



Prevention E-News

Welcome to the OHCOW eNewsletter. Prevention E-News is a quarterly electronic newsletter that brings you regular updates on the **Occupational Health Clinics for Ontario Workers (OHCOW)** efforts to prevent workplace injuries, illnesses and disabilities. Please email bkanduth@ohcow.on.ca to add someone to the Prevention E-News mailing list, or to suggest news items.

Fall Edition vol. 1 issue 3. September 13, 2005

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1. Worker intake clinics record disease and seek solutions

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.

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 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 representative, 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 business 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.

Reprint from AT THE SOURCE, Summer 2005 [Workers Health and Safety Centre](#)

2. Canadian community sees significant decline in proportion of male births

There has been a precipitous decline since 1994 in male births in the Chippewas of the Aamjiwnaang First Nation community near Sarnia Ontario according to a study written in part by OHCOW and accepted for publication in the Environmental Health Perspectives (EHP). The community studied lives on reserve land in the St. Clair River Area of Concern, immediately adjacent to several large petrochemical, polymer, and chemical industrial plants. One of the authors of the study was Margaret Keith of the Sarnia Occupational Health Clinic for Ontario Workers

After the community expressed concerns about an apparent decrease in male births, researchers analyzed live birth records from 1984 to 2003. They discovered that from 1984 to 1993, the community's sex ratio was stable and within expected parameters. But starting in 1994, the percentage of male births began to decline sharply, and the significant drop-off continued through 2003.

Sex ratio-the proportions of male and female births within a population-is a key indicator of the reproductive health of a population. Worldwide, between 50.4% and 51.9% of births are males, and this percentage is typically very stable. For Canada it is generally reported that 51.2% of births are male. In the 10-year period from 1994 to 2003, the proportion of male births in the Aamjiwnaang community steadily declined,

accounting for only 41.2% of births. In the five years from 1999 to 2003, the decline was even more pronounced, totaling only 34.8% of births.

"Although normal variation in sex ratio can be expected in any population, especially with a small sample size, the extent of the sex ratio deviation appears to be outside the range of normal," the study authors write.

Ongoing studies of the St. Clair River Area of Concern have found changes in the sex ratios and reproductive ability of fish, bird, and turtle populations, which are thought to be due to exposures to endocrine-disrupting chemicals (EDCs).

While the present study does not seek to determine the presence of chemicals such as EDCs and the extent to which those factors may have contributed to suddenly shifting sex ratios, a 1996 assessment of the soil and sediment conditions in the reserve land found "high concentrations of several contaminants."

The authors suggest further study to analyze potential causes for the decline in male births.

"Although there are several potential factors that could be contributing to the observed decrease in sex ratio of the Aamjiwnaang First Nation, the close proximity of this group to a large aggregation of industries and potential exposures to compounds that may influence sex ratios warrants further assessment into the types of chemical exposures for this population," the authors write.

The lead author of the study was Constanze A. Mackenzie of the University of Ottawa. The other author in addition to Margaret Keith was Ada Lockridge. Funding for the research was provided by the McConnell Foundation, Ecosystem Health Program, Faculty of Medicine, University of Western Ontario. Find the article free of charge at <http://ehp.niehs.nih.gov/docs/2005/8479/abstract.html> .

EHP is published by the National Institute of Environmental Health Sciences, part of the U.S. Department of Health and Human Services. EHP is an Open Access journal. More information is available [online](#).

3. Groundbreaking Canadian cancer prevention report released

Article courtesy: [Workers Health and Safety Centre](#)

Health and safety activists are praising recommendations from a recently released report aimed at preventing occupational and environmental carcinogens. The Report, Prevention of Occupational and Environmental Cancers in Canada: A Best Practices Review and Recommendation, was approved for circulation by the Governing Council of the Canadian Strategy for Cancer Control (CSCC) in May.

Since 1999 the Council, reporting to Health Canada (now to the Public Health Agency of Canada) has worked with provincial cancer agencies, the Canadian Cancer Society, the National Cancer Institute of Canada and other stakeholders to develop an integrated national approach to fight cancer.

This latest Report is the work of the National Committee on Environmental and Occupational Exposures, a tripartite multi-stakeholder sub-committee of the CSCC's Primary Prevention Action Group. The Committee reviewed Canadian, American and European best practices in the primary prevention of exposures to occupational and environmental carcinogens. The Committee used lists of confirmed and probable carcinogens classified by the International Agency for Research on Cancer.

Larry Stoffman, director of health and safety for the United Food and Commercial Workers Local 1518, chairs the Committee. The Report clearly identifies gaps in the system says Stoffman, By law Canadians have a right to know about toxins they're exposed to at work. In practice however, this right isn't respected. Canadians have even less protection against carcinogens they're exposed to in the community.

The Report recommendations fall into seven priority areas: surveillance; information disclosure and labeling; community education and action; worker education and action; the role of non-governmental organizations in cancer prevention; the role of employer/industry in reducing carcinogens; and government intervention through legislation, regulation and public policy. In the short term says Stoffman the Committee will communicate the Report more widely before taking steps to implement its recommendations.

Despite jurisdictional barriers to setting up national standards and best practices, Stoffman is hopeful about implementing mandatory substitution laws and establishing a national registry for workplace carcinogens. There are excellent lessons to be learned he says from grassroots coalitions who successfully lobbied for municipal pesticide bans.

According to the CSCC the incidence of cancer in Canada will increase as much as 60 per cent over the next 20 years. Yet, scientists believe at least 50 per cent of cancer can be prevented. Since Canada is one of the few industrialized countries without a national cancer prevention strategy hopes are high this Report will provide the groundwork for one.

[Download Report](#)

4. Occupational disease – the silent epidemic

Twenty five years ago for the first time, Ontario workers won the statutory right to know about the substances they worked with; the right to help promote and ensure safe and healthy workplaces through their participation in joint health and safety committees; and the right to refuse work they believe to be unsafe.

Bill 70- An Act Respecting the Occupational Health and Safety of Ontario Workers- was written and passed into law, on October 1, 1979. Despite the passage of the law, a quarter of a century later, occupational diseases have become a "silent epidemic". The reasons why are explored in an article written by Occupational Health Clinics for Ontario Workers (OHCOW) Managing Director Mary Cook and published in the Toronto Star on Labour Day September 5th.

Complete Article:

Sep. 5, 2005. 01:00 AM

Occupational disease: Today's silent epidemic

Twenty-five years after the passage of Ontario's Occupational Health and Safety Act, it would be nice to be able to say on this Labour Day that, at the very least, we know how many thousands of workers are stricken each year by diseases related to work.

The bitter truth is, we don't even know that. Part of the reason is our obsession with scientific proof.

While science has contributed hugely to the quality of our lives, it has also led to a situation where we now depend on it to provide answers to every question. The problem, of course, is there are some issues where science is incapable of providing answers with the certitude we demand.

Climate change is one example. Scientists can tell us they believe human activity has an effect on climate but they can't prove it conclusively. In spite of that scientific caution, Canada and most other countries have decided to act because the consequences of not acting are so great.

In the case of greenhouse gas emissions, society has decided to apply the precautionary principle, which says we're better safe than sorry.

But there's a similar example where science and public policy collide. It's a case that, for many people, has a much more immediate effect on their lives but we have yet to take the same cautionary step.

It's the silent epidemic of occupational disease.

The World Health Organization estimates that 1,000 new chemicals are introduced into workplaces every year. Given the array of workplace chemicals in use, it's no surprise that cancer is an occupational disease.

Again, precise numbers are hard to come by. Cancer Care Ontario suggests about 4 per cent of cancers may be related to occupational factors.

Even at that conservative estimate, there would be about 2,000 new occupational cancer cases in Ontario each year. But in 2003, only 51 lost-time cancer claims were allowed, according to the *Annual Report of the Workplace Safety and Insurance Board*.

There are several reasons for the lack of precise numbers about the extent of the problem. There is no database of occupational disease in Ontario — no one keeps records. In addition, Ontario doctors are not required to report incidences of occupational disease. Sexually transmitted diseases, yes; gunshot wounds, yes; mesothelioma from asbestos exposure, no.

As well, medical schools do a poor job of educating doctors about occupational disease.

Staff at Ontario's five occupational health clinics have seen cases where family or company physicians have declared patients to be in good health even though they have diseases like asbestosis.

Legislation can deal with some of those issues. But the bigger problem is our insistence on amassing unequivocal scientific proof before we even acknowledge that there is a problem.

The particular science involved in ferreting out medical mysteries is epidemiology, the study of disease patterns among populations.

But epidemiology may simply be too crude a tool to investigate the clusters of occupational diseases that occur, for the simple reason that the number of cases is usually too small.

Scientists are trained to look for high levels of statistical significance and avoid false positives — finding associations where none exist.

This deep-seated avoidance however leads to another problem: making false negatives — the failure to identify an association where one really does exist.

When studying occupational disease, it is often not possible to collect data of adequate quality and quantity to achieve statistical significance. That puts workers' health in jeopardy.

Science and numbers go together and scientists have strict protocols on what kind of evidence they consider.

That leaves workers unable to depend on more qualitative forms of evidence that can show links between disease and work.

Qualitative data include employment and exposure history, the occurrence of symptoms or diseases within a workforce, or even testimony by co-workers.

In the context of workers' compensation, the burden of proof should not be on exposed workers to prove work has made them sick.

"Better safe than sorry" was a principle good enough for our grandmothers. When dealing with the silent epidemic of occupational disease, it should be good enough for us.

Governments, industry and the WSIB, should follow the same precautionary principle.

Mary Cook *Managing Director of the Occupational Health Clinics for Ontario Workers (OHCOW)*

5. Agricultural asthma

Farmers and farm workers are exposed to a wide variety of allergens that can cause asthma, or aggravate existing asthma. Other factors such as genetics and environmental tobacco smoke also play a role in one's risk of getting asthma. Read more about agricultural asthma in a new brochure published by OHCOW.

OHCOW has produced a new brochure on the subject.

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