



## French “grassroots” act against occupational cancers

The sprawling working-class suburb of Seine-Saint-Denis north-east of Paris has one of France’s highest cancer mortality rates. A very different kind of combination has been waging a collective battle against the disease for some years now. Rather than taking the standard lifestyle-factor approach focused almost wholly on smoking, drinking and diet, they are looking into sufferers’ working conditions.

“Your illness is not all down to you; your cancer might be your job’s fault.” This bald statement could encapsulate the approach taken by GISCOP 93<sup>1</sup>. This arcane sounding name is the acronym for the Scientific Interest Grouping on Cancers of Occupational Origin, behind which stands a highly active network of researchers, trade unionists, doctors, legal experts, sickness insurance organizations and local politicians in the Seine-Saint-Denis *département* (93). Its members are united in the belief that behavioural causes like smoking, heavy drinking or a poor diet alone do not go all the way to explaining the unequal incidences of cancer in French society<sup>2</sup>.

The approach reflects an attempt to break with the monocausal view of cancer diseases that still prevails in medical circles. “For an expert to say that someone was bound to get lung cancer because they were a smoker is just an arbitrary, scientifically unfounded statement”, fumes project sponsor Annie Thébaud-Mony. Many applications for recognition of occupational diseases fail because of a smoking habit that masks the other carcinogens to which the sufferer was exposed, especially at work.

A survey found that 31% of skilled manual workers and 23% of unskilled manual workers are exposed to carcinogens at work, against 3% of managerial staff<sup>3</sup>. This “class inequality” is part of the reason why traditional industrial *départements* like Seine-Saint-Denis or Pas-de-Calais have a much higher rate of cancer deaths than others.

### The unspeakable word

While tackling cancer is now a political priority – President Chirac made it a main concern –, not many politicians have zeroed in on health and safety at the workplace and called employers to account over their responsibilities. Not so the Seine-Saint-Denis authorities, who were quick to give their support to the work of the researchers at Paris XIII University, whose campus is tucked between the high-rise blocks of the Bobigny council housing estates.

“We got involved in this project because of a finding that our *département* has a well above-average premature cancer mortality rate for France. We had



Care taker, Aulnay-sous-Bois, France, 2007  
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to do something by supporting a project that was part of a broader attempt to tackle social inequalities in health”, emphasizes Seine-Saint-Denis Regional Council Leader Hervé Bramey.

An initial risk mapping survey was done in 1992 among sixty-odd cancer patients. “It got nowhere because the health and safety at work inspectors and sickness insurance fund preventive services didn’t want to go down that road. At the time, “carcinogen” was not a word that companies or even regional sickness funds wanted to hear”, recalls Annie Thébaud-Mony, Director of Research at the National Institute for Health and Medical Research (Inserm). A second attempt was made ten years later, when a second survey was launched to recreate the work history of patients diagnosed with cancer in three Seine-Saint-Denis hospitals.

Patients who agreed to take part in the survey were asked to meet a “survey-taker”, usually a sociologist

<sup>1</sup> This article was written on the basis of interviews done at the end of 2007. The Leader of Seine-Saint-Denis county council, Hervé Bramey, was not re-elected in the March 2008 district elections. The Giscop 93 project is still running, however, and planning new initiatives to give an international reach to its call for action on work-related cancers (giscop93@smbh.univ-paris13.fr).

<sup>2</sup> Manual workers account for around 20% more smokers than managerial staff, but have a 200% excess premature cancer mortality risk. See: Annie Thébaud-Mony, *Histoires professionnelles et cancer, Actes de la recherche en sciences sociales*, No. 163, p. 21.

<sup>3</sup> Les expositions aux produits cancérogènes, mutagènes et reprotoxiques (Exposures to carcinogens, mutagens and reprotoxins), *Documents pour le médecin du travail*, INRS, No. 104, p. 474.

## Work-related cancers

Scoreboard of information collected from all hospitals 1 March 2002 – 4 February 2008

All	
Patients recorded	1067
Patients signing consent forms	879
Patients whose work histories were reconstituted	750
Patients identified by the group of experts as having been exposed	628
Patients issued with an initial medical certificate (CMI)	353
Patients reporting	197
Recognized	129
Rejected	35
Pending	34

Source: GISCOPE93, 5 February 2008

or industrial psychologist, who got them to narrate their work history in as much detail as possible from leaving school until the diagnosis – usually a period of 30-40 years.

Very few former workers had a certificate of exposure to carcinogens, despite that being a legal requirement, and most knew little or nothing about the toxicity of the products they handled in their work places. So how could the products and risk situations be identified?

That was the task set for a newly-formed expert group comprised of toxicologists, occupational health doctors, safety engineers and HSC<sup>4</sup> secretaries. Each case is reviewed and discussed in depth, with specific details and further information called for if required. After the discussion, a decision is taken on whether to report it as an occupational disease. A note is sent to the hospital doctor who informs the patient, indicating exposures that might qualify for recognition as an occupational disease. The doctor is asked to fill out an initial medical certificate of occupational disease and send it to the patient and the local sickness insurance fund.

The committee's findings yielded concerning figures. Of the 800-odd patients whose work histories were reconstituted since 2002, 85% had been exposed to carcinogens – mostly high-level, high intensity multiple exposures over long periods.

### Thirty years of casualization

Showing up the link between their disease and their working life often delivers a fresh blow to many workers, sometimes more painful than that of the medical diagnosis. "Workers trust their employer. They cannot imagine that he will allow them to breathe in foul things. They trust the occupational health doctor and tell themselves, *surely he won't allow me to work in a poisonous atmosphere*. They cannot conceive that others would wilfully endanger them", notes the industrial sociologist.

However, forty percent of patients established to have been occupationally exposed to carcinogens

made no claim for compensation. "The main reason why is the disconnect between the awful suffering of the disease and the pettifogging red tape, topped off by the unbearable penny-pinching haggling over compensation that goes with it", Annie Thébaud-Mony believes.

"The other problem is dealings with officialdom. The more casualized the patient is, the harder it is to deal with an institution like the local sickness insurance fund. There is a resignation, a sort of self-blame that is the result of thirty years of casualization. Temporary agency workers are not entitled to sick leave, they have no entitlement to time off, full stop. That shapes how they see their rights. These workers feel they have no right to make demands", finds the sociologist. She also points the finger at letters written in a style that "even PhDs struggle to understand".

A large share of the patients surveyed are low-skilled manual workers whose careers have often consisted of a series of casual jobs, very often maintenance or cleaning work – a type of job increasingly often farmed-out to subcontractors who employ unskilled, highly casualized and mainly immigrant labour. This type of firm and labour profile does nothing to help the flow of information and even less so, workers' representation.

Jean-Michel Sterdyniak, an occupational health doctor in an intercompany service, inveighs against "the utter lack of transparency" that prevails in small firms about chemical hazards. "Outsourcing has led to the creation of a category of workers even less informed about risks than the company's employees. This is especially so for maintenance workers who get very little information despite undergoing years of daily exposure to cleaning products, some of which contain carcinogens", complains the doctor.

"It used to be that when you went into a big car plant, you had clear CMR-risk jobs (carcinogen, mutagen, reprotoxin – *Ed.*) They were grouped together in a particular kind of workshop, and I think that, at the end of the day, the risk was pretty well controlled. Now you've got a whole network of small and medium-size firms that farm out high-risk jobs, it will be much less clear", confirms regional occupational health inspector Maryse Salou.

### The visibility problem

Casualization, facing officialdom alone, no reliable interfaces – a concerning picture for trade unions. They have been actively involved in the project since 2004. "For years, we as trade unionists have been used to negotiating our own health, and that means winning acceptance that exposure to a toxic product should carry an extra payment. The pressure of unemployment created competition that the employers used to impose certain work conditions

<sup>4</sup> Health and Safety Committee (Comité d'Hygiène, de Sécurité et des Conditions de Travail). HSCs are responsible for risk prevention in French workplaces.



on all employees", rues Christian Tessier of the CGT union federation.

"Just using the word "carcinogen" in an HSC creates a bombshell. Certificate of exposure: move on, nothing to see, no exposure here! So, the first thing in our book is to secure the right to know for workers exposed to carcinogens", argues the construction industry union official. An initial training meeting was held in spring 2007 for some 150 HSC delegates focused on knowledge and recognition of occupational cancers. Information resources are being worked out. Using the survey findings, the unions are drawing up a list of jobs apt to involve exposure to carcinogens.

All those involved in the GISCOOP project know that there is a long road ahead, and that the psychological barriers will not be easy to overturn. "I was recently out doing factory health checks on joiners. Workers don't want to hear it when you start mentioning words like "carcinogen" or "X-ray of the nasal passages". It isn't easy to come to terms with the fact that just doing a job you love can expose you to carcinogens. It's very difficult to ask an employee to work wearing a filter mask for seven hours a day," notes Dr Salou.

Will the development of information resources and the commitment of a few trade union activists be enough to break the wall of silence about occupational cancers? Jean-Paul Teissonnière, a lawyer well-known for his successful pressing of asbestos cases, thinks that the debate has to be taken into the public arena by leveraging the wheels of justice and public opinion. "The big battle is engaging public attention for it as the asbestos affair showed. That had been an invisible catastrophe for a century before coming into the media and legal spotlights from the 1990s", he told us.

The Seine-Saint-Denis politicians have not waited for an appearance on the early evening TV news to run awareness-raising campaigns for their local communities (lecture forums, magazines, etc.). In October 2007, Hervé Bramy presented the results of GISCOOP 93 to the Health Minister, then helped launch a "call for action on occupational cancers", supported by all French trade unions. The communist party politician also hopes to persuade his colleagues in other *départements* to follow their approach rooted in the life experience of workers because "the political battle only has meaning if the men and women it is fought for are not overlooked". ■

## "Asbestos Attorney" wants to put industry offenders in the dock



Jean-Paul Teissonnière

Jean-Paul Teissonnière has been fighting for asbestos workers for more than a decade. France's extensive body of asbestos case law owes much to his grit. It is his efforts that have finally won many victims and their families decent compensation. But because no amount of money can ever restore a life cut short, and to see that the main culprits in the tragedy no longer get off scot-free, the Parisian lawyer is now aiming to take the fight into the criminal justice arena.

**In a call to action on occupational cancers launched in October 2007<sup>1</sup>, you demand that employers' criminal liability be given full recognition. This is a new departure from the civil claims for damages usually brought for asbestos-related diseases...**

The compensation approach can only go so far, as the asbestos cases showed. The social security system and individual insurance systems have socialized occupational hazards in a way that seems extremely perverse to me, in the sense that socializing the risk has taken accountability away from the industry players. If the horrors of medical catastrophes like asbestos are cushioned, as it were, by insurance provision, so that those responsible are untouched by the consequences, other industrial tragedies will happen.

So, I think that the victims need to be assured of prompt compensation, while at the same time the courts keep working to identify liability. The upshot should be both to lay the financial consequences of the disaster at the door of those mainly responsible, and to get criminal penalties that serve as an object lesson.

The asbestos affair produced a long string of claims for damages in France from 1995. The end result was that, in 2002, the Supreme Court of Appeal gave a much stricter ruling on employer's liability. In French law, an employer now has a "strict duty to ensure safety" of his employees. There is no doubt that big strides have been made as regards compensation for victims. But we still have not got the criminal

<sup>1</sup> See article p. 15.