

Our bodies, Our lives

One tiny red dot, less than one inch in diameter can tell a lot about a person's working life. It can help map the past and speak to the future.

When 325 members of the International Brotherhood of Electrical Workers Local 353 attended an occupational disease intake clinic this April they literally saw their working lives plotted out before them. At day's end, a stunning overview of their occupational exposures emerged — it was the story of their working lives.

One retired worker recalls running cable in factories throughout the city of Toronto, including the former Johns Manville plant. Now he awaits diagnosis of an asbestos-related disease. A young journeyman wants his work history recorded, just in case, and wonders whether workplace exposures could explain why he and his partner are having trouble conceiving.

The first glimpse of the suffering came a year ago when the Central Ontario Building Trades (COBT) sponsored a one-day intake clinic. Then, Local 353 members turned out in large numbers. Organizers knew this was the tip of the iceberg.

Body maps from this latest clinic (featured on this issue's front cover) are now a framed, sobering artifact

of the Local's history says Barry Stevens, Local 353 president. "Our Local, from our business manager to our committees, to dozens of members who volunteered, was committed to making this clinic succeed."

Stevens further credits the clinic's success to a well funded promotional campaign including newsletter articles, posters, automated phone messages, plus another 1,000 personal calls made by the Local's political action committee. The COBT also funded the printing of a special bulletin.

This latest clinic is just one of dozens. As disease patterns emerge from body maps, it's become apparent to workers and their representatives — Ontario is in the midst of an occupational disease epidemic.

The Occupational Health Clinics for Ontario Workers (OHCOW) have long assisted workers and their representatives to investigate occupational disease. Intake clinics have become the standard for gathering workplace exposure data. Mary Cook is OHCOW's managing director. "Intake clinics are a first step in identifying occupational disease," she says. "Unless you document work histories and ask questions about workplace exposures many are in the dark, or in denial."

Long before clinics happen the detective work of tracking occupational disease often begins with the suspicions of a single worker, someone like Bud Simpson. A millwright at a Sarnia fibreglass manufacturing plant for almost 40 years, Simpson died in 1997 from a work-related cancer. Unknown to his family, he kept a shoebox of obituaries for former colleagues, many of whom

died of cancers Simpson believed were also work-related.

Keith McMillan is Ontario Region health and safety representative with the Communications, Energy and Paperworkers Union (CEP). From experience McMillan knows early community-based intake clinics in Sarnia yielded disappointing results. "We needed good evidence about conditions and exposures at particular workplaces. It eventually made sense to offer workplace specific clinics where we suspected to see a pattern of disease emerge." In June 1998 CEP, with support from OHCOW, the Ontario Federation of Labour (OFL) and its labour affiliates, ran the first large-scale workplace specific intake clinic for fibreglass and other workers.

Months later the Canadian Auto Workers Union (CAW) sponsored a clinic for former Holmes Foundry workers in Sarnia. Bob Clarke, former health and safety representative and chairperson of CAW Local 456 at Holmes Foundry, had done much of the early legwork. He approached OHCOW

in early 1998 for help, having already won some 50 asbestos-related compensation claims for his members.



More than 300 electrical workers, members of IBEW Local 353, registered at the April occupational disease intake clinic.

In Kitchener about 400 workers from area rubber and tire manufacturing plants attended a clinic organized by the United Steelworkers Union (USW) in 2001. Nancy Hutchison, USW District 6 health and safety coordinator, says USW Local 677 activists

Worker intake clinics record disease & seek solutions

and OHCOW researched rubber industry hazards before the clinic. They expected to and did see clusters of bladder cancers. Despite the supporting evidence Hutchison reports it's taken three years to secure compensation benefits.

Hutchison concludes, "The day of the Intake is only the beginning. The painstaking work to secure your claim can take years."

Publicity surrounding the clinic has however increased awareness of occupational disease. "It's progress when workers, their neighbours and their doctors begin questioning where you

work. They're making the link," she says.

Many drew upon those Sarnia worker experiences to develop much needed educational resources. The Workers Health and Safety Centre created films like *Before Their Time* and a comprehensive occupational disease training program entitled, *Making the Link*. Unions and central labour bodies hosted occupational disease conferences, launched cancer prevention campaigns and lobbied for stricter regulation of carcinogens.

The OFL's occupational disease campaign concluded with a conference in February 1999 and a CEP organized sit-in of the Minister of Labour's office. These actions helped expedite claims adjudication and were instrumental in securing funding for OHCOW's Sarnia clinic, establishing an Occupational Disease Advisory Panel and

a streamlined process for updating occupational exposure limits.

OFL president Wayne Samuelson says these are measurable inroads. "Occupational disease is one of the few health and safety issues we've seen movement on. That's largely due to labour campaigns and thousands of disease claims."

Still disease claims mount. Last year

the CAW and OHCOW ran the largest intake clinic to date, seeing more than 700 workers from two Peterborough plants. Nick De Carlo, CAW national health and safety repre-

sentative, says the sheer number of claims and a sustained lobby prompted the Workplace Safety and Insurance Board (WSIB) to provide almost \$300,000 in funding to complete health assessments for the Peterborough workers.

Activists dismiss suggestions disease claims are solely a blue collar legacy of industrial workplaces. Two teachers' unions recently contacted OHCOW to investigate a cluster of reproductive health problems at an Ottawa school. This fall OHCOW and four Ontario teachers' federations will launch an online health survey.


Advocates say existing resources are strained to the breaking point. Despite hard won compensation benefits they say real justice for workers means protection from deadly workplace exposures. The OFL and others want **chemical management** systems which prohibit dangerous chemicals from the workplace altogether.

Meantime, Jay Peterson, COBT busi-

ness manager, says they'll work to extend coverage to building trades workers still exempt from the regulation governing occupational exposure limits. Says Peterson, "Each intake clinic builds awareness. Workers on job sites talk to each other and want their unions to take action too. That grassroots mobilization is needed to bring about fundamental change."

The CAW's De Carlo agrees workplace activism is the first step in building a movement to tackle this weighty problem. "In the late 1980s workers used their right to refuse to avoid hazardous exposures on the job. It helped usher in WHMIS and other gains."

Intake clinics are just one useful tool in the occupational disease continuum says OHCOW's Cook. "Support for compensation claims is one outcome. Clinics can help identify trends and disease patterns too. With this knowledge we can press for policy change and bring about real prevention. Ultimately that's the outcome we want."

The OFL and key affiliates recently met with the WSIB to draft key principles for future intake clinics. This fall the OFL will hold additional meetings with its affiliates and OHCOW. They hope the lessons of the past will help them write the next chapter of their working lives, one free from disease. 



IBEW 353 intake members completed extensive health questionnaires with the help of volunteer history takers. The information was then plotted onto body maps by Vern Edwards, OFL, and Christine Urquhart, OHCOW.