

Inequalities and the social model of disabled

Paris, 28 September 2010
UNESCO building

Dr. Ágnes Cser

president of the Hungarian Democratic Trade Union of Health and Social Workers
member of Group II of the European Economic and Social Committee (EESC)

Ladies and Gentlemen,

Today, in Europe, it is not enough to have good laws in order to secure equal opportunities for all. Inequalities can be seen in our everyday lives: at school, at work, in healthcare, in access to goods and services. The obstacles unfortunately are not being removed – just the opposite: they are becoming more established and more acute. That is why the European Union has decided to dedicate 2010 to the combat of poverty and social exclusion.

I would like to introduce the Role of our committee, the European Economic and Social Committee (EESC) and the social model

EESC represents organized civil society: the citizens of 27 countries, employers, employees and other NGOs at the EU institutions through its opinions¹. The renewed Lisbon Treaty has strengthened this role, because it is important that citizens also take their part in the legislation of EU institutions with their opinions and suggestions, and thus contribute to the strengthening of participatory democracy.

The renewed social agenda is of utmost importance in the period following the financial crisis, and active co-ordination is needed between the representatives of organized civil society and the EU institutions, as well as the national governments, the authorities and the experts.

However, there is something to be emphasized: without the inclusion of organized civil society we cannot reach equal opportunities and equal treatment in reality.

The **Lisbon Treaty expands and clarifies Article 152** of the Treaty establishing the European Community by introducing the concept of "**physical and mental health**" to replace "human health". The Lisbon Treaty also adds monitoring, early warning of and combating serious cross-border threats to health to the content of the Treaty.

Let me speak about the Roots of Inequalities

There are inequalities existing in the field of health within the EU, but it is to be highlighted, that some of its reasons, i.e. social inequalities, individual attitude towards health, unhealthy lifestyle (alcohol, inappropriate nutrition, smoking) are not the main factors of the above mentioned inequalities; the main factors are rather the social, economic, health and political circumstances given in certain countries. In the EU member states unemployment rate is dynamically increasing, and poverty and other vulnerabilities (childhood, older age, handicaps or belonging to a minority)

further increase health risks and inequalities. The living conditions and life expectancy of the disadvantaged are far from improving; they are steadily deteriorating. The most vulnerable group within the population is that of the children; their sinking into poverty and their state of health also comes together with increasingly alarming phenomena. Problems of public health are also based on the fact that the number of health workers is also dramatically decreasing.

The identification of individuals with disabilities is not always an easy matter.

Many people are limited in one way or another, although not legally “disabled”. As we could see in the previous point of my speech, there are many roots of inequalities, and disability is only one possible aspect of them.

When trying to identify people with disabilities there are several questions to be investigated, including for example the following:

1. Can he or she live a life similar to other at his or her age-group?
2. Does this person have a physical, mental or other health condition that has lasted several months and which prevents him or her from or limits the work (either the kind or the amount) he or she can perform?
3. Does this person have any difficulty going outside the home alone, for example, to visit the doctor, as a result of the above mentioned health condition?
4. Does this person have any difficulty taking care of his or her own personal needs?

In my opinion one of the most important steps to be taken is to find a clear definition of what disability is, what factors and dimensions it can have, as well as what kind of indicators are necessary to be collected so as to monitor the situation of the disabled.

Who Becomes Disabled or Socially Excluded?

It should not be forgotten that there is a link between pre-existing disadvantage and the risk of becoming disabled. People with no qualifications are nearly four times as likely to become disabled as those who hold a degree. The effects of ageing are independent of social and economic circumstances to a greater extent than the risk of having an accident, which is closely bound up with one’s living and working environment.

Another important issue reflects on the chain between becoming disabled and becoming socially excluded. The effect of becoming disabled on household income varies widely by individual circumstances. People living alone are more vulnerable, since there is no-one who can compensate for a reduced salary by increasing their own labour market activity. On the other hand, two-earner couples are more vulnerable, since the income they stand to lose is in many cases greater. If the non-disabled partner also leaves employment, the fall in income and its effect on living standards can be substantial.

**Have you heard of the principle of Health in All Policies?
It started within the EU during the Portuguese Presidency with the message of “Health for All in an inclusive society”.**

As we could see from all the above mentioned, physical and mental health, as basic values determine and influence each and every field of social action. The “Health in All Policies” program embodies a “mediator” role by raising health to a rank of other life-related topics. Mental health – particularly in the indices of the quality of life – such as psychic balance, ability to work, creativeness, personal development – means the ability of development. Deficiencies, handicaps caused by mental (psychic) diseases come together with disadvantages similar to the ones caused by physical handicaps related illnesses.

The principle of “**Health in All Policies**” should be realized in all EU policies. For this reason the European Commission should evaluate and supervise its measures from the aspect whether all fields of politics contribute to the high level health care and the reduction of inequalities existing in an inclusive society. Mechanisms should be developed for the withdrawal of such measures that have unfavourable consequences on health and in connection with the inequalities existing in the field of health.

From this respect I consider the following areas of high importance:

- provide appropriate level of education for the disabled so that we can help their integration
- making all workplaces accessible – it is something every country is aiming at, however, the number of really accessible workplaces and institutions is still very low
- more support from employees, employers, as well as the immediate environment – in order to do so we should provide education also for the non-disabled ones, showing and telling them what disability means and teaching them how they could help their disabled colleagues, acquaintances in certain situations

Still remaining in the field of health care, we can mention some official documents of the EU Commission, such as the **White Paper “Together for Health: a strategic approach from the EU Commissions for the EU 2008-2013”** and the **“Solidarity in Health: reducing health inequalities in the EU”** in the opinions of EESC calls the governments and institutions of the member states and the EU institutions for joint action.

They emphasises common values, such as the right to high-quality treatment, equality and solidarity. The European Commission has developed its common strategy on the basis of four fundamental principles:

- Common Values in the Field of Health,
- Health is the Greatest Wealth,

- Health in All Policies,
- Strengthening the EU’s Voice in the Global Health.

Based on this the strategy identifies three main objects for the coming years:

- fostering good health in an ageing Europe,
- protecting citizens from health threats,
- supporting dynamic health systems and new technologies,
- and I added a special communication policy & practice at all levels – local, regional, national & EU.

Let me offer the first step, the new Communication policy, we should go back to the radio¹ to give everyone real information & through the information: access to get knowledge about everyone’s rights. Only those can fight for their rights who have the knowledge.

“The more information we provide, the more democracy we have.”²

“Is it true that we can reach everybody living in the EU via the internet – although everybody should have the same rights, for the access of information as well?”³

All in all, I think there is a lot to be done in the field of disabilities and the related inequalities. It has to be clarified under what circumstances, conditions do we categorise somebody as disabled, and the related indicators necessary for the monitoring and reporting on their living standard, supporting, etc. are also to be developed further. We should urge to raise awareness to the difficulties, disabled people are facing, educate them and also the ‘outsiders’ in order to make their employment and life easier.

Our committee considers this topic as highly important, and I sincerely hope that not only during year 2010, the year of combating poverty and social exclusion, but also later on we will be able to join forces with the Member States, other institutions and the organised civil society so that to find an appropriate solution to the related problems.

Today, we have heard a lot of similar things only from different aspects. The recurring issues are the lack of responsibility of the politicians.

As I used to say, we have written democracy but not living.

Our first task should involve the disabled people of the legislation procedure at all levels (local, regional, national and EU). The organised civil society should start to work together with the disabled people at all levels. The organised civil society should be a bridge between the disabled people and the authorities in their everyday lives to give information and feedback.

What about the participatory democracy for disabled people?

Who and how helps them to know how to practice their own rights. Do they need a special communication policy and practice?

What about the solidarity issues within the society and within the disabled people?

What about the fields of culture and education?

What about the financial issues and the minimum standards of social security, the ILO convention 102?

I would like to offer a cooperation between You and our Committee to represent the interest of disabled people before the EU institutions on all levels.

Let's start working together!

¹ You can read our opinions on our homepage

² Dr Ágnes CSER, Press Officers Seminar, Workshop No. 1 "Communicating beyond borders and cultures"

³ Margot WALLSTRÖM, *ibid*

⁴ Dr Ágnes CSER, Back to the Radio – Intercultural Dialogue as an Ethical Tool for Communication for Europe (for us?)