

Carte blanche

Martine's story

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Martine, a former nurse aged 62, first learned that she had breast cancer back in 2009. Some 13 years later, in March 2023, her breast cancer was officially recognised as an occupational disease when the management at Sarreguemines Hospital, where she had worked for 28 years, confirmed the opinion of the Medical Council for the French *département* where the hospital is located. Martine was awarded compensation for a 35% incapacity for work.

Martine's story was reported in a lot of French newspapers, both local and national. The reason for this attention was simple: this was the first time in France that a nurse who had worked nights regularly for many years had breast cancer recognised as an occupational disease. And, unfortunately, France is far from exceptional; only a few countries, such as Denmark, have shown a lead in this regard.

In principle, legal systems provide a route that should be simple and easy: once there are scientific data establishing a causal link between exposure and disease, not just in one individual but at the collective level, an occupational disease will be recognised by relying on the presumption of this causality. In practice, the situation is very different. As far as cancers are concerned, only a small minority are recognised as occupational diseases, despite proven exposure to carcinogens at work. And when it comes to female cancers, the situation is even worse.¹

So what made the difference in Martine's case?

Certainly not the science. Data establishing a link between night work and breast cancer have been available for many years. Ever since 2007, on the basis of several scientific studies, the WHO's International Agency for Research on Cancer (IARC) has been in a position to classify shift work that involves night-time working as a probable carcinogen in humans. Chemical exposure also contributes to these cancers. In many occupations significantly dominated by women, such as work in hair salons, nail bars or beauty parlours, some of the cosmetic products can cause breast cancer if used in large doses over a long period. There is also an established link between pesticides and breast cancer. Nurses are often exposed to both night working and carcinogenic substances.

Furthermore, Martine's case was not an exceptional one. Breast cancer is the most common cancer among women. In 2020, according to the World Health Organization, around 2.3 million new cases of breast cancer were diagnosed across the world, and some 685,000 women died from the disease. In the 27 countries of the European Union, there were more than 350,000 new cases and more than 90,000 deaths. So there are tens of thousands of Martines across Europe every year.

In fact, victory was achieved in Martine's case precisely because it was no longer just Martine's case: instead, it was taken up collectively.

Since 2017, the miners' trade union in the Lorraine region – a branch of the French Democratic Confederation of Labour (CFDT) - has made breast cancer one of its priorities, focusing on prevention, compensation and trade union action to improve working conditions. Yes, that's right: the miners' union. Miners in Lorraine have a long tradition of fighting for occupational health rights: this union was the prime mover of major legal advances in France that recognised the mental distress caused when workers are exposed to serious risks.2 The mines may have closed, but the last generation of miners is still fighting for health rights at work. Despite the closures, the legacy of the mining system is a dedicated social security scheme and healthcare facilities. Nowadays, most of the union's members who are still active in the labour force work in those areas - and so retired miners have been able to successfully apply their experience of collective action in order to support women working in the mining healthcare system.

The Lorraine CDFT Miners Federation set up its 'breast cancer collective' in 2017. They started by launching a campaign to raise awareness and then went on to conduct a workforce survey. This gathers detailed information from working women about the real conditions of exposure to carcinogenic substances or processes in their work, covering the current situation in the healthcare sector and in air transport. It has a twofold aim: to equip trade unionists to demand more effective prevention measures in their workplaces and to obtain compensation for cases of breast cancer recognised as occupational disease.

Four cases claiming compensation for breast cancer have been put forward, and around 20 others should not be far behind. Three cases were rejected, and the trade union has decided to mount a legal challenge to these refusals. Up to now, therefore, Martine is the only one to have received compensation payments. But her victory represents a major step forward for all women workers whose breast cancer may have been caused by exposure at work.

- 1. For a detailed analysis, see Marchand A. (2022) Mourir de son travail aujourd'hui. Enquête sur les cancers professionnels [Still dying from work. A survey of occupational cancers], Editions de l'Atelier.
- 2. Koksal M. (2020) The last battle over coal: the recognition of occupational damage to miners' health, HesaMag No. 22, 38-43.