

AIMS AND TRENDS IN EU AND INTERNATIONAL REGULATIONS

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Health is a primary value in all States of the EU. In almost every Constitution health care is explicitly addressed as a citizen right. Health care has been, and remains, one of the main pillars of the Welfare State.

But the Welfare State has restricted the Right to health to the Right to care of illnesses (the availability of hospitals, qualified personnel, medicines, etc.). If you are ill, you have a right which ranks at the top of the list; if you are still healthy, your right not to become ill ranks far behind the needs for growth, industrial production and competition.

This paradox is evident in the history of the Seveso regulation in the EU. It took several serious accidents - Seveso was the most recent and not the most dangerous- to force the introduction of an European regulation on relevant accident in industrial plants which may cause risks to health and the environment.

And in most countries it took several years more before domestic law was made consistent with the European regulation. In Italy, full adaptation took over 15 years.

Furthermore almost no EU State has fully implemented these domestic laws.

In Italy, they are not implemented at all, thanks to the complicity of the competent Administrations, including the Ministry of Environment.

A new set of European regulations - bearing the hollywoodian name of Seveso 2- has substituted the original Seveso 1 Directive, and the play within the States started again.

There is an other very important issue to be considered. Seveso 1 before and Seveso 2 now address only risks to health caused by relevant accidents in industrial plants. Risks to health caused by day to day industrial activity are not regulated: no accident, no regulation.

The recent Belgian case highlights the fact that regulation is lacking or, if existing, ignored for much greater risks caused by commercial and industrial activity in vital sectors like food and drugs.

