International Labour Review, Vol. 128, 1989, No. 2

Occupational health and safety in Greece: Current problems and perspectives

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Historical background

When a sovereign Greek State was established following the War of Independence (1821-28), most of the population were still engaged in subsistence farming and fishing. Industry was limited to a small number of enterprises and handicraft workshops producing pottery, clothing and simple utensils. Independence, however, brought a spectacular growth in the merchant navy and commmerce, which resulted in the rise of a new bourgeoisie.[1]

In the second half of the nineteenth century industrialisation proceeded apace with the establishment of food, tobacco, textile and engineering factories. Tanneries and shipyards were thriving and foreign companies began to invest in mining. By the end of the 1870s manufacturing industry employed some 60,000 workers, the merchant navy 30,000 and mining 5,000, but the majority of the population still earned their livelihood from farming (in 1879 the total population was 1,679,000 and the working population around 600,000).[2]

While legislation establishing rights of association and maximum hours of work followed closely on the heels of industrialisation, it took much longer for any to be enacted on health and safety at work. In fact, it was only after a series of tragic accidents in the mines of Lavrion, where over 30 miners were killed in the 1890s, and the violent strikes which followed, that the Government finally passed a law in 1901 to provide compensation for disabled miners and the families of those who died in mine disasters.[3]

A report by the Labour Centre of Athens in 1911 described the appalling conditions in industrial enterprises, workshops, mines and quarries. Most workplaces were dangerous and unhealthy. They were often badly lit and poorly ventilated underground rooms, without toilets or changing rooms. Occupational diseases and tuberculosis were rife among the workers.[4]

Between 1911 and 1914 Greece had its first Liberal Government under Venizelos. His Cabinet consisted almost entirely of men new to the political

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scene and a period of radical reform began. An impressive legislative programme was launched and a large body of progressive labour legislation was drafted: a Department of Labour and Social Security was established in the Ministry of Finance; trade unions in Athens and Piraeus were given legal recognition; Sunday was made a compulsory rest day. Laws were enacted governing the health and safety of factory workers and their hours of work. Night work for women and young people was prohibited, and a compulsory workmen's compensation scheme was introduced.[5]

Between 1915 and 1936 further efforts were made to develop a coherent body of law covering as wide a range of work situations as possible and to tackle safety problems specific to particular industries. In 1934 a Presidential Decree was issued governing the health and safety of workers in offices, factories and workshops. As a framework law for occupational health and safety it spelled out the duties and responsibilities of both employers and employees and defined the role of the labour inspectorate in ensuring health and safety in the work environment. Despite its limitations, that Decree remained in force until 1985.

Between 1936 and 1949 Greece was governed by the military dictatorship of General Metaxas (1936-40), occupied by German and Italian troops (1941-44), and devastated by a civil war (1946-49) which left the country in ruins and its people bitterly divided. During that period the only significant advance in labour legislation was the establishment in 1937 of the Social Security Foundation (*Idrima Kinonikon Asfaliseon* – IKA) which covered a substantial proportion of the working population.

Developments since the Second World War

Until the 1950s occupational health and safety (OHS) law consisted largely of piecemeal legislation and regulations issued by various ministries concerning particular sectors of the economy. The advance of industrialisation, especially of heavy industry, from the 1960s on has given rise to further legislation in this field, while the Ministry of Labour has also pressed for the ratification of major international Conventions adopted by the ILO for the protection of workers and the prevention of accidents at work.

New laws have been enacted on accident prevention in the building industry and in mines and quarries, as well as in the merchant navy and shipyards, steel mills, land transport and agriculture. Legislation has also been introduced to protect workers exposed to benzene, vinylchloride and lead. Other legislation has dealt with safety notices in workplaces, the classification of factories according to their potential fire risks, etc.

In 1978 a team of occupational safety and health experts from the ILO visited Greece under the auspices of the International Programme for the Improvement of Working Conditions and Environment (PIACT). In their report they proposed substantial changes including the reorganisation and

improvement of the labour inspectorate within the Ministry of Labour; an improved system of collecting information on occupational accidents and diseases; and a comprehensive programme of training for inspectors, trade union representatives and factory managers in occupational health and safety matters. They also recommended the establishment of a Labour Institute, increased facilities and staff for the Research Centre for Occupational Health and Safety and new legislation on OHS.[6]

Beginning in 1979 the Ministry of Labour, the General Confederation of Greek Labour and the Federation of Greek Industries held consultations with a view to drafting a new OHS law but with little immediate success. Lengthy negotiations finally resulted in the Occupational Health and Safety Bill, which was passed by Parliament with few changes and was promulgated as Act No. 1568 of 1985.

The new Act was a great improvement on previous OHS legislation and provided the framework for further Presidential Decrees or regulations on health, occupational hygiene, accident prevention, occupational diseases, and physical, chemical and biological hazards in the workplace. It incorporated several of the recommendations made by the ILO team of experts, including the reorganisation of the labour inspectorate, the provision of OHS training for workers, employers and their organisations, and the setting of exposure limits for various toxic substances. Moreover, it provided for the first time that enterprises with more than 150 employees (to be gradually reduced to 50) must employ a safety engineer and an occupational physician and that their employees are entitled to elect a health and safety committee. An Occupational Health and Safety Council was set up as a consultative body to the Ministry of Labour (its 11 members comprising representatives of ministries, trade unions, employers' organisations, professional associations and OHS specialists), while at the local level health and safety committees were established in each of the country's 52 prefectures.

In addition to spelling out the duties and responsibilities of employers, workers and the manufacturers or importers of machinery and chemicals, the new Act contains detailed provisions on the protection of workers from physical, chemical and biological agents. It sets the framework for occupational exposure limits and for the regular medical examination of workers and establishes their right to information about occupational hazards in their working environment. It also contains provisions on ergonomics, fire exits, ventilation, lighting, fire extinguishers, passageways and the guarding of electrical equipment and machines.

At this point there is one peculiarity of occupational health and safety in Greece that merits special attention. In 1965 a bonus for "dangerous and unhealthy occupations" (10-30 per cent extra pay and retirement five years earlier than normal) was introduced which now covers a substantial proportion of the working population insured under the IKA. The terms "dangerous" and "unhealthy" however were never clearly defined and still

Table 1. Sectoral distribution of the employed population, 1971-85

Population and sector	1971		1981		1985	
	'000	%	'000	%	'000	%
Total population	8 764	100.0	9 737	100.0	9 940	100.0
Total employment	3 143	35.9	3 529	36.2	3 588	36.1
Primary sector	1 253	(39.8)	1 083	(30.7)	1 037	(28.9)
Secondary sector	864	(27.5)	1 023	(29.0)	982	(27.4)
Tertiary sector	1 026	(32.6)	1 423	(40.3)	1 569	(43.7)
Unemployment	...	..	149	..	304	..

Sources: National Statistical Service of Greece: *Statistical Yearbook of Greece, 1985* (Athens, 1986); and idem: *Statistical data on the labour force* (Athens, 1982-86).

give rise to lengthy legal procedures, strikes and disputes. As a result, health and safety improvements in many workplaces are retarded and trade union activity is frequently diverted from the real issues at stake. There is now talk of laying down more "objective" criteria for the bonus and confining its grant to places of work where there is little possibility of improvement.

Coverage of the economically active population

Since the Second World War and the civil war, Greece has witnessed major changes in the composition of its labour force. Improvements in agricultural production as a result of land irrigation, increased use of machinery, fertilisers and pesticides, as well as out-migration due to the high rates of unemployment and underemployment in provincial towns, have substantially reduced the working population in the countryside. The changing distribution of the employed population by sector of the economy is shown in table 1.

The *primary sector* consists mainly of smallholdings and other small-scale units (livestock, fishing, forestry). In 1985, out of just over 1 million workers in this sector, 57.5 per cent were self-employed or employers, 38 per cent unpaid family members and only 4 per cent were wage earners. Health and safety regulations are practically non-existent in this sector.

In the *secondary sector* 71 per cent of the workforce are wage earners and salaried employees and the rest are self-employed or employers. Small manufacturing enterprises make up the majority of this sector. Of a total of 128,000 enterprises (1978 census), 85 per cent had an average workforce of 1-4 persons and only 1 per cent employed more than 50 persons. It should be noted that 36 per cent of the industrial and handicraft enterprises are concentrated in the Greater Athens area.

Beginning in 1980 high labour costs, growing inflation, lack of investment and economic uncertainty forced a substantial number of manufacturing enterprises to close down, while others went bankrupt or were

sold after making drastic cuts in their workforce. In 1985 the Government introduced austerity measures that resulted in a sharp reduction of the purchasing power of the salaries of both public servants and workers in the private sector,[7] thus diverting the workers' attention from OHS matters. Moreover, it soon became evident that, for a number of reasons, the trade unions were dragging their feet in forming the health and safety committees required by the new legislation: their members were unwilling to assume the responsibilities involved; they considered OHS matters too technical, requiring specialist scientific and medical knowledge; they complained they lacked the necessary experience, facilities and information; they did not want to lose "dirty work" bonuses; they were reluctant to "collaborate" with management; they were averse to changing production practices and using protective clothing; and so on. In addition, the trade unions were waiting for Greece to ratify the ILO's Workers' Representatives Convention, 1971 (No. 135), and for the formation of workers' councils which would have the right to nominate the members of the health and safety committees (the Convention has now been ratified following adoption of Act No. 1767 of 6 April 1988).

In the *tertiary sector* 65 per cent of the workforce are wage earners or salaried employees. Commerce, tourism and banking have become the most dynamic sectors of the economy. The tertiary sector's workers are not covered by OHS legislation.

Institutions concerned with OHS

Apart from the purely consultative bodies (the Occupational Health and Safety Council and the prefectoral health and safety committees), the institutions exercising direct or indirect control over OHS issues can be divided into two groups – the ministries and the IKA.

The *Ministry of Labour* exercises control through *(a)* its labour inspectorate, whose staff carry out workplace inspections and publish notices, accident reports and statistical data, *(b)* the Occupational Health and Safety Centre, which has overall responsibility for occupational safety and medicine, industrial toxicology, monitoring physical and chemical agents, training, information and research, and *(c)* its local (prefectoral) departments of employment and labour inspectorates and their technical support units. The *Ministry of Industry, Energy and Technology* issues permits for industrial installations, monitors these installations and environmental pollution by industry, and exercises direct supervision over health and safety in power stations, mines and quarries. The *Ministry of the Merchant Navy* exercises direct control over health and safety only on board ship at sea and in ports (shipyards, repair workshops, etc., are supervised by the Ministry of Labour). Other ministries exercise indirect control only (for example, the Ministry of Agriculture provides information to farmers on the use and effects of pesticides, etc.).

Table 2. Work accidents reported to the IKA and the labour inspectorate of the Ministry of Labour, 1981-86

Item	1981	1982	1983	1984	1985	1986
IKA						
Work accidents	45 493	41 327	38 828	36 658	38 836	36 913
Insured workers ('000)	1 508	1 546	1 589	1 645	1 683	1 719
Accidents/insured (%)	3.0	2.7	2.4	2.2	2.3	2.1
Labour inspectorate						
Work accidents	13 512	11 673	10 686	10 637	9 728	9 279

Sources: National Statistical Service of Greece: *Enquête annuelle sur l'activité des organismes de sécurité sociale* (Athens, 1980-86); and Ministry of Labour: *Progress report* (Athens, 1987).

The IKA's control functions cover medical examinations, hospitals, accident compensation, pensions, disability benefits, the schedule of occupational diseases and statistics. Its Centre for Occupational Physiology and Pathology is in charge of medical examinations, biological monitoring, issuing health certificates for young workers, preventive medicine and co-operation with the Research Institute of Respiratory Diseases. It also has a council responsible for examining cases of the "dangerous and unhealthy occupations" mentioned earlier.

Occupational accidents

The OHS legislation defines an occupational accident as one that is incurred during or as a result of work under a contract of employment, including the journey to and from work, and that results in the loss of more than four days' working time.

Statistical data on work accidents are collected by the IKA for workers covered by its social security scheme (42 per cent of the labour force or 87 per cent of wage and salary earners in 1981), by the Ministry of Labour (labour inspectorate) and by the Ministry of the Merchant Navy.

Every year the IKA publishes a breakdown of accidents by type of injury, cause, age of workers, occupational group, etc., and the amount of compensation paid to insured workers. In addition, it collects data on accidents occurring on the way to work on normal routes during the hour preceding the start of work, on the way home from work, and on other journeys undertaken in the employer's service. Through its nation-wide network of offices it also collects data on work accidents in the primary sector and in small enterprises in villages.

Various authorities (police, local doctors, etc.) are required by law to report serious or fatal accidents to the labour inspectorate of the Ministry of Labour. The fact that only these are reported to the inspectorate explains the discrepancies between the figures on work accidents collected by the two institutions (see table 2). The figures for fatal accidents likewise differ

Table 3. Work accidents among seamen, 1974-83

Accidents	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
Non-fatal										
Total	222	313	299	257	189	207	169	196	269	189
On board ship	153	226	254	220	162	145	140	184	256	176
Port authority areas	69	87	45	37	27	62	29	12	13	13
Fatal [1]										
Total	148	195	187	159	235	187	172	239	143	126
On board ship	75	94	85	92	176	153	93	148	82	66
Port authority areas	73	101	102	67	59	34	79	91	61	60

[1] Includes crew lost at sea.

Note: According to the shipping statistics, the number of Greek and foreign masters, officers and ratings employed on merchant ships of 100 gross tons and over, registered under the Greek flag or Greek-owned under a foreign flag and contracted with the Seamen's Pension Fund, fell from 91,872 in 1980 to 49,184 in 1984. This steep drop was due in large part to a drastic reduction in the number of foreign seamen and in the number of ships at sea as a result of stiff foreign competition, which resulted in numerous bankruptcies.

Source: Ministry of the Merchant Navy.

somewhat – for example, in 1981: 115 (IKA) and 124 (Ministry of Labour) and in 1986: 105 as against 114 – since the IKA collects data only on workers covered by the social security scheme.

The Ministry of the Merchant Navy has its own statistical service for work accidents incurred by seamen on board ship and in areas controlled by the port authorities, including naval installations in ports, shipyards, coastal areas, etc. (see table 3).

The breakdown of work accidents in the IKA statistics by *type of injury* shows that in 1984 51 per cent resulted in general injury to the body, 21 per cent were serious fractures, 12 per cent less serious fractures, 4.8 per cent burns, 3.5 per cent dislocations, 1.7 per cent foreign substances entering the eyes, 1.5 per cent mutilations, etc. As for the *causes of accidents*, the 1984 statistics show that 28 per cent were due to falls, 18 per cent were caused by machines, 17 per cent by falls of objects, 9.7 per cent by hand tools, 7 per cent by the entry of foreign substances into the body, 3 per cent were traffic accidents, 2 per cent were caused by hazardous chemicals, etc. The *occupational groups* with the most accidents (in 1985) were: construction and public works (19 per cent of all accidents); public services (10 per cent); engineering (8 per cent); metal products, textiles, non-metallic mineral products (5 per cent each); food industry, basic metal industry (4 per cent each); transport (3.5 per cent); furniture and wood industry (3 per cent); and mines and quarries (2.5 per cent).

The number of work accidents has been decreasing steadily in the past decade. Despite considerable progress in introducing safety measures and numerous new regulations issued by the Ministry of Labour, there are still

many fatal accidents in construction and public works as well as in industry. It is very difficult to estimate the overall cost of work accidents to the Greek economy, but from statistical data we know that the IKA spent almost 1 billion drachmas on compensation to workers who had suffered accidents at work (10 per cent of all the cash benefits paid to workers for loss of income due to ill health, incapacity for work, pregnancy, etc.) in 1984.

Occupational diseases

An occupational disease is defined in Greece as one that is included in a schedule of occupational diseases and that results from the exercise of an occupation (IKA regulation 40/12.2.1979).

Occupational diseases are diagnosed by the IKA's doctors and cases are then referred to a special committee which decides on the nature and seriousness of the disease. A disease or disability not included in the schedule can also meet the requirements for benefit as a "common" (non-occupational) disease or disability.

According to the IKA's annual accounts for the period 1970-81 (the latest for which a breakdown is available), out of 11-13,000 disability or occupational disease pensions awarded each year, 78-87 per cent were for "common" diseases, 6-10 per cent for partial or total disability due to accidents at work, 1.6-5 per cent for tuberculosis, 3-4 per cent for accidents outside the workplace and only 0.25-0.6 per cent for occupational diseases.[8] The actual number of occupational diseases ranges from 60 to 80 every year (in 1975 a report listed 55 cases, including 25 of pneumoconiosis, 24 of occupational dermatitis and three of lead poisoning).

There are strong indications that occupational diseases are underestimated under the present system and that many cases are classified under the "common disease" category. Studies carried out in various industries, mines, workshops, etc., and epidemiological research show that there are a substantial number of occupational diseases among Greek workers and several occupational groups at high risk.[9] Currently there are plans to establish a diagnostic centre in the IKA employing occupational physicians, toxicologists and specialists to facilitate the diagnosis and prevention of occupational diseases.

Conclusions

The development of effective legislation and the organisation of appropriate institutions to deal with occupational health and safety in Greece have taken a new turn in the past few years. The new Occupational Health and Safety Act contains all the necessary provisions for making substantial improvements in working conditions and controlling hazardous agents in the working environment.

Health and safety programmes have been started up and the training of safety technicians and workers' representatives on health and safety committees has already begun. Seminars for safety technicians in Athens, Patras, Thessaloniki and Volos, the principal industrial cities of Greece, have been very successful and a voluminous textbook was published recently by the Ministry of Labour. The first association of safety technicians in workplaces was formed in 1986. Health and safety committees have been set up in big industrial enterprises and some have already published information leaflets and posters. A postgraduate course has been introduced for occupational physicians.

The participation of workers in health and safety matters is particularly crucial in the initial period. It is worrying that the trade unions are not playing a more active role in training, in disseminating information on the new Act and in forming health and safety committees in smaller enterprises. The time has also come for the unions to turn their attention from the "dangerous and unhealthy occupations" bonus to positive occupational health and safety measures. There is a great need for health and safety information to be passed on to the small workshops, the handicraft industry and the self-employed.

By the end of 1987, according to the Ministry of Labour, out of 552 enterprises with more than 150 workers, 475 (86 per cent) employed an occupational physician (or in most cases a general practitioner), 413 (75 per cent) employed a safety technician (most of them chemical or mechanical engineers) and only 150 (27 per cent) had workers' health and safety committees.

The Occupational Health and Safety Council in the Ministry of Labour has initiated consultations on future legislation with all the parties concerned. These consultations have already begun to produce results: Presidential Decree No. 307 of 1986 lists the threshold limit values for 40 compounds, various types of dust (with different SiO_2 content) and cotton dust; the EEC Directives on the protection of workers exposed to metallic lead and its ionic compounds (82/605/EEC) and to asbestos (83/477/EEC) have become law under Presidential Decrees Nos. 94 of 1987 and 70a of 1988, respectively; and the Occupational Health and Safety Act of 1985 has recently been extended to workplaces belonging to the Ministry of Defence.

Despite the advances made over the past three years in dealing with health and safety problems under the new Act, Greece needs a vigorous reorganisation of its institutions. The debate initiated in recent years on the working environment and growing public understanding of the subject have laid promising foundations for increasing working-class responsiveness to health and safety legislation. Greece needs a central enforcement authority for its new OHS legislation and research by institutes and universities to catch up with new developments in the field. The co-operation of trade unions and employers' associations will be vital in the future, as will be the training of occupational health personnel in the various sectors of the economy.[10]

The first Panhellenic Conference on Health in the Working Environment (Athens, November 1986) brought together a large number of scientists, trade unionists, safety engineers, managers of industrial enterprises and representatives of state institutions concerned with OHS. It proved that there is growing interest in health and safety in the workplace.

At the meeting of the Secretaries of State for Employment of the EEC in February 1987 the Greek Government received an assurance that the future European Institute for Occupational Health and Safety would be established in Greece. Undoubtedly such an institute would have a positive influence on OHS developments in the country and on the position of the Ministry of Labour as the central authority for the improvement of working conditions in Greek enterprises.

Notes

[1] C. Tsoucalas: *The Greek tragedy* (London, Penguin Special, 1969), p. 21.

[2] C. Seferis: *The Greek trade union movement, 1860-1975* (Athens, Neo Syndikalistiko Kinima, 1976), p. 29 (in Greek).

[3] I. Kordatos: *History of the Greek working movement* (Athens, Karavakos, 1956), pp. 12 and 35-43 (in Greek).

[4] N. Sarafopoulos: "Historical developments in health and safety of workers", in *Chimika Chronika* (Athens), Sep. 1984, pp. 370-373 (in Greek).

[5] Tsoucalas, op. cit., pp. 30-31.

[6] ILO: *Rapport au gouvernement de la Grèce sur les travaux de la mission multidisciplinaire du PIACT (10 avril-13 mai 1978)* (Geneva, 1978).

[7] Between 1984 and 1987 salaries increased by only half the amount of inflation.

[8] N. Sarafopoulos: *Occupational accidents and diseases. Statistical sources: Greece* (Luxembourg, European Foundation for the Improvement of Living and Working Conditions, 1986), pp. 49-52.

[9] See, for example, X. G. Kondakis and N. Pournaras: "Byssinosis in cotton ginneries in Greece", in *British Journal of Industrial Medicine* (London), 1965, Vol. 22, pp. 291-294. Other studies, published only in Greek, deal with lead poisoning, pneumoconiosis in mines, noise pollution in the textiles industry, baker's asthma, bladder cancer, skin allergies in construction workers and so on.

[10] A. Valavanidis and N. Sarafopoulos: *Working environment: Problems of occupational safety and health of workers in Greece* (Athens, Synchrona Themata Publishing, 1988) (in Greek).