

Brussels,
D/1030 16. 10. 2006

Dear Mr Bowis,
Dear Mr Savoye,

Thank you for your letters of 20 July and 6 September 2006, respectively, concerning the issue of men's health, as outlined in the 2005 Vienna Declaration on the Improvement of Men's Health in Europe.

Please let me state first and foremost that I consider the Vienna Declaration to be an important document which focuses on one of the areas of public health which has not been receiving enough specific attention until now. The issue of men's health concerns primarily the area belonging to the portfolio of my colleague Markos Kyprianou, Commissioner for Health and Consumer Protection. Nonetheless, as you correctly point out, there are some aspects which connect it to the social area - or, more precisely, to the broader portfolio of Employment, Social Affairs and Equal Opportunities which I am in charge of. There are, indeed, several issues which deserve to be mentioned in this respect.

In terms of equal treatment of men and women, the emphasis is indeed moving towards an understanding that "equal" does not necessarily mean "identical", and that special health needs of both women and men have to be taken very seriously. Your letter mentions with appreciation the increased attention which the European Commission is giving to the issue of women's health, for instance in the Road Map for Gender Equality. I am convinced that we share a common perspective in this respect - namely, that both women's and men's health deserve to be seen as complementary, not competing, priorities.

Moreover, I share your belief that the growing attention to specifics of men's and women's health reflects not merely the increasing awareness of the prevalence of specific health conditions in women and men. It is also part of the broader complex of the changing perception of the role of women and men in society, which the Road Map for Gender Equality recalls in its effort to challenge gender stereotyping. In various ways, gender stereotyping can be as detrimental to men as it is to women. (For instance, some models of expected "masculine" behaviour are themselves increasing the risk of adverse health consequences.) The European Commission is prepared to address such issues

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within its general efforts to promote gender equality, which is mainstreamed into all Community policies by virtue of Article 3 (2) of the Treaty.

The increased attention to the specifics of women's - and men's - health is also linked to lifelong learning, including the professional education of staff, both in health-care facilities and more broadly speaking, in social services of general interest. In this context, I would like to assure you that the European Commission places a very high priority on development of human capital, as exemplified by the support to qualification and re-qualification from the European Social Fund, and by the emphasis on the development of human resources which figures so prominently in the whole Lisbon Agenda.

Finally, let me also mention that there is already a substantial body of European law in terms of Directives concerning Health and Safety at Work. While these Directives are in place to protect all workers, regardless of their sex, it is a fact that many occupations remain largely gender-specific, i.e., predominantly male (or female). Women often need special protection, but in some occupations, the practical impact concerns predominantly men. Consequently, legislation aiming at the protection of health and safety at the workplace and prohibiting or limiting risky practices or specific substances (e.g., carcinogenic and mutagenic ones) is often of benefit to men's health. Further development in this area is certainly warranted due to progress of research which constantly reveals new serious threats to health and safety in the workplace.

Sincerely yours

A handwritten signature in black ink, appearing to be 'V. Smith', written in a cursive style.