 cases of respiratory diseases and 40 000 cases of skin diseases could be avoided per year, thanks to REACH [11].

The benefits (for social insurance institutions) would amount to 3.5 billion euros over a period of 10 years, 90 billions over a period of 30 years.

«With regard to REACH, forty impact studies have been conducted. 38 were aimed at measuring the costs for the industry. Only 2 studies were aimed at assessing its advantages for workers' health».
(A European research worker)

11. « The impact of REACH on occupational health, with a focus on skin and respiratory diseases », study conducted by Simon Pickvance, Jon Kamon, Jean Peters and Karen El-Arifi, University of Sheffield, UK, ETUC – ETUI-REHS, September 2005. See also : ETUI-REHS (2005), « REACH at work : trade unions call for a more ambitious European policy on chemical products », special issue of the Newsletter HESA, in cooperation with the ETUC, Brussels, 2005.

The European social dialogue in the chemistry sector

The European social dialogue has strongly developed during the last fifteen years, both at the inter-trade level and the sector-based level. The Maastricht treaty (1992) gave the European social partners the means of negotiating amongst them « framework agreements » that were turned into directives later. These directives have been transposed in the member states or applied in those states according to current practices (collective agreements, etc.) Since 1998, the European sector-based social dialogue has developed within the "Sector-based social dialogue committees". Today, there are 32 committees that cover as many sectors of the European economic activity.

The European chemistry industry, through its size, is the most important European industry.[12] This sector officially embarked upon the European social dialogue in December 2002, with a first joint declaration signed by the social partners [13]. Since then, things have developed quickly; in 2004, the sector-based social dialogue committee was set up for the chemistry industry. The three main themes that are currently on the agenda of this sector are the REACH proposal (including health and safety-related issues), education, and life-long learning, and the programme Responsible Care (this is a voluntary initiative, coordinated by the European Chemical Industry Council, which aims at improving the industry's performances in the fields of health at work and environment, hereby protecting the salaried employees, those living in the vicinity, the consumers and the environment).

Moreover, following the example of the ETUC and some European trade union federations, EMCEF set up a collective negotiation committee within its own organization. The enlargement of the European Union and the introduction of the euro made it necessary to develop benchmarking tools to compare the provisions laid down in the national collective agreements.

« I have noticed an important gap between large and small companies with regard to prevention, training and information policies. I really find it hard to understand that a person employed in a small company is less protected than a person employed in a large company » (a French trade unionist)

The partners involved

EMCEF is a member of the ETUC and has some 120 affiliated trade unions. It resulted from the merger between the European Mineworkers Federation (EMF) and the European Federation of Chemical, Energy and General Workers Union (EFCGWU) in 1996. At the beginning, the main problem faced by EMCEF was that it did not really have any formal partner on the side of the employers for a social "dialogue". Indeed, the European Chemical Industry Council (CEFIC) did not have any mandate to discuss and negotiate with the European trade union federations. The employers' industrial federations had been set up in order to defend their industrial interests vis-à-vis the initiatives of the European Commission. Social issues fell outside of the scope. In order to progressively organize this social dialogue, a first conference was held in Milan in 2000, to which all employers' and trade union organizations of the EU member states were invited.

In January 2002, CEFIC finally decided to set up the European Chemical Employers Group (ECEG). This group may be considered as CEFIC's "social arm". It is in charge of social issues and the relations with the trade union organizations in the sector. It represents about 10 000 European companies. In December 2002, for the first time, a conference was held in Paris by EMCEF and ECEG, the two official social partners of the chemistry sector.

12 - It directly employs two million salaried employees. It is the second industrial sector within the EU and the first market at the global level.

13 - At the European level, the social partners of the sector are: for the workers, the European Mine, Chemical and Energy Workers Federation (EMCEF) ; for the employers, the European Chemical Employers Group (ECEG). If you need more information on the social dialogue in the chemistry sector, see among other: Le Queux, S. et Fajertag, G. (2001), « Towards Europeanization of Collective Bargaining ? : Insights from the European Chemical Industry », European Journal of Industrial Relations, Vol.7, n 2, July 2001, pp.117-136. See also: Reibsch, R. (2005), « Social dialogues in the EMCEF industries », in Transfer 3/05, 2005. See also: Schulten, T. (1999), « Franco-German cooperation agreement between chemical workers'unions », May 28 1999, (http://www.eiro.eurofound.eu.int/1999/05/inbrief/de9905201n.html).

The themes of joint interest

On December 4th 2002, a joint declaration was adopted, in which both organizations decided « to institute a continuous sector-based social dialogue within the European chemical industry in order, on the one hand, to create a competitiveness and employment-friendly environment in this sector and on the other hand, to develop the social dimension of Europe » [14]. Other conferences will follow, in Madrid in 2003 and in Helsinki in 2004. In parallel, the themes that are put on the agenda of the dialogue broaden: qualification issues remain important (in some European countries, one has started to notice a shortage of highly skilled labour), but – more important - one also sees the emergence of the REACH project that gives the alert amongst the social partners at the European level [15], as well as health and safety-related issues and the programme Responsible Care [16]. Then, in November 2005, the social partners announce their contribution to the action framework on the life-long development of competences and qualifications [17]. This framework, which was adopted at the inter-trade level, gave rise to the setting up of a working party in the chemistry sector to analyse the qualifications and training issues and to facilitate the information and exchanges of good practices in this field. It was also decided to launch a survey on education, training and life-long learning. The follow-up to this study's results will be organized within the sector-based social dialogue committee.

Evaluation

One notices that the social dialogue has developed at a high speed in the chemistry sector since the beginning of the year 2000. However, one may consider that while industrial issues are frequently discussed, social issues, and more particularly health and safety-related issues, occupational diseases and industrial accidents are not as frequently raised. One of the specific problems encountered by the chemistry industry is that even though health and safety issues are taken very seriously by the companies in the sector, one notices that subcontracting companies (often small and medium-sized companies) and firms from other sectors that operate downstream the chemistry sector (construction, agriculture, etc.) seem to be less sensitive to those issues. Their workers who are exposed to hazardous substances are less well informed, the storage and/or handling procedures of products are not always complied with, the safety instructions are not always applied. This is why the chemistry sector deemed it necessary to carry out actions aimed at disseminating health and safety-related good practices even beyond the sector, in the companies and other sectors that use chemical substances. EMCEF is the European trade union instrument used to raise those joint issues. To do this, one has to come back to specifically social issues, and among other things health and safety issues. The commitment of the social partners for REACH is an opportunity to negotiate this trade union dimension. But therefore, employers need to adopt a positive approach.

« There are tens of European regulations regarding chemical substances. In some cases, these regulations are simply not applied, not complied with. In the long run, those regulations will look like an empty shell. What can we do? ».(A German official)

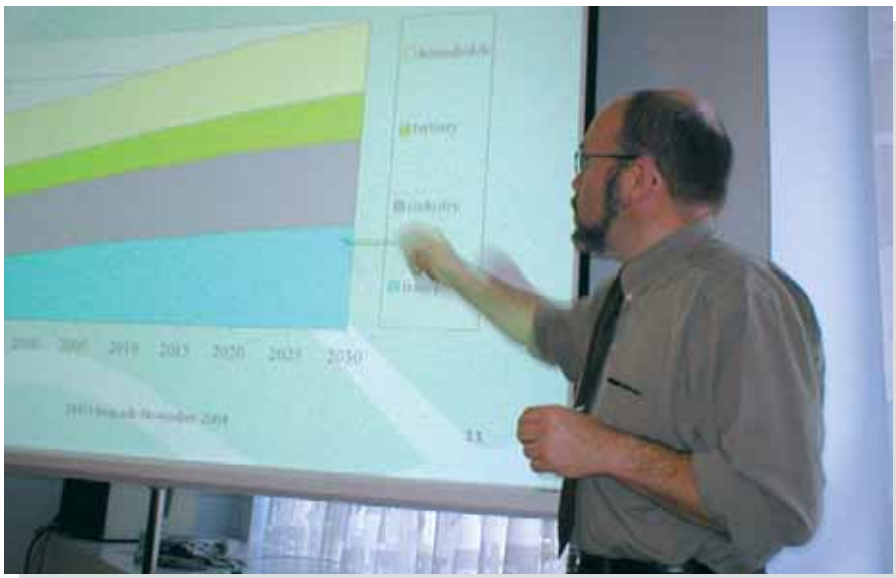
14 - Joint declaration ECEG/EMCEF 2002, Paris, December 4 2002.

15 - Joint declaration of ECEG, CEFIC and EMCEF on the new European policy on chemical substances (REACH), November 27 2003.

16 - It is so that a draft treaty was signed on the programme Responsible Care by ECEG, EMCEF and CEFIC on May 21st 2003.

17 - « ECEG / EMCEF contribution to the third follow-up report of the Framework of action for the lifelong development of competences and qualifications », November 2005.

Conclusions



In the light of the preceding reflections, it seems necessary to put the issue of occupational diseases back on the political and social agenda now and treat it as a priority item. Why ? First, simply because if one wants to promote the free movement of workers on the European territory, the absence of a genuine European industrial medicine seems more and more incomprehensible. Of course, there are several barriers on the way towards a harmonization of the prevention policies, recognition procedures and compensation schemes. But, and this is our second point, the evolutions in the work organization have now led to new sufferings and occupational diseases. It is likely that those developments, combined with the European Union enlargement, will prompt us to question the current policies in those fields in a near future. This will be the opportunity to raise the issue at the European level.

So, it is important to take the initiative and to suggest a few points of trade union's strategy. In this respect, the analyses and reflections conducted by the participants, the experts, the official representatives of compensation institutions at the Padua seminar in spring 2006 can be viewed as a mine of information, statements and proposals. Some of these elements are more related to the chemistry sector, while others concern all the sectors.

« The European schedule of occupational diseases has not changed a lot since the 1960's. But today, we live in an economy which is fundamentally different from the economy 40 years ago » (a person in charge of a compensation institution)

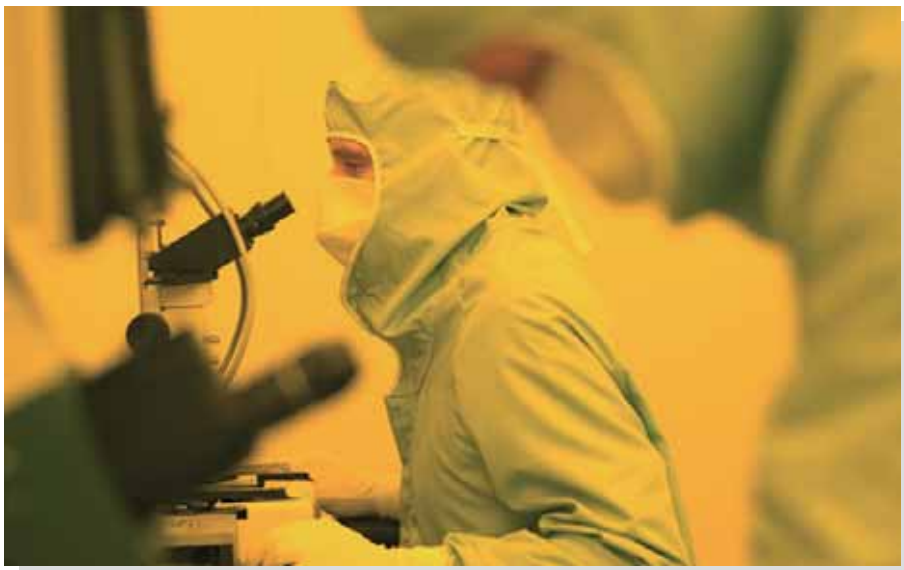
1. Some proposals that should be discussed within the chemistry sector

The upstream and downstream application of the regulations

Working conditions which are harmful to health and the appropriate use of chemical substances have to be monitored, not only upstream, in the chemistry sector companies, but also downstream, at the level of subcontractors, in small and medium-sized companies, in sectors that use the substances produced by the chemistry industry (construction, agriculture, hairdressing, etc.) Whenever possible, one has to try to substitute hazardous products. One also has to reinforce the inspection services and improve the regulations, more particularly the framework directive of 1989 on health and safety at work, the risk analysis and management

Training

Employers have to organize a continuous training for workers as regards health and safety issues. This training is often inadequate, in particular in small and medium-sized companies and vis-à-vis low skilled workers. In this respect, it would be interesting to consider the feasibility of the following measure, i.e. the commitment to dedicate part of the wage bill to the organization of sector-based training sessions meant for low skilled workers, workers at risk who are exposed to health and safety-related risks. Besides, one should also think of training sessions intended for newly recruited workers in the sector.



But it is also important to promote the quality of the interventions of trade union representatives and officials as regards occupational diseases. Besides, it is necessary to have competent services that can defend and assert workers' rights and get their diseases recognized. The setting up of European reference service networks could be a useful contribution to this issue.

« Health education is always left aside when it comes to political priorities, simply because providing health education is a time consuming process. And there is a gap between that time and political time » (a European official)

Research

Today, research on occupational health should be turned towards multifactorial diseases, like cancers and towards the most vulnerable groups of workers and subcontracting activities. The development of multidisciplinary research around new working conditions would also make it possible to measure the impact of the new working conditions on health. At last, research has to be risk management-oriented and has to be focused on the substitution of hazardous products.

The role of the sector-based social dialogue

Within EMCEF, it would be appropriate to highlight health and safety issues, issues related to the prevention and compensation of occupational diseases, training, information and research. EMCEF has to provide the link between the national sector-based organizations and the European Trade Union Confederation, more particularly with regard to occupational diseases and the prevention policy. By facilitating these exchanges, EMCEF also contributes to the transfers of knowledge and good trade union practices. One should also underline the importance of local social consultation, notably within health and safety committees at the company level, in the fields of information, prevention policy, risk analysis and management.

« Emcef commits itself to make sure that the industrial policy committee « pays particular attention to the analysis of the issue and the regulation as regards occupational diseases, to the monitoring of standards compliance, to the safety management in the small and medium-sized companies and to risk management in subcontracting companies » in compliance with the decisions made at the Stockholm Congress in 2004

Emcef will take some initiatives to promote the outcomes of the Ferrare, Prague and Rome conferences within the framework of social dialogue. It will determine a trade union position that will be used as a reference for social dialogue. Besides, workers' mobility in Europe and the emergence of new working conditions should prompt us to look more thoroughly at the issue of occupational diseases.

In its position papers, Emcef will include health and safety aspects for workers who are employed by subcontracting companies. From now on, we will have to focus our reflection on the way Reach will be implemented and on the advantages that workers may get from it.

Emcef commits itself to prepare a sector-based social dialogue on health and safety aspects and on occupational diseases. Emcef will do this seriously and in consultation. It will express claims that are likely, on the one hand, to get employers' commitments in this field and on the other hand, to achieve the reinforcement of European legislative instruments of workers' protection in cooperation with the ETUC. »

Extract of the motion tabled by CSC Energie Chimie for EMCEF's general assembly in June 2006 as a result of the Padua seminar.

2. Proposals that have to be discussed at the inter-trade level

A better implementation of existing legislations

The European schedule of occupational diseases, the framework directive aimed at promoting the improvement of workers' health and safety [18] as well as complementary directives, national laws and regulations make up the backbone of the action in the field of prevention and compensation of victims of occupational diseases. The framework directive provides for an information, training and consultation of workers on occupational risks. However, due to the increasing number of precarious contracts - sometimes these contracts can be very short period contracts (temporary work) -, the use of subcontractors and the absence of trade union representation in small and medium-sized companies, employers often only apply a limited part of these prescriptions.

As regards inspection services, too often, they are under-equipped and they have difficulties in providing and securing monitoring and control, in particular in small and medium-sized companies. Large companies should have their health-related liability extended to all the occupational activities that are carried out on their sites.

With regard to the European schedule of occupational diseases, national regulations should at the very least comply with it in practice. The revision of the recommendation should provide the opportunity to identify, evaluate and disseminate national good practices in the field of prevention and compensation. One should wonder about the type of legal instrument that was chosen – a recommendation – and ask for a more binding European approach.

Proximity services and European trade union services

Quality legal services within trade union organizations allow a better knowledge and implementation of the existing legislation. At the European level, trade union organisations have to provide these services through the development of a "Patronato Europeo" that has to be recognized as a collective and private subject that has to provide appropriate information and adequate social protection thanks to a network regrouping the different services.

Under-reporting

It seems appropriate to better raise the awareness of doctors and draw their attention to the link between health and working relations because they play an essential role at all levels : prevention, information, drawing up of the file , examination of the records, research…

In order to achieve a systematic reconstruction of the career paths, some are in favour of the introduction of a "traceability" mechanism to trace back a worker's exposures throughout his/her career. But this idea raises the issue of privacy.

Other elements intervene in the under-reporting phenomenon: the lack of transparency of victims' compensation institutions as regards recognition procedures and criteria, the introduction of safety promotion programmes based on bonuses (these programmes often go together with pressure on workers to encourage them not to report occupational diseases or industrial accidents). Of course, trade union organizations do not appreciate such management methods. Similarly, the introduction of competence assessments and the linking up of remunerations and merit hinder the reporting and the means of preventive actions

« A scientific study showed an increase in infarctions in commuters who are blocked two hours a day in traffic jams on their way to work. This is not recognized as an occupational disease. However, today, we are increasingly faced with this kind of situation. We should think about it » (an Italian representative)

18. Directive 89/391/EEC of the Council, from June 12 1989, concerning the implementation of measures aimed at promoting the improvement of workers' health and safety at work.

Prevention

One has to avoid risks, assess the risks that cannot be avoided, adapt work to the person, take technological progress into account, replace what is dangerous with what is not, adopt collective protection measures first and individual protective measures afterwards, involve workers and their representatives in prevention integrated policies. Workers know their workstations. Therefore, one should encourage a participative and continuous risk management, in companies of all sizes and in all sectors. Besides, one notices that linking the amount of employers' contributions with the reduction of industrial accidents or occupational diseases provides a real incentive to promote prevention. The social partners in the sector are convinced that REACH's success will reinforce customers and consumers' confidence in chemical substances and their related products, hereby improving the confidence in the chemistry industry. From now on, we have to think of how this regulation will be implemented and the benefits we may draw from it.

The transfers of rights

Workers of immigrant extraction in Europe and mobile workers within the single market are frequently faced with difficulties when asserting their rights in a foreign country. The nit-picking administration, the nasty suspicions on medical expert's reports, the weak knowledge of foreign rights, the different assessment criteria and the different diagnosis techniques may discourage victims or constitute barriers to the benefit of a right to compensation. This is why one should encourage a better coordination among the national legislations. Besides, it would be useful to organize a better cooperation amongst the officials and physicians that work within victims' compensation institutions to make sure that they agree on good practices.

To improve the national compensation systems

Beyond the social, medical or scientific considerations, one has to raise the issue of budgetary means, hence political and economic choices. There is a decrease in traditional diseases because of prevention measures or because of the progressive dying out of dangerous activities (mines, iron and steel industry, manufacturing industries). But at the same time, one should pay more attention to emerging diseases related to the new working conditions. The 2007-2012 community strategy as regards health and safety must have tangible effects and must be turned towards the new risks. This strategy provides an opportunity to harmonize social protection systems and to come to directives defining a common basis of rights for workers. Moreover, avenues for improvement are possible, such as the extension of the European schedule, the preservation of the totality of the wage during the period of care and sick leave, the total coverage of benefits in kind, the introduction of a guarantee of resource up to the person's previous wage for a victim suffering limited abilities, the reinforcement of the obligation to preserve the employment in the company, etc.

The expectation of applicant countries

Workers from the new member states and from applicant countries attach a lot of importance to the transposition of the 'acquis communautaire', and notably the health and safety directives. Nevertheless, they underline that the situation is still worrying as regards working conditions. There are still huge open issues for the trade unions, the employers and the governments. But one has to be aware of the fact that restructuring, privatisations, relocations issues are given priority vis-à-vis health and safety matters… These questions are also largely shared with other countries in Europe.

Ten lines of action for the social dialogue

1 To improve existing legislations

- To achieve a trade union representation in small and medium-sized companies.
- To extend large companies' liability as regards health to all occupational activities carried out on their sites.
- To improve the recommendation of 2003 and at least make sure that the European schedule is complied with in practice.
- To identify, assess and disseminate good practices in the field of prevention and compensation
- To ask for a more binding European approach as regards harmonization (prevention, recognition, compensation).

2 To apply the regulations upstream and downstream

- To enhance workers' information as regards the compliance with the regulation.
- To improve the implementation of the legislation at the level of temporary workers, workers employed with a precarious contract, etc.
- To strengthen inspection services.
- To promote the reduction of causes of occupational diseases.
- To monitor working conditions and the use of hazardous chemical substances upstream and downstream (subcontractors, small and medium-sized companies, etc.)

3 To reinforce the role of sector-based social dialogue

- To put social issues back on the agenda of sector-based social dialogue.
- To pay more attention to health and safety issues, the prevention and compensation of occupational diseases, the training, information and research in the sector-based social dialogue committee
- To reinforce the link between the sector-based organizations and the European Trade Union Confederation.
- To contribute, via EMCEF, to the transfer of trade union knowledge and good practices.
- To reinforce local social consultation within the companies and health and safety committees.

4 To improve the training

- To organize training sessions in small and medium-sized companies and for low skilled workers.
- To dedicate part of the wage bill to this training.
- To promote the quality of trade union representatives and trade union officials' interventions.

5 To secure proximity services

- To provide a quality service to the affiliated members to allow them to assert their rights in their own countries and throughout Europe.
- To provide more information to the workers on their rights to prevention, recognition, compensation, etc.
- To set up European cooperation structures amongst the trade unions and European institutions to help citizens who move around in the European Union.

and occupational diseases

6 To invest in research

- To turn research towards multifactorial diseases, like cancers.
- To turn research towards the most vulnerable workers and those employed in subcontracting companies.
- To develop multidisciplinary research on the new working conditions;
- To promote the substitution of hazardous products through the full implementation of REACH.

7 To combat under-reporting

- To better raise doctors' awareness to the link between health and working conditions;
- To be in a position to piece together workers' career paths (exposure periods).
- To improve the transparency of the victims' compensation institutions (recognition procedures and criteria).
- To combat management methods which discourage people from reporting occupational diseases.

8 To improve the prevention policies

- To avoid the risks.
- To assess the risks that cannot be avoided;
- To adapt work to the person;
- To better take technological progress into account;
- First, to adopt collective protection measures, and afterwards individual measures.
- To involve workers and their representatives in integrated prevention policies.
- To link the amount of employers' contributions with the decrease in occupational diseases..

9 To secure the portability of the rights

- To improve the quality of the social mechanisms that support workers' mobility.
- To encourage a better coordination amongst the national legislations.
- To organize a better cooperation amongst the officials and the doctors who work in compensation institutions.
- To define jointly good practices allowing victims to exercise their rights more easily.
- To improve the knowledge of compensation procedures and regulations from the other countries.
- To set up networks of European reference legal assistance services for mobile workers..

10 To improve the national compensation systems

- To take into account emerging diseases which are related to the new working conditions.
- To be inspired by the current good practices in Europe.
- To move towards a convergence of social protection systems.
- To define a common basis for workers' rights.

The Padua seminar

The Padua seminar (March 29 – April 1st 2006) was held on the initiative of INAS (IT), CSC Chimie Energy (B) and FEMCA-CISL (IT), with the financial support of the European Commission. It brought together trade unionists from Italy, Belgium, France, Germany, Rumania, Bulgaria; representatives of EMCEF, people in charge of national compensation institutions ; officials of INAS ; research workers of Eurogip and of the Trade Union Technical Office of the ETUC ; physicians ; a representative of the European Social Observatory.

List of participants

Angelini, Claudio – Bortone, Antonietta – Bousquenaud, Dominique – Capaldi, Bruno – Cereti, Pietro – Cernigliaro, Antonino – Costache, Sadagurschi – Crugnola, Roberto – Costa-David, Jorge – Dabanovic, Milica – Dal Magro, Paolo – Damyanov, Anastas – De Padova, Anna Maria – De Potter, Alfons – De Toni, Oraldo – Degryse, Christophe – Del Treppo, Graziano – Dorflein, Karl-Heinz – Drabik, Olga – Furieri, Gabriella – Gatti, Emilio – Geromin, Luca – Goggiamani, Angela – Guerisoli, Giovanni – Guidotti, Luigi – Hermans, Albert – Hristova, Tsvetana – Ilossi, Dario – Jegourel, Jean-Pierre – Jordens, François – Kieffer, Christine – Lanteri, Nicolo – Laurent, François – Leone, Francesco – Lodetti, Gianluca – Marranchelli, Giuseppe – Minutello, Massimo- Münch, Klaus – Musu, Tony – Nicolos, Marcel – Octavian, Ciobanu – Octavian, Luca – Paduanelli, Mario – Panero, Giancarlo – Perugini, Natale – Picchio, Valeria – Primante, Donatino – Reibsch, Reinhard – Rodomonti, Albano – Rodomonti, Italo – Roxana, Balescu – Ruvolo, Stefano – Schneider, Bernd – Strauss, Patrick – Theiss, Wilfried – Thimpont, Joël – Uytterhoeven, Jan – Vanweddingen, Philippe – Weis, Stefano – Wüchner, Manfred – Zara, Rico.

List of speakers

Stefano Ruvolo, Italo Rodomonti, François Laurent, Christine Kieffer, Dr Jorge Costa-David, Patrick Strauss, Dr Joël Thimpont, Dr Giovanni Guerisoli, Klaus Münch, Jean-Pierre Jegourel, Dominique Bousquenaud, Marcel Nicolos, Bortone Antonietta, Octavian Ciobanu, Anastas Damyanov, Tony Musu, Reinhard Reibsch, Giancarlo Panero, Gianlucca Lodetti.

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