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Support for Thalidomide victims

European Parliament resolution of 15 December 2016 on support for the thalidomide survivors (2016/3029(RSP))

(2018/C 238/13)

The European Parliament,

- having regard to the forthcoming amendment to the Thalidomide Foundation Act, which could be used by the German Government to allow those thalidomide survivors who have been accredited as such by court-appointed trust schemes, or are beneficiaries of national government schemes, to gain collective access to the Special Health Fund of the German Conterganstiftung (Thalidomide Foundation),
- having regard to Spanish Royal Decree 1006/2010 of 5 August 2010, which regulates the procedure for granting aid to people affected by thalidomide in Spain during the period 1960-1965,
- having regard to the approximate number of thalidomide sufferers in the EU (around 2 700 in Germany (source: German Government), around 500 in Italy (source: VITA — Associazione Vittime Italiane Thalidomide), 500 in the UK, 100 in Sweden (source: DLA Piper study) and 200 in Spain (source: Avite Spain)),
- having regard to the Heidelberg University report entitled ‘Wiederholt durchzuführende Befragungen zu Problemen, speziellen Bedarfen und Versorgungsdefiziten von contergangeschädigten Menschen (2010-2013)’ (Surveys to be repeated at intervals regarding the problems, special needs and care deficits experienced by thalidomide victims), which details the increasing health problems and specific needs of, and shortcomings in the support for, thalidomide survivors,
- having regard to the Firefly Report of January 2015 highlighting the deterioration in the physical and emotional health of thalidomide survivors and their future needs ⁽¹⁾,
- having regard to the report commissioned by the Health Department of the German State of North Rhine-Westphalia in May 2015, investigating the quality of life of thalidomide survivors and forecasting their future needs (Cologne University Report) ⁽²⁾,
- having regard to the Open Letters from the Presidents of the European Parliament’s political groups, stressing that thalidomide survivors live with chronic debilitating pain and suffer from unmet needs,
- having regard to the press conference held on 27 May 2015 at the European Parliament in Brussels, during which MEPs from all the political groups emphasised the need for thalidomide survivors to receive support for their health concerns ⁽³⁾,
- having regard to the EU’s anniversary celebrations in September 2015, marking 50 years since the adoption of the first pharmaceutical regulations in Europe aimed at protecting EU citizens, which is a further acknowledgement that effective pharmaceutical legislation is a lasting legacy to the thousands of infant deaths and severe birth defects that resulted from thalidomide consumption during pregnancy,

⁽¹⁾ <http://www.thalidomidetrust.org/wp-content/uploads/2014/01/Firefly-report-March-2015.pdf>

⁽²⁾ <http://www.thalidomidetrust.org/wp-content/uploads/2016/04/The-Cologne-Report.pdf>

⁽³⁾ <http://www.fiftyyearfight.org/latest/europe-speaks-loudly-with-one-voice-press-conference>

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- having regard to the Question to the Commission (O-000035/2016 — B8-0120/2016) and to the plenary debate on thalidomide on 9 March 2016,
 - having regard to the letter of 5 March 2015 from the international law firm Ince and Co., describing how the lack of pharmaceutical surveillance and the suppression of evidence on the effects of thalidomide impacted on the health of the drug's victims ⁽¹⁾,
 - having regard to the statement of June 2016 by the German Federal Government on the need to take responsibility for, and provide unbureaucratic support to, thalidomide survivors ⁽²⁾,
 - having regard to Rule 123(2) of its Rules of Procedure,
- A. whereas the drug thalidomide was marketed by Chemie Grünenthal GmbH in the late 1950s and early 1960s as a safe drug to treat morning sickness, headaches, coughs, insomnia and the common cold; whereas it resulted in the death and malformation of thousands of babies when taken by pregnant women in many European countries;
- B. whereas documents from the time of the thalidomide scandal, which were independently verified by international law firm Ince and Co., demonstrate that there was a major lack of effective pharmaceutical surveillance in the Federal Republic of Germany, unlike in other countries such as the USA, France, Portugal and Turkey;
- C. whereas independently verified research ⁽³⁾ points to an inexorable inference that in 1970, the Federal Republic of Germany interfered with the criminal proceedings against Chemie Grünenthal GmbH, the German manufacturer of thalidomide, and, as a consequence, no proper determination of the guilt of the manufacturer could be established; whereas, moreover, steps were taken to prevent civil proceedings being taken against this company, which may well have prevented victims from obtaining justice or adequate financial support for their current and future health concerns;
- D. whereas recently published independent reports in Germany (Heidelberg University Report and Cologne University Report) and the UK (Firefly Report) conclude that thalidomide survivors need increasing support for their unmet health needs, for mobility and for living independently, as their bodies are rapidly deteriorating owing to the nature of their disabilities and to the lack of support over the years since their birth;
- E. recognising that, while Germany bears a particular responsibility, other national governments are also responsible for ensuring the fair treatment of their own thalidomide survivors;
- F. acknowledging that the Presidents of the European Parliament's political groups have, in Open Letters, supported efforts seeking to assist thalidomide survivors with regard to their health needs;
- G. recalling the press conference held in May 2015 in Brussels, supported by all the European Parliament's political groups, which highlighted the outstanding unmet health needs of thalidomide survivors;
- H. recalling that in Brussels in September 2015, the Commission celebrated the 50th anniversary of the adoption of the first piece of EU pharmaceutical legislation, which largely came into being as a result of the thalidomide scandal; stressing that whilst the regulatory structures which were subsequently developed have been instrumental in the protection of millions of EU citizens from similar disasters over the last 50 years, thalidomide survivors have been living with the drug's painful and debilitating consequences;
- I. recalling that at the Strasbourg plenary debate in March 2016, MEPs from all of the political groups highlighted the urgency of supporting thalidomide survivors' unmet needs, and the European Commissioner for Health and Food Safety, Vytenis Andriukaitis, stated that he recognised the will to find an adequate solution for all thalidomide survivors which would improve their quality of life;

⁽¹⁾ http://www.fiftyyearfight.org/images/Appendix_1_Ince_letter.pdf

⁽²⁾ <http://www.bmfsfj.de/BMFSFJ/kinder-und-jugend,did=225796.html>

⁽³⁾ http://www.fiftyyearfight.org/images/Appendix_1_Ince_letter.pdf

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- J. noting that there is now both the opportunity and the will in the European Parliament and the Commission, in line with ethical and humanitarian standards, to right the wrongs of failed pharmaceutical control and the subsequent suppression of evidence, which led to the thalidomide tragedy;
- K. reaffirming the statement made in June 2016 by the German Federal Government ⁽¹⁾ that it must take responsibility and provide financial support, without burdensome administrative procedures and lengthy individual testing;
- L. noting that the German Federal Government also acknowledged in June 2016 that a change in the Thalidomide Foundation Act in Germany was necessary and feasible before January 2017;
- M. noting that many survivors throughout the EU are often unable to apply for funding to cover the costs of social services, which is currently the single biggest concern for thalidomide survivors who, now in their 50s and 60s, are going to need these services even more often in the coming years, as their carers, who are often their partners or relatives, may themselves fall ill or die;
1. Urges the Member States and the Commission to coordinate actions and measures seeking to formally recognise and provide compensation to thalidomide survivors;
 2. Urges the German Federal Government to use the opportunity presented by the forthcoming amendment to the Thalidomide Foundation Act to allow thalidomide survivors, who have been accredited as such by court-appointed trust schemes or are beneficiaries of national government schemes, to access the Special Health Fund of the German Conterganstiftung für behinderte Menschen (Thalidomide Foundation for People with Disabilities);
 3. Requests that thalidomide survivors from the UK, Spain, Italy, Sweden and other Member States be admitted to the scheme on a group basis where their status as thalidomide-affected individuals has been accepted as bona fide in their own countries;
 4. Asks the Spanish authorities to review the process started by the government in 2010, and facilitate the proper identification and compensation of Spanish thalidomide survivors within their national scheme, as stated in the Non-Legislative Proposal on the Protection of People Affected by Thalidomide (161/000331), approved unanimously by the Spanish Congress on 24 November 2016;
 5. Urges the Commission to create a framework protocol at European level under which all European citizens affected by thalidomide would receive similar amounts of compensation, regardless of which Member State they are from, and to draw up an EU programme for assistance and support (including both financial and welfare provisions) for thalidomide victims and their families;
 6. Asks the Grünenthal company to shoulder its responsibilities; by providing proper compensation and care to those victims who have yet to be recognised, reviewing the process for recognition of victim status, and initiating a dialogue with the victims in order to repair the damage caused;
 7. Instructs its President to forward this resolution to the Commission, the Council and the Member States.

⁽¹⁾ <https://www.bmfsfj.de/bmfsfj/aktuelles/alle-meldungen/leistungen-sollen-gerechter-verteilt-werden/90418?view=DEFAULT>