Cancer, work and social inequalities in health
a strategic issue for trade unions

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Plan

- Cancer epidemic as a social production
- The state of EU legislation on protecting workers agaisnt work related cancer
- A daily battle for trade unions: eliminating work related cancer
- Questions to be discussed

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Cancer epidemic as a social production – a strategic issue for trade unions

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Cancer and trade unions

- Apparently: an individual issue
- BUT: working conditions are involved in many cancers
- Cancers are resulting in huge social inequalities: every year more than 100.000 persons died from an occupational cancer in the EU
- Cancers are linked with power relations in the society: it is also a social production

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Social production of cancer

- Profits are considered as a priority, workplace prevention is described as a burden mainly when direct costs for employers are low
- Most of the « public health » campaigns against cancer are concentrating
  - On « individual behaviour »
  - On detection
  - Are not insisting on primary prevention at the workplace
- For instance, Obama plan against cancer (2016) was focused on new treatments, possible vaccines, cancer detection and the genetic makeup of tumors. Primary prevention was not considered as an important issue

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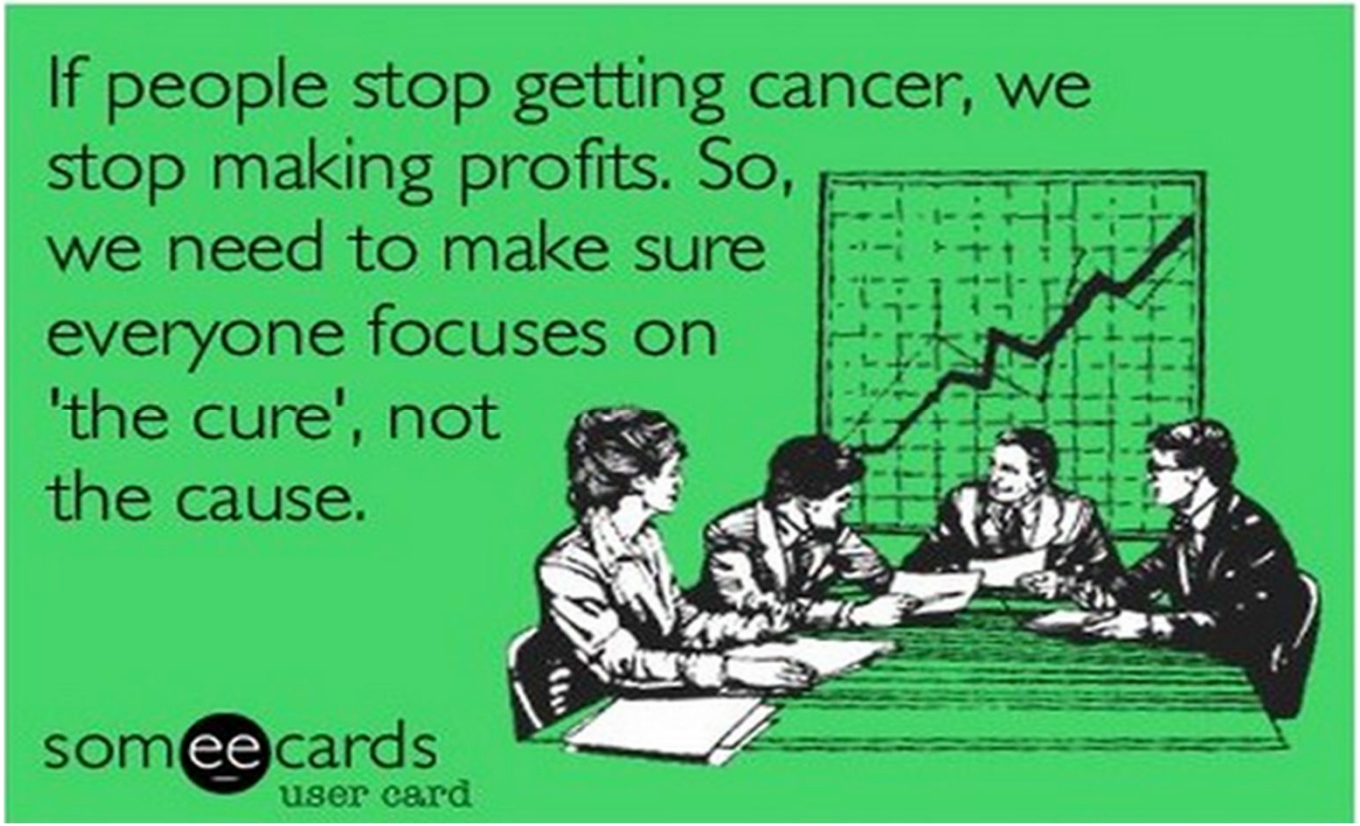
an example of double profit: AstraZeneca

- big producer of pesticides
- main producer of Tamoxifen (drug massively used against breast cancer)



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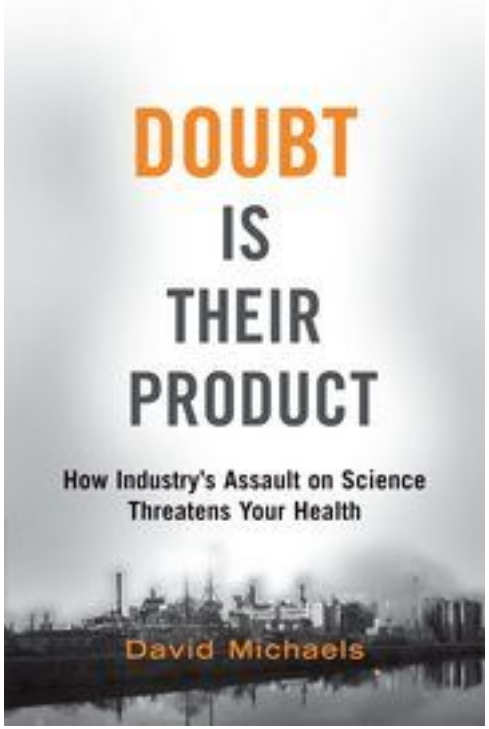
Science is not outside the conflict



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Cancer and social inequality

- For most cancers, social gradient in the incidence and mortality
- Even for cancer with reversed social gradient (breast cancer for women, prostate cancer for men), workplace exposure is increasing the burden for the less privileged
- Worplace exposures are neglected and often there is a double standard: one for « public health », another for « occupational health »

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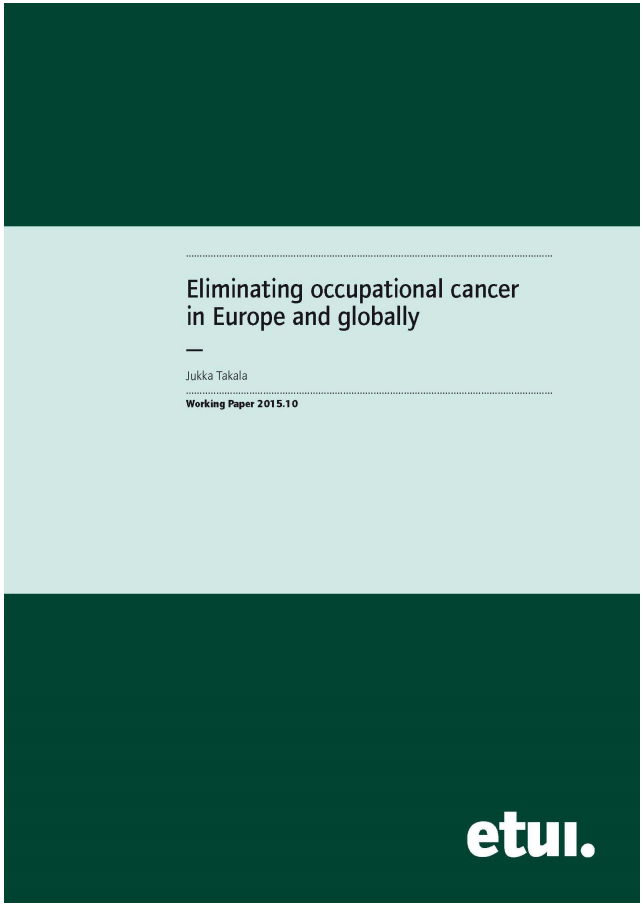
Work related cancer: a growing concern for workers, a neglected issue in daily workplace prevention



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More than 100.000 deaths per year in the EU (based on attributable fraction)

Table 1 Rough division of occupational cancer by EU28 member states and subterritories within the EU in 2011

Country	Occupational cancer deaths
Andorra	17
Austria	1820
Belgium	2079
Bulgaria	1445
Croatia	742
Cyprus	179
Czech Republic	2238
Denmark	1242
Estonia	292
Finland	1135
France	12035
Germany	17706
Gibraltar	5
Greece	2131
Greenland	14
Guernsey	13
Hungary	1808
Ireland	928
Isle of Man	18

Country	Occupational cancer deaths
Italy	10609
Jersey	23
Latvia	491
Lithuania	694
Luxembourg	98
Malta	75
Monaco	21
Netherlands	3721
Poland	7501
Portugal	2371
Romania	4233
San Marino	0
Slovakia	1150
Slovenia	442
Spain	9807
Sweden	2103
United Kingdom	13330
Total EU	**102,517**

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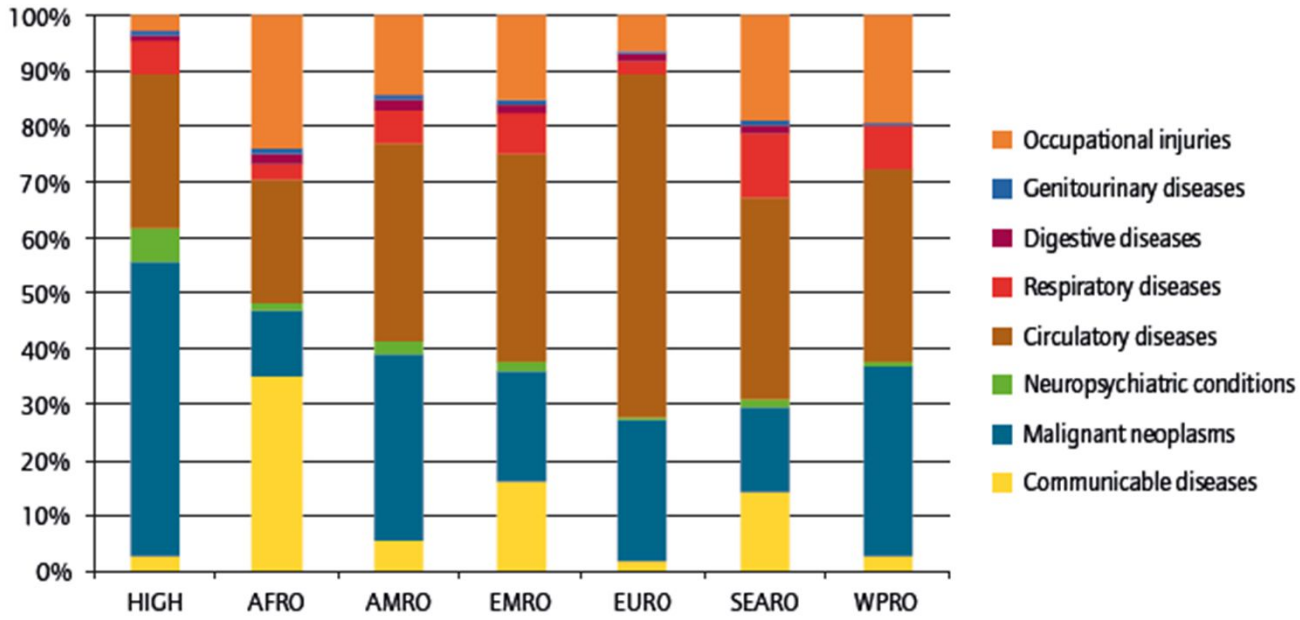
In high income countries: first cause of work related mortality

Figure 2 Burden caused by cancer and other work-related diseases by WHO regions, released in 2014.
Total number of workplace fatalities was 2.3 million



HIGH – High income countries, **AFRO** – African Region (low-and middle-income countries), **AMRO** – Region of the Americas (low-and middle-income countries), **EMRO** – Eastern Mediterranean Region (low-and middle-income countries), **EURO** – European Region (low-and middle-income countries), **SEARO** – South-East Asia Region (low-and middle-income countries), **WPRO** – Western Pacific Region (low-and middle-income countries).

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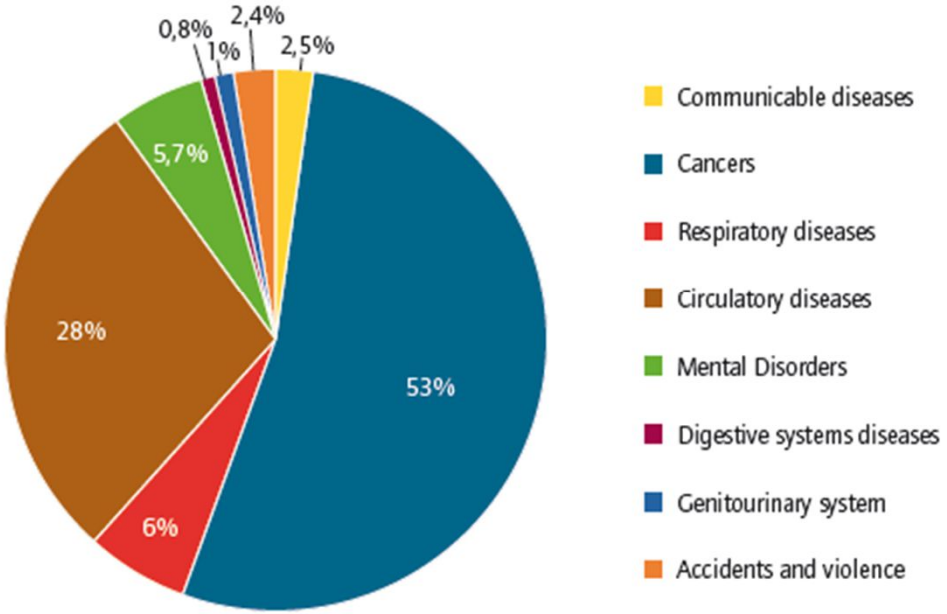
53% of work related deaths in EU 28 and other high income countries

Figure 3 **Work-related annual deaths in the EU28 and other developed countries**



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Giscop 93: an investigation on worklife exposures among cancer patients in three hospitals in Seine-Saint-Denis

	Total entre 3/2002 et 5/2011
patients	**1742**
consent	**1204**
information on their worklife	**1043**
patient exposed at at least one carcinogenic agent during the work	**878**
compensated occupational cancer	**239**

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NOCCA: a « mapping » of cancers by occupations

- 2.8 million cases of cancer in five countries: Iceland, Norway, Sweden, Finland and Denmark
- Relates localization of cancers to the patients' professional activities. It takes account of the professions exercised by 15 million persons in the last four decades (from the early 60s to the end of the 90s)
- In certain cases, results confirm ties that are already known, such mesothelioma and professions involving exposure to asbestos (plumbers, sailors, etc.), skin cancers and fishermen and farmers who work outdoors, cancers of the nasal fossae and workers in the wood industry, a very large number of cancers in the building industry where workers are subjected to multiple exposure.
- In other cases, the results of the project have brought new data. For example, the project identified a greater prevalence of cancers of the mouth and the vagina among women working in the chemical industry; skin cancers and breast cancers (in both men and women) and ovarian cancers in people working in the printing industry; thyroid cancers among women working in agriculture

Gender inequality and work related cancer

- Work related cancer among women largely neglected by the epidemiological studies (with a strong impact on the estimation based on « attributable fractions »)
- Strength of stereotypes linking work related cancer with males
- Patterns of exposure can be different
- Levels of control are often different (cleaning sector, hairdressers, etc…)
- Biological impact can be different

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Report from Breast Cancer Fund in the United States 2015

- Among nurses, the risk increased by 50 %. It is 4 times higher among professionals. New associations have become apparent in recent research. The risk is 5 times higher in the hairdressing and cosmetics sectors, as also among food and beverage production workers. It is 4.5 times higher among dry cleaning and laundry workers. It is 4 times higher among workers in the paper and printing industry and among those making rubber and plastic products.
- Which causes? Risks mainly stem from a series of chemicals such as benzene and other solvents, polycyclic aromatic hydrocarbons (PAHs), pesticides and numerous other endocrine disruptors. Night work and ionising radiation are also at the root of breast cancer. Stress might be a risk factor.

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EU legislation: a major battlefield for eliminating work related cancer

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Main EU legislations relevant for occupational carcinogens

1. Classification & Labelling – CLP regulation
2. Occupational Safety & Health (OSH) legislation
   - a. Chemical Agents Directive
   - b. Carcinogens & Mutagens Directive
   - c. Other OSH directives (Directive 2006/25 on artificial optical radiations; night work in the working time directive, etc…)
3. Marketing & use of chemicals :
   - REACH regulation
     - ✓ Registration, Authorisation & Restriction
     - ✓ Trade Union Priority List
   - Specific regulations on pesticides, biocides and cosmetics
     - Authorization is based on consumers' health much more than on workers' health
4. A gap in all the legislations: endocrine disruptors

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State of play on authorisation under REACH ?

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The CMD Saga

- Adopted in 1990
- (Modestly) amended in 1997 and 1999
- Revision was considered as a priority by 2002
- It was completely paralysed by the « better regulation » offensive
- By 2016, the Commission was obliged to adopt a first proposal for the revision of the directive during the Dutch presidency
- The proposal was minimalist
- It was improved by the agreement between European Parliament and Council and adopted in December 2017

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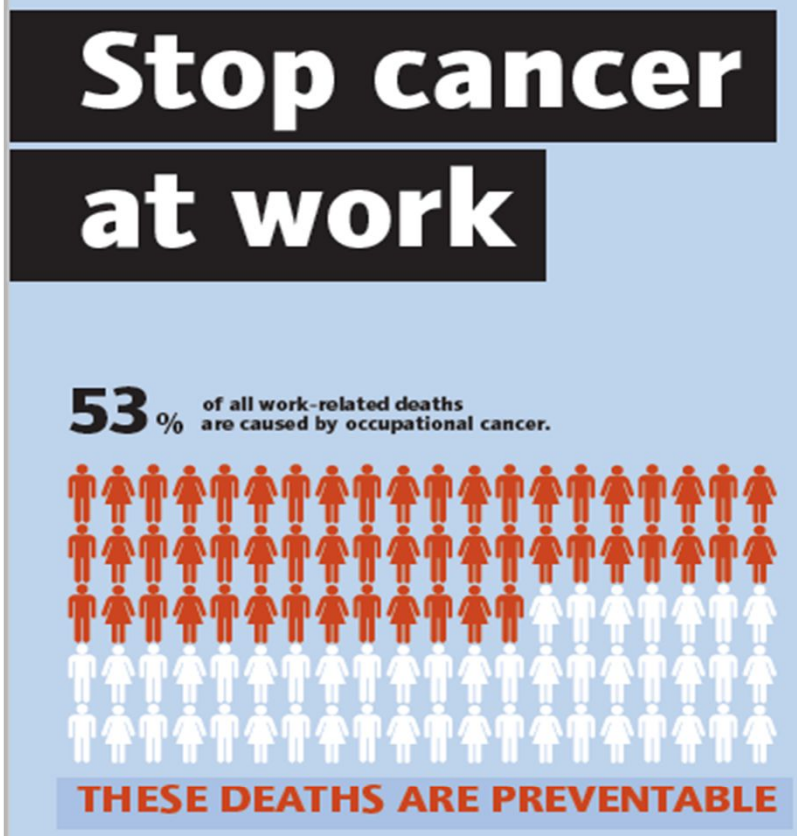
ETUC campaign

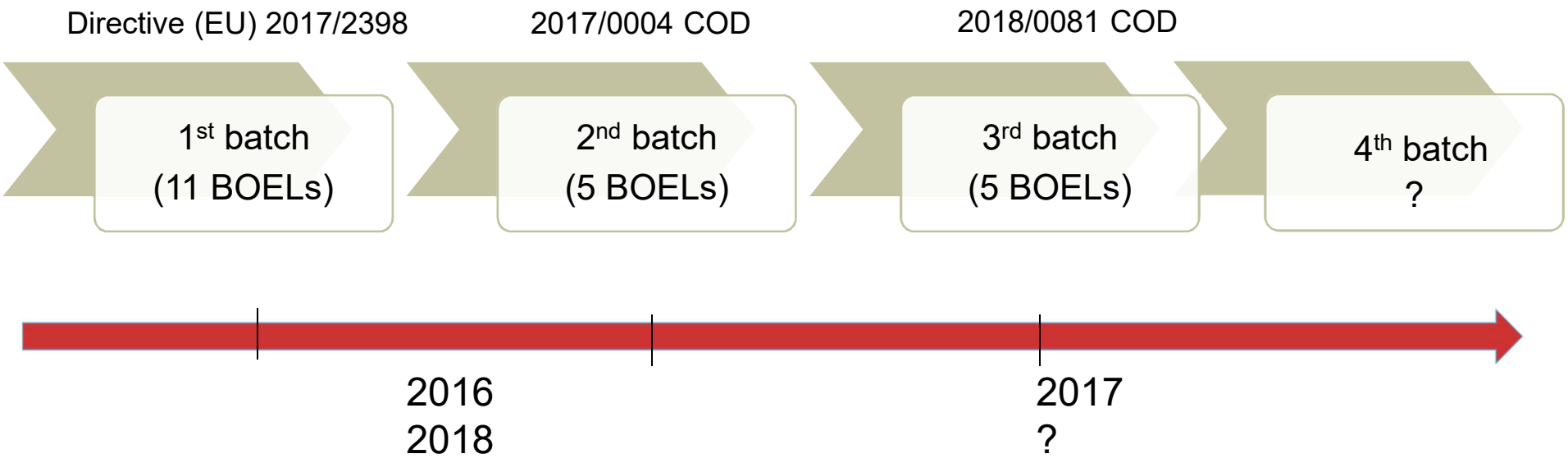


Binding OELs are one of the essential tools for minimizing the exposure levels.

The ETUC calls on the EU to urgently update the Carcinogens and mutagens directive and adopt binding OELs for at least 50 priority carcinogens

Revision of the Carcinogens & Mutagens Directive

- Since the adoption of the CMD in 1990 only 14 (3 +11) carcinogens with Binding Occupational Exposure Limits (BOELs)



- Commissioner Thyssen commitment: 50 carcinogens in total with BOELs in CMD Annex III by 2020

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First batch of 11 (+2) carcinogens proposed by the EU Commission in May 2016: State of play ?

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First batch adopted in December 2017 (Dir 2017/2398)

Chemical agents	Proposed OELs	Relevant sectors	Types of cancer caused/other illnesses	No. of exposed workers
1,2- Epoxypropane	2.4 mg/m³	Chemical manufacture; synthetic lubricants, oil field drilling chemicals; polyurethane systems.	Lymphopoietic cancer, haematopoietic cancer, increased leukaemia risk	485-1,500
1,3-Butadiene	2.2 mg/m³	Manufacture of refined petroleum products, manufacture of rubber products	Lymphohaema-topoietic cancer	27,600
2-Nitropropane	18 mg/m³	Manufacture of basic chemicals, manufacture of aircraft and spacecraft (downstream use)	Liver tumours	51,400
Acrylamide	0.1 mg/m³	Manufacture of chemicals and chemical products, education, research and development, other business activities, health and social work, public administration and defence.	Pancreatic cancer	54,100
Bromoethylene	4.4 mg/m³	Chemicals and allied production; rubber and plastic production; leather and leather production; fabricated metal production for wholesale trade	Liver cancer	n/a
Chromium (VI) compounds	0.005 mg/m³ (5y transition 0.01 mg/m³)	Production and use of chromium-containing pigments, paints and metal (conversion) coatings. In terms of downstream use, chromate compounds, including barium chromate, zinc chromate, and calcium chromate, may be used as basic primers and top coats in the aerospace sector.	Lung cancer and sinonasal cancer	916,000
Ethylene Oxide	1,8 mg/m³	Extraction of crude petroleum and natural gas; service activities incidental to oil and gas extraction; Manufacture of food products, textiles, chemicals, chemical products, medical, precision and optical instruments, watches, clocks; Hospital and Industrial sterilization; R&D; Public Administration and Defence; Education; Health and Social Work	Leukaemia	15,600
Hydrazine	0.013 mg/m³	Chemical blowing agents; agricultural pesticides; water treatment	Lung and colorectal cancer	2,124,000
o-Toluidine	0.5 mg/m³	Manufacture of chemicals, chemical products and man-made fibres; Manufacture of rubber products; Research and development; Public administration and defence; education; health and social work.	Bladder cancer	5,500
Respirable Crystalline Silica (RCS)	0.1 mg/m³ (to be reviewed)	Mining, glass manufacturing, construction and electricity, gas, steam and hot water supply industries.	Lung cancer, silicosis	5,300,000
Refractory Ceramic Fibres (RCF)	0.3 f/ml	Manufacturing (fibre production, finishing, installation, removal, assembly operations, mixing/forming)	Adverse respiratory effects, skin and eye irritation; possibly lung cancers	10,000
Vinyl Chloride Monomer (VCM)	2.6 mg/m³	Manufacture of chemicals and chemical products (VCM and PVC production)	Angiosarcoma, hepatocellular carcinomas	15,000
Hardwood dusts	2 mg/m³ (5y transition 3 mg/m³)	Wood working industry, furniture manufacture sectors and construction.	Sinonasal and nasopharyngeal cancers	3, 333,000

Second batch of 5 (+2) carcinogens proposed by the EU Commission in Jan 2017: State of play ?

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COM proposal of 10 Jan 2017 (2017/0004 COD)

Chemical agents	Proposed OELs	Relevant sectors	Types of cancer caused/other illnesses	No. of exposed workers
4,4'-methylenedianiline (MDA)	0,08 mg/m^3 (+ skin notation in Annex III)	Production of polyurethane foams	Liver and thyroid cancer in animal studies. Also: suspected of causing genetic defects, causes damages to organs,…	390,000 – 3,900,000
Trichloroethylene (TCE)	54,7 mg/m^3 (+ skin notation in Annex III)	Degreasing and cleaning of metal parts Used in adhesives, Used as a solvent and for synthesis in the chemical industry.	Liver cancer, Kidney cancer. Also: suspected of causing genetic defects, causes serious eye irritation, causes skin irritation, …	74,000
Epichlorohydrin (1-Chloro-2,3-epoxypropane)	1,9 mg/m^3 (+ skin notation in Annex III)	Chemical industry (production of resins) Paper production	Lung cancer. Also: toxic if inhaled, toxic in contact with skin, toxic if swallowed…	40,000
Ethylene dibromide (EDB) (Dibromoethane)	0.8 mg/m^3 (+ skin notation in Annex III)	Chemical industry Preparation of dyes and pharmaceuticals	Caused tumours in animal studies. Also: toxic if swallowed, toxic in contact with skin, toxic if inhaled	7,600
Ethylene dichloride (EDC) (1,2--Dichloroethane)	8,2 mg/m^3 (+ skin notation in Annex III)	Production of plastic and vinyl products Also used as a solvent and added to leaded gasoline to remove lead.	Caused tumours in animal studies. Also: harmful if swallowed, causes serious eye irritation, causes skin irritation…	< 3,000
Complex PAH mixtures with benzo[*a*]pyrene as an indicator	**None** (skin notation in Annex III only)	Coal liquefaction, coal gasification, coke production and coke ovens, coal-tar distillation. Roofing and paving (involving coal-tar pitch) Wood impregnation and preservation. Aluminium production Carbon-electrode manufacture. Chimney sweeping	Tumours in animal studies Also: may cause an allergic skin reaction, genetic defects, damage fertility & the unborn child.	7,000,000
Used engine oils	**None** (entry in Annex I + skin notation in Annex III)	Used in automobile and motorcycle engines, diesel rail engines, marine engines, aeroengines, and in portable machinery including chain saws and lawn mowers	Skin cancer	1,000,000

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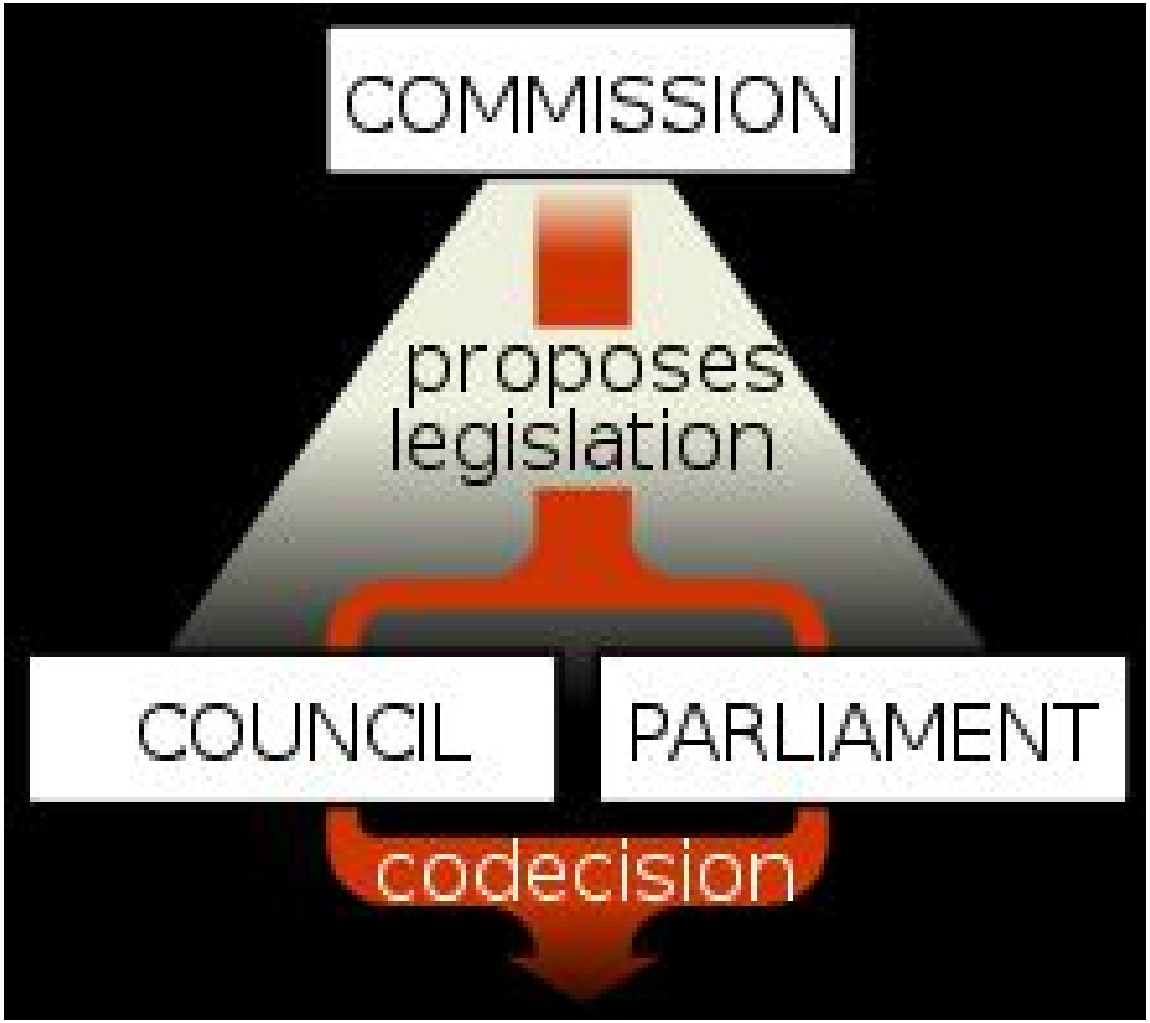
Co-legislators have the possibility to amend COM proposal



Ordinary Legislative Procedure is now the new name of Codecision

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EU Parliament: rapporteur and shadow rapporteurs (2nd batch)

Marita ULVSKOG
SE, S&D

Karima DELLI
FR, Greens

Claude ROLIN
BE, PPE

Patrick LE HYARIC
FR, GUE-NGL

Joëlle MELIN
FR, ENF

Enrique C. CHAMBON
ES, ALDE

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State of play Council & European Parliament

February 2017 :
Council : 1st discussion

March 2017:
Council : 2nd discussion (Trichloroethylene +Diesel)
EP: rapporteur and shadows have been appointed

November 2017 : EP (Rolin)' draft Report with focus on Diesel Exhaust Engine Emissions (Annex I + Annex III)

27 March 2018: vote in EP EMPL Cttee

May-June 2018: trilogue meetings under BG Presidency (failed)

By end 2018 : adoption under the AT Presidency

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EP amendments on COM 2nd batch:

- support for 5 new BOELs proposed by COM in Annex III + used engine oils in Annex I
- introduction of Diesel engine exhaust emission in:
  - Annex III: 0.05 mg/m³ (EC) + 0.5 mg/m³ (NO_2)
  - Annex I: DEEE covering all types of engines (old + new)
- Annex I entry to PAH extended to cover more substances
- new Annex IV: list of existing Social Dialogue Agreements
- Push on Member States to improve enforcement (Art 19)
- COM obligation to assess the need to modify BOEL for DEEE by 30 June 2019
- new recital 3b: further amendments should address hazardous drugs (incl. cytostatics)
- new recital 16: precautionary principle

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Third batch : State of play ?

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COM proposal 2018/0081(COD) of 5 April 2018

Chemical agents	Proposed OELs	Relevant sectors	Types of cancer caused/other illnesses	No. of exposed workers
Cadmium and its inorganic compounds	0,001 mg/m³ (7 y transition at 0.004 mg/m³)	Cadmium production and refining, nickel-cadmium battery manufacture, cadmium pigment manufacture and formulation, cadmium alloy production, mechanical plating, zinc and copper smelting, mining of non-ferrous metal ores, etc...	Lung cancer, bladder cancer, kidney cancer and prostatic cancer Proteinurea, osteoporosis and respiratory effects	2,900 – 300,000
Beryllium and inorganic beryllium compounds	0,0002 mg/m³ (5 y transition at 0,0006 mg/m³)	Foundries, glass sector, laboratories.	Lung cancer, Chronic beryllium disease, allergy or asthma symptoms, beryllium respiratory and skin sensitisation, cardiovascular, renal effects,etc.	14,000 - 74,000
Arsenic acid and its salts, as well as inorganic arsenic compounds	0,01 mg/m³ (2 years extra transposition for the copper smelting sector))	Copper and zinc production, glass, electronics and chemical sectors	Lung cancer, skin cancer, liver cancer, lung cancer, bladder cancer, kidney cancer Peripheral neuropathy, cardiovascular effects and immunotoxicity, skin changes, etc	7,900 - 15,300
Formaldehyde	0,37 mg/m³ (+ notation on dermal sensitisation)	Formaldehyde manufacturing, building and construction works, manufacturing of leather and fur, pulp, paper and paper products, textile and wood and wood products, autopsy rooms	Nasopharyngeal cancer, leukaemia tumor induction Sensory irritation, potential cancer precursor effects	990,000 – 2,200,000
4,4-Methylene-bis(2-chloroaniline) MOCA	0,01 mg/m³ (+ skin notation in Annex III)	Plastics sector	Lung cancer, bladder cancer	350

State of play Council & European Parliament

April 2018: Council: 1st discussion

May 2018 :
EP: rapporteur and shadows have been appointed
(Laura Agea, EFDD (5S), IT)

June 2018:
Council : 2nd discussion
EP: Agea's draft report published (25 amendments)

4 September 2018 : EP: deadline for amendments

October 2018: Council: general approach adoption (11 Oct)
EP: vote in EP EMPL Cttee (18 Oct)

Nov-Dec 2018: trilogue meetings under AT Presidency

By end 2018 : adoption under the AT Presidency ?

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Fourth batch : State of play ?

Fourth batch: state of play ?

- COM proposal by end 2019?
  - ✓ All necessary steps incl. Impact Assessment should be available in 2019
  - ✓ Juncker Commission will end in 2019
  - ✓ Priorities of next Commission might change

- Expected carcinogens (based on scientific recommendation from RAC):
  - ✓ Nickel compounds
  - ✓ Acrylonitrile
  - ✓ Benzene (update of existing BOEL)
  - ✓ Diesel engine exhaust emissions ? (depends on Batch 2 or 3 outcome)

- ACHS opinions not yet adopted

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2017 Consultation: the trade union positions

Rationale for extending the scope of application to reprotoxic substances

- A severe health impact
- From relatively invisible exposures (latency period, situations lived as private drama, the link with working conditions is rarely investigated by doctors)
- With no business case for companies (most of the costs are supported by victims and society)
- Consistency with all the other field of EU legislation: REACH, pesticides, cosmetics, biocides, etc… ***Stop the double standard when workers health is at stake !***
- Global approach is needed in workplace prevention against the most highly hazardous substances

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Impact of including reprotoxic substances

- Health impact: reduce unfertility, miscarriages, congenital malformations, childhood developmental disorders and ill health (including cancers)
- Equality impact: for chemical exposures – much more effective than the « pregnant workers » directive (where prevention starts only after the individual woman declaration that she is pregnant)
- 134 R 1A or 1B which are not classified as C or M 1A/1B. Among them many endocrine disruptors.
- Possibility to transform 11 existing IOELs in BOELs in EU legislation

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From reprotoxins to all substances of very high concern

- The same approach shoul apply to all substances of very high concern
  - Endocrine disruptors
  - Chemical sensitizer
  - Nanomaterials
  - …

Annex 1 has to be extended: the case of diesel engine exhausts

- Why?
  - They cause cancer (IARC)
  - Massive quantity of workers exposed: 3M according to the impact assessment from Commission; in most national data, it is the n°1 in the list of exposures
  - 230,000 deaths could be avoided between in 60 years with EU legislation according to the impact assessment from COM
  - For process generated substances, the automatic extension to substances which meet the same criteria does not apply
  - Without an entry in Annex 1: no BOEL in annex 3 (our demand: 50 microgr. Elementary Carbon)

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Our criteria for the modernization of annex III

- Cover most of workplace exposures (71 TU priorities)
- Reduce the exposure at the workplace
- Be consistent with other legislative processes (using data from REACH)
- Use best practice experience
- Being transparent with the risk level
- Being consistent in the risk level: for instance in GE and ND, risk can never exceed 4/1000 cancers among exposed workers (Cr VI: COM proposal = 1/10!)
- When needed, transition periods can be adequate (legal certainty about where we are going to)
- Reprotoxic substances: revision for lead BOEL, + shift for IOEL to BOEL for 11 substances

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Integrating the gender dimension

- Men and women are not necessarily exposed to same carcinogens and not necessarily with the same health impact (breast cancer !)

- We should integrate the gender dimension in all our activities about work and cancer

- Cytostatic substances are a good exemple:
  - Healthcare staff is exposed (with a strong majority of women)
  - Prevention is often neglected
  - In the CMD: a strong case for annex I + an additional argument for including reprotoxic substances
  - Possibility also to include that issue in the social dialogue of the hospital sector

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Global strategy for eliminating work related cancer in Europe: we want a global EU roadmap

- Plan the future developments for CMD
- Other fields of legislation (asbestos, non ionizing radiation, night work, ionizing radiation, long term effects of electromagnetic fields, etc…)
- Improve the applicability of EU legislation
  - Enforcement
  - Transparency of BOELs
  - Methodology for measuring BOELs
  - Taking into account combined exposures
- Other legislative initiatives
- Dynamic synergy with market legislation
- Combining legislative and non legislative tools

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Actions at national level

Transposition of directive 2017/2398

- **Must be achieved before 17 January 2020**

- The directive: minimal requirements
- If better provisions at national level: maintain them
- Try to solve the issue of reprotoxic substances in countries where it is not already the case (example BE & HR)
- Post exposure medical surveillance: depends on national specific provisions
- Try to improve BOELs and to get shorter transition periods
  - Better protection of workers' life
  - Good example for the future development of EU legislation
  - Argument: to use best practice from other countries (all ETUC proposals are based on existing rules in some MS)
  - Particularly important: crystalline silica and Cromium VI
- TARGET: ministry of employment and tripartite national advisory bodies
- Enforcement is also a central responsability of Member States: what about the situation in your country?
- Important to communicate information on developments in your MS – they could be useful for other countries

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Reprotoxic substances

- The new Directive 2017/2398 : the Commission must assess the option of extending the scope by the end of 1st quarter 2019
- On going study by RPA on behalf of the Commission with different scenarios
  - Option 2: Reprotox included in CMD with full application of obligations
  - Option 3: Reprotox included in CMD with derogations for some obligations
  - Option 4: CAD and CMD merged into one Directive
  - Option 5 : Option 4 + modernising terminology
- Best option for ETUC is Option 2
- On going discussion with employers from the chemical sector
  - Could result in a common declaration in the coming weeks for a compromise option

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Need to support the Parliament amendments for the trilogue of CMD2

- Amendments were voted in April 2018 by a strong majority of MEPs (41 in favour, 0 against, 7 abstentions). The compromise was agreed by all the groups excepted ENF and ECR
- Central issue: diesel engines exhaust (Annex I and annex III)
- The trilogue under the Bulgarian presidency failed to reach agreement
- The Austrian presidency is leading the next trilogues (from 1st July 2018)
- Council majority: 55% of the Member States and 65% of the EU population
- Experience of the first batch. Two crucial elements
  - Ability and willingness of the Presidency to reach an agreement
  - Attract hesitant Member States to the position of the most advanced countries

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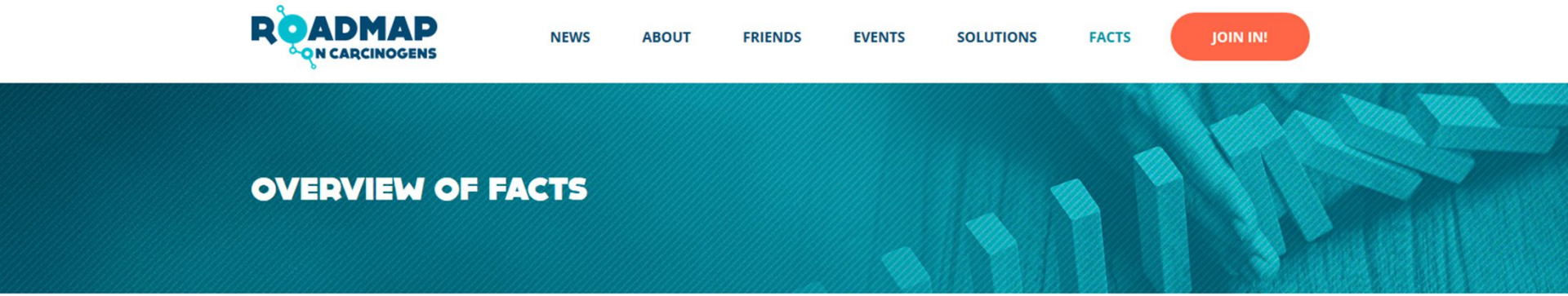
Useful tool: the Roadmap
https://roadmaponcarcinogens.eu/



FACTS

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A daily battle for trade unions

- Make visible the link between working conditions and cancer: a double challenge
  - Making visible exposures as they occur in the real activity (often very different from models in industrial hygiene)
  - Making visible the cancers even when they occur with ex-colleagues (retirement, restructuration, precarious jobs)
- Priority to substitution
- Consider the most vulnerable workers: migrants, temporary workers, subcontracting companies, etc…
- How to support local interventions at company level: building networks
- Compensation for occupational cancers + don’t neglect strategic litigation

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In the society and in the political sphere

- Involve public health
- Fight against double standards: workplace as a place for living
- Give more weight to workers' experience and knowledge on their working conditions

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Coming activities

- Brussels, 4-5 December: **ETUI Conference « Women, work and cancer »**
- On going initiatives on specific dimensions
  - Skin cancers
  - Cytostatic substances in the health sector
  - Breast cancer (important project in France)
- **HESAMAG n° 18**: thematic issue on cancer at the workplace (4th quarter 2018)
- Book “Understanding occupational cancers and taking action to eliminate them” (December 2018)

- **EU-OSHA Campaign** Manage Dangerous Substances 2018-2019: https://healthy-workplaces.eu/en/campaign-partners/european-trade-union-confederation

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International solidarity should be strengthened

- Last WHO report: 10 million of fatal cases of cancer expected in 2018.
- The highest burden of cancer is now in Asia.
- In Asia, more than 18% of cancers among men are lung cancer (about 15% in Europe)
- Work related cancer is caused massively by EU companies operating in those countries. Most of the manufactured products for EU consumers are associated with cancer in Asia (electronic waste, Samsung case, textile, cars, etc…)

More information

- https://www.etui.org/Publications2/Guides/Preventing-work-cancers.-A-workplace-health-priority
- https://www.etui.org/en/Publications2/Working-Papers/Eliminating-occupational-cancer-in-Europe-and-globally
- https://www.etui.org/Topics/Health-Safety-working-conditions/Occupational-cancers

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Proposed questions to be discussed in the group

- What do you feel about using economic arguments (the cost of cancer)?
- Occupational exposure limits: pros and contras?
- Cancer (and many other health issues) are long term consequences – how to integrate them as a priority in the daily action of trade unions?
- How to deal with the « loosing jobs » argument of employers?
- How could we use strategic litigation?
- How can we influence and improve enforcement?
- How to develop a workers' critical perspective on scientific research?
- What do you think about the interest of using the concept of « industrial diseases » as covering both work related cancer and environmental cancers caused by industrial activities
- How to involve public health
- The « threshold » issue