SPEECH BY DR. P.J. HILLERY

VICE-PRESIDENT OF THE COMMISSION OF THE EUROPEAN COMMUNITIES

TO THE

SECOND CONGRESS OF THE CLUB EUROPEEN DE LA SANTE

BRUSSELS, 11 DECEMBER 1975.

.....oOo.....

Introduction.

Mr. Chairman,

Your Excellencies,

Ministers,

Ladies and Gentlemen,

There is a growing awareness that the process of European integration must reach out in many directions and unfold in many dimensions. The European Economic Community must become a social community and a political community. This will not happen all at once, as the founders of the present Community recognised so well, but in stages.

Many Europeans have at different times sought to ensure the inclusion in the community concept of worthwhile concerns of particular interest to them. Today I am glad to have an opportunity to pay tribute to those who have tried to focus our attention on the importance of the health of the people of Europe.

./.

I am also glad of the opportunity to tell you of the Commission's interest in this field. In specific terms, your conference theme - Women and Health - is particularly valuable in that I believe its main purpose must be to help to break down the barriers of myth and misinformation that continue to inhibit advance towards the ideal of equality.

May I first pay tribute to M. Paul Ribeyre, President and Founder of the Club Européen de la Santé, the impact of whose efforts and ideas have obviously extended well beyond the boundaries of his own country.

./.

Much has happened in the Community since the first Congress of the Club held in Paris in January 1972. My predecessor as Commissioner for Social Affairs, M. Albert Coppé, spoke to you then about what had been achieved within the limits of the Community's competences in the field of public health. Happily both the Commission and the Community's Council of Ministers have approached these competences in a positive and flexible way and social policy is now beginning to make a major contribution to shaping the "human face" of Europe.

From the outline sketched at the 1973 Paris Summit emerged the Commission's guidelines and the detailed social action programme approved by the Council of Ministers in its Resolution of 21 January 1974. Successive Councils have brought implementing decisions and I hope the Social Affairs Council to be held next week will take its place in the same progressive pattern.

./.

Living & Working Conditions.

Effective social policy must not only provide full and better employment and bring closer participation by both sides of industry in the Community's economic decisions, it must also be aimed at improving living and working conditions. It is this third objective which is of particular interest to this Congress.

Improvements in quality of life are not simply a reflection of quantitative and qualitative levels of employment or of higher incomes and social benefits. Their achievement requires a related pattern of initiatives and changes in attitude which no matter how self-evidently necessary to some people will appear almost revolutionary to others. I do not claim that the Commission's Memorandum and proposed directive on equal treatment for men and women in access to employment, vocational training, promotion and working conditions have been revolutionary in their impact but I do claim that their catalytic effect has been a good example of how the Commission's initiative should operate in the social field.

./.

If equality of treatment is to be achieved, a measure of discrimination in favour of women will be necessary to redress existing patterns of injustice, particularly where promotion and access to certain areas of employment are concerned. In following this approach we would not regard necessary measures in the maternity field as examples of "positive" discrimination.

Maternity is a social function and must be protected as of right not as a matter of privilege. It is in this spirit that the memorandum, which the Commission has sent to the Council, proposes among other measures the generalisation of legal maternity leave - this does not exist in all member states and is not as favourable in some countries as in others. It is also proposed that such leave should be granted with full pay. These steps are intended to be implemented at public cost. Any other approach would only help to perpetuate the traditional tendency among employers to regard maternity leave as an illness involving expensive absences.

./.

I am convinced that the future must bring considerable changes in many traditionalist viewpoints. Already I think we can see a new openness in the influence of education and upbringing in determining roles for the sexes.

Social Security.

Speaking of Women and Health leads naturally to consideration of Women and Social Security. This is yet another field in which equal treatment for men and women has not been achieved both where allowances themselves are concerned and also regarding pension coverage.

Since it did not prove possible to deal with this problem in the proposal for a directive on equal treatment to which I have already referred, the Commission will shortly present, in an appropriate legal form, its conclusions drawn from studies it has undertaken of equality of treatment in the area of social security.

./.

It is the Commission's intention that social protection should be extended to persons not covered, or insufficiently covered, by present schemes; for instance, women who do not go out to work because of domestic commitments. Migrant women are another group facing particular difficulties and their problems are being studied by the Commission in the wider context of an action programme for migrant workers.

Free Movement.

I believe the founders of the European Economic Community were aware of the fact that the major Community objectives of free movement of persons and goods would have social repercussions and I think it is appropriate here to refer to some recent developments. After a period of inactivity, due to the enlargement of the Community, directives on freedom of movement and freedom of establishment for doctors in the Europe of the Nine were adopted by the Council of Ministers on 16 January 1975. The medical profession will thus be the first to benefit from freedom of establishment and the freedom to provide services scheduled for implementation by 17 December 1976. Other directives are to follow, concerning in particular nurses, midwives, veterinary surgeons and chemists.

./.

I do not propose to go into these directives in detail, as they are for the most part familiar to all of you and will almost certainly be examined by a discussion group during the Congress. I would like to mention however the Committees of Senior Officials for Public Health, the brain-child of Mr. DE SAEGER, Belgium's Minister for Public Health. This Committee's task is to pinpoint and analyse the difficulties that may be met in the implementing of these directives, to collect all useful data on the conditions in which medical treatment is provided in member states and to give opinions with a view to guiding the work of the Commission as regards the implementation of the directives.

It is impossible to predict at the present time what effect these directives will have but there is virtually unanimous agreement that they are an important social advance.

./.

According to the most recent data available in the Community, the Nine countries had some 438,000 doctors for a total population, in 1973, of 256,635,000, or about 160 doctors per 100,000 inhabitants, with extremes ranging from 105 per 100,000 inhabitants in Luxembourg to 189 per 100,000 inhabitants in Italy.

A more thorough, detailed study of the demography of the medical profession is essential so that we can assess its likely development over the next few years. This is one of the important problems which the Committee of Senior officials for Public Health has begun to study with the assistance of the Commission.

./.

The quantitative and qualitative data that this study will provide covers not only the right of establishment but also the actual organization of health schemes and access to adequate health care in the various population groups of the Europe of Nine. The study will therefore provide the focuses for further objective assessments of medical and hospital care systems.

In this context may I also mention the Medical Research Committee set up in 1973 under the Commission of the European Communities. This Committee has also been important to public health through its double aim of co-ordinating national research policies and drawing up joint study and research projects in the medical and public health sectors, such as prognosis, prevention, radiation protection, medical biology and bio-medical engineering.

./.

One of the problems in which the Committee took a particular interest was the organization of epidemiological studies and research work which should not only make it possible to record data which are valuable health indicators but would also suggest the best methods of forecasting the development of the state of health of our population groups. This is important since present health indicators are not sufficiently detailed to provide a basis from which guidelines for a Community health programme might be established.

./.

Conclusion.

My aim this morning has been simply to give you a brief outline of Commission interests and initiatives which seem to fall within the terms of reference both of this Congress and of the Club Européen de la Santé. The Commission recognises that progress in every aspect of European integration demands the participation of the social partners and interest groups whose futures will be affected by the development of the Community.

Just as your programme recognises that "life style", education and individual and family awareness are as important to health and welfare as the contributions of public health services and the work of the medical profession, so I recognise that much of the inspiration of the new Europe will emerge from discussions and research inspired by organisations such as yours which, while not formally part of the Community's mechanisms of consultation and participation, offer nevertheless an expert and informed insight into a particular aspect of our society. I wish you a successful Congress and look forward to reading the results of your meetings.

Thank you.