

5th BIENNIAL CONVENTION

*Building for Tomorrow
Together*

November 22-26, 1999



Document 1

OCCUPATIONAL DISEASE SHIFTING THE BURDEN

INTRODUCTION

The American National Research Council reports that presently there are 70,000 industrial chemicals currently in use with another 1,000 to 2,000 new chemicals being put into commercial use each year. The overwhelming majority of occupational exposure limits here in Ontario were established 15 to 40 years ago. These limits were set based on what the average healthy male worker could acutely tolerate. Little or no regard was made for the risks of long-term damage to worker's health or reproductive health effects.

The overwhelming lack of data on the health effects of industrial chemicals has been reported time and again over the years. As recently as 1998, the American Environmental Protection Agency produced a report showing the lack of available health information for the top 3,000 high production volume chemicals, those with over one million pounds in use. The study noted that 93 % lack some basic chemical screening data; 43 % have no basic toxicity data; 51 % of the chemicals lack basic toxicity information; a large percentage

of available information is based only on acute toxicity.

The chemical manufacturers and producers of the substances in commercial use provide virtually no information on the long-term health effects to the workers or their families. Nor do they provide information on the repercussions that can occur where these substances are mixed with others already present in the workplace or the environment.

Industry can introduce chemicals into the workplace and the burden is placed on society to demonstrate that these substances cause harm rather than requiring industry to demonstrate that these substances are safe before introducing them into the workplace and, in the end, our environment.

Most often, by the time it is realized that a chemical is harming workers or the environment, the substance is firmly entrenched into the economy. The result is that workers suffer

ONTARIO FEDERATION OF LABOUR (CLC)

15 Gervais Drive, Suite 202, Don Mills, Ontario M3C 1Y8 Tel: (416) 441-2731 Fax: (416) 441-1893 Web:<http://www.ofl-fto.on.ca>

illnesses and premature death due to their exposures. For too many years, workers have had to count the tombstones of their fallen sisters and brothers and use that information to gain improvements in prevention. To do this, labour has had to gain recognition of the links between the disease and workplace through provincial Workers' Compensation Boards (WCB), use that recognition as ammunition to fight for improved prevention, then start the process over again years later.

A Coroner's Inquest is often held following a sudden workplace fatality. In the construction and mining sectors, Coroner's Inquests into sudden workplace deaths are mandatory. These inquests investigate how the worker was killed and usually make recommendations to prevent similar deaths across the province. In the case of occupational disease fatalities, even where the Workplace Safety & Insurance Board recognizes that death as being caused by work, no inquests are held.

Although the power to determine working conditions rests with the employer, the onus for proving the existence of most occupational diseases rests with the individual worker or surviving family members. Except for rare situations, the struggle to gain recognition for occupational diseases has been done one case, one worker and one grieving family at a time.

THE HIDDEN EXTENT OF THE PROBLEM

The tragedy of occupationally induced diseases, including cancer, is that they are all preventable. The suffering inflicted upon working people and their families does not need to happen. Unfortunately, the occupational link to disease is seldom made. Although the medical and cancer establishments spend a great deal of time gathering information related to lifestyle and genetics, rarely is occupational history information collected from patients. This has resulted in occupational causes of diseases being completely overlooked by the worker's family

physician. Workers rarely make the link between the diseases they are suffering from today with their exposures from past years. Even where they suspect there is a connection, their own physicians, usually grossly under educated in this area, often dismiss these suspicions and blame lifestyle as the cause.

The collection of lifestyle and genetic information from patients, in particular cancer patients, has resulted in a wealth of information the researchers can draw on to conclude that lifestyle or genetics are the cause of the disease. The lack of occupational history data builds in a bias which results in researchers concluding that lifestyle is to blame for the overwhelming majority of disease.

For women workers, the information regarding possible health effects specific to their bodies is almost non-existent. The majority of research conducted on possible health effects due to occupational exposures looks at male workers (usually white males). Few researchers have investigated the possible occupational link with health problems specific to women workers. Health problems that could include breast or cervical cancer or reproductive problems, such as getting pregnant, staying pregnant or having healthy babies, among others.

Efforts by labour and community activists in the Sarnia area have been uncovering literally hundreds of workers suffering from occupational diseases. These workers and their families had been suffering in silence for many years. The investigations, which began with just two workplaces, exposed a tragedy of monumental proportions. The investigations also revealed that the employers and the government knew the extent of the toxic exposures and of the future health repercussions, but chose to do nothing. It was a rude awakening for the workers and the community. The investigations revealed that family members were exposed to toxins brought home on the clothes of the workers. Also, because these toxins were not confined to the

plant boundaries, the community as a whole was exposed to the same toxic substances. Other industries in the community are now being scrutinized as to what they are exposing their workers and the community. While activists attempt to deal with the enormity of what has been uncovered to date, they are realizing that it is only the tip of the iceberg for the community of Sarnia.

What has occurred in Sarnia is not unique, the working conditions that led to the workers developing these diseases have occurred, and continue to occur, in workplaces and communities across this province. There are many other "Sarnias" across Ontario. Only when efforts similar to what was done in Sarnia are made, can the true extent of occupational disease across this province begin to be known.

For workers in the construction trades, the situation may be even worse. The trades do not have even the same minimal protection for toxic substances provided to workers in other sectors. The transient nature of the trades means that those workers who exercise the right to refuse hazardous work, quickly find their services are no longer required on the site. Those who have a history of refusing hazardous work on construction sites can find themselves blacklisted and unable to find work in their trade. The prohibition against employer retaliation on workers exercising their rights under health and safety legislation means little in the construction industry.

The drive to conserve energy, as well as reduce heating and cooling costs, has resulted in many office and commercial buildings being well sealed. Seldom are upgrades made to the ventilation system. The result is that workers in these buildings breathe a toxic soup. The toxic soup made up of moulds and fungi, chemicals off gassing from synthetic carpets and synthetic wood shelving, cleaning solvents, ozone from photocopiers, laser printers and many other

sources. This toxic soup overwhelms the body's defences resulting in illness.

Toxic moulds can thrive in structures with poor ventilation and humid conditions. This has become a major concern for education workers where government cutbacks have resulted in portable classrooms designed for temporary use being used for many years.

Poor indoor air quality causes more than a few headaches and fatigue. It has been linked to the development of respiratory problems, workers becoming sensitized to many substances (multiple chemical sensitivity) and miscarriages.

Advances in technology introduce new hazards for workers. The use of computers, fax machines, printers, etc., has introduced a hazard that workers cannot see, feel or smell. It is the electromagnetic field (EMF) generated by electrically operated devices now surrounding many workers. Evidence is mounting that exposure to these energy fields causes health problems in the workers exposed. The main concern is the development of cancer, primarily breast cancer (of both sexes).

The best estimate that researchers have come up with is that less than five % of workers who die from diseases caused in whole, or in part, by occupational exposures have actually been recognized as having occupational disease.

WORKPLACE INDUCED CANCER

By 1996, approximately 300,000 Ontarians had contracted cancer and close to half will die from this disease. In the 1930s, one in ten Canadians contracted cancer; in the 1970s, this increased to one in five. Today, one in three Canadians risk cancer. If we include non-melanoma skin cancers, then one in two Canadians are at risk of developing cancer over the course of their lifetime.

Research has shown that cancer is largely a disease of industrialization and, therefore, preventable. In the 1800s and early 1900s, physicians who were providing health care to indigenous populations, as yet untouched by modern civilization, reported on the almost entire absence or infrequency of cancer in these populations. Medical missionaries who worked with these populations for decades at a time reported malignant disease as extremely rare. Some would see one or two cases during the years that they serviced the population. Some reported seeing no cancer among the population at all.

Estimates regarding the number of cancer deaths attributable to workplace exposures vary greatly. Researchers who act as apologists to the corporations argue less than 5 % are related to occupation. Research done by the National Institute of Occupational Health and Safety and the National Institute of Environment Health Sciences in the U.S. estimated that between 20 to 40 % of all cancer is related to occupation.

Closer to home, Cancer Care Ontario has estimated that workplace exposure is accountable for nine percent of cancer deaths in Ontario. In 1998, there were 23,100 cancer deaths in Ontario. If the nine % figure were to be accepted, then 2,079 working people died prematurely last year from cancer as a result of their exposures at work. At 20 %, this becomes 4,620 and, at 40 %, this would mean that 9,240 workers died of cancer in 1998 as a result of their workplace exposure to toxic substances. These figures do not consider those workers who contracted cancer but survived the disease, nor does it consider the number of workers who have died as a result of other diseases.

Ontario's Workplace Safety & Insurance Board allowed a total of 119 fatal claims for all diseases in 1998. There were only 217 fatal claims for all types of disease made to the WSIB in 1998.

Clearly, there is a gross discrepancy between even the most conservative estimates for occupational cancer deaths in Ontario and the number of fatal disease claims filed with the WSIB.

Research has proven 24 substances to be human lung carcinogens. Out of this number, 23 of the substances have been proven to cause lung cancer as a result of studies on the workers who were exposed to them. Of all the substances now known to cause cancer in humans, more than half were discovered as a result of the studies on the workers who worked with the substances. Despite this track record, the cancer establishment pays little attention to the contribution of occupational exposures to cancer, nor do they provide resources of any significance for research into occupational links with cancer. No effort is being made by the cancer establishment to deal with primary prevention of cancer from occupational causes.

The National Cancer Institute of Canada does not provide specific information as to what percentage of their cancer research budget is spent on research into occupational cancer (not even on request). The best estimate is that one half of 1 % of their total research budget goes towards researching occupational cancer.

Work by Dr. Samuel Epstein, an international authority on the toxic and carcinogenic effects of environmental pollutants in the air, water and the workplace, reveals why the war against cancer is not being won. It is not being won because those given the sacred trust to lead the battle have failed to engage the enemy, the carcinogens themselves.

In his book, *'The Politics of Cancer Revisited'*, Dr. Epstein exposed:

- The industrial apologists in the research community who developed lifestyle theories in an attempt to blame the victims of cancer. These theories also trivialize the contribution of carcinogens in our communities,

workplaces, as well as the very food we eat, to the increasing rate of cancer. These theories protect those corporations who profit from the production and sale of known or suspected cancer causing substances.

- The heavy influence that the drug companies and other corporations have on the policies and research direction of the Cancer Society and National Cancer Institute. Senior executives move from jobs between organizations entrusted to lead the battle against cancer and those who profit from the development and sale of cancer detection and treatment or the development and sale of carcinogens.
- Efforts by the National Cancer Institute and the Cancer Society to mislead and confuse the government and the public occur in two important areas, the first being that great effort and resources are being put into cancer prevention when it is not true. The second is that the war on cancer is being won when, in fact, the situation has worsened.
- The violation of the sacred trust in the name of profits and the fact that thousands of innocent people are paying for that violation with their lives.

The scandal that is beginning to brew as a result of the work of Dr. Epstein and others is reminiscent of the Canadian Red Cross tainted blood scandal. There too a sacred trust was violated and innocent people paid for it with their lives.

Through individual personal action and political action, decision-makers in that case were held accountable for their lack of action which resulted in many deaths that could have been prevented.

Changes happened because people had the courage to take on a powerful and respected organization. They shouted loudly and clearly

that the organization's disregard for public health and indifference for the suffering that resulted was wrong and would not be tolerated.

Dr. Epstein and a growing number of doctors, researchers and other professionals frustrated with the Cancer Society's inaction are now calling for an economic boycott of the Cancer Society.

REPETITIVE STRAIN INJURY

The incidence of repetitive strain injuries (RSI) is a massive problem that crosses all sectors and continues to grow. Unlike many other chronic conditions that result from ongoing exposure, its latency period is much shorter. Therefore, it is much easier to demonstrate cause and effect.

A leading North American automotive manufacturer has revealed that, on average, each of its ergonomic problems affects four people, costs almost \$6,000.00 and twenty weeks to correct.

Other auto industry manufacturers have revealed that, where they have considered ergonomic issues in designing the job and how the product is made, ergonomic hazards are eliminated before they are a problem. This has often meant that the job design is done right the first time with little or no cost to the employer.

Corporations are donating used and, in some cases, new computer terminals to high schools. Little regard is made for proper ergonomic set-up or the possible concentration of electromagnetic fields. Students can leave the school system already at risk of RSI and pre-exposed to EMF as a result.

Labelling of these computers should be mandatory, advising all users of computers in the proper set-up of the workstation so as to reduce the risks of RSI and EMF.

Present health and safety legislation was developed at a time before repetitive strain injuries and ergonomics were the problem they are today. Up-to-date legislation around the issue of ergonomics is needed to require employers to protect workers from injury. However, the struggle for up-to-date ergonomic legislation faces fierce industry opposition.

BEYOND THE WORKPLACE

The spread of toxins are not stopped at the employer's door. Toxic substances are often unknowingly brought home, exposing members of the worker's family. There are known cases where spouses and children of asbestos workers have died as a result of contracting mesothelioma. The only known cause of mesothelioma, a cancer of the lining around the lungs, is inhalation of asbestos fibres.

In addition, many substances affect the reproductive outcomes of workers and their spouses. These outcomes include visible birth defects, learning disabilities, or problems with social integration.

For women workers, even after delivering a healthy baby, there is the issue of breast milk contamination. Some toxic substances are stored by the body in the tissues of a woman that are used to produce milk. These contaminates then concentrate in the breast milk. In the case of the environmental contaminant, dioxin, the average breast-fed baby receives its total recommended maximum lifetime dose of dioxin in the first six months of its life.

FULL COMPENSATION FOR ALL VICTIMS

There are thousands of workers in the service sector, such as the banking and insurance industries, who are completely excluded from the workers' compensation system. Their injuries and illnesses are not even part of the compensation

statistics. When these workers become ill or develop a repetitive strain injury, their options are usually to remain quiet and continue to work in pain, try to obtain sick leave or lose their jobs altogether. Some of these employers, such as the banks, are even excluded from the requirement to have joint health and safety committees who can deal with prevention.

There is mounting evidence of the exposures workers suffer at work causing disease in the family members. These family members are not entitled to compensation benefits, but unlike workers, still maintain the right to sue. Families who seek to obtain justice and compensation through the court system could easily expect a lawsuit to drag on for a decade.

An alternative can be found in the 1984 *Report of the Royal Commission on the Use of Asbestos in Ontario*. The Commission recognized that family members were developing diseases as a result of exposure from the asbestos brought home on the work clothes of asbestos workers.

The Commission recommended that the WCB legislation be amended to:

“entitle individuals who contract mesothelioma, and are family members of asbestos workers who were domiciled with these workers at the time such workers were occupationally exposed to asbestos, to the same compensation benefits as the Act accords to employees; and

invest in the Workers' Compensation Board a statutory right to recover the cost of benefits paid to a family member of an asbestos worker from the employer of the worker.”

The government did not act on this recommendation. As a result, the corporations have not been held to pay for the suffering caused by them.

PRECAUTIONARY PRINCIPLE

The precautionary principle is an approach to eliminating hazards before they cause harm. Simply put, the philosophy behind precautionary principle reads, *“when an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically”*.

The precautionary principle has been used internationally, primarily around issues of environmental concern. One of the most important times the principle was used was at the 1992 United Nations Conference on Environment and Development. The precautionary principle was incorporated into a declaration passed at the conference which stated:

“In order to protect the environment, the precautionary approach shall be widely applied by states according to their capabilities. Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost effective measures to prevent environmental degradation.”

The principle of precautionary action has four parts:

- People have a duty to take action to prevent harm before it happens. If there is a reasonable suspicion that something bad may happen, then there is an obligation to try to prevent it.
- The burden of proof of harmlessness of a new technology, process, activity, or chemical lies with those who wish to use or introduce it, not with the general public.

- Before using a new technology, process, or chemical, or starting a new activity, people have an obligation to examine a full range of alternatives including the alternative of doing nothing.
- Decisions applying the precautionary principle must be opened, informed, and democratic and must also include affected parties.

The precautionary principle is not really new. The essence of the principle is captured in common sense aphorisms such as *“an ounce of prevention is worth a pound of cure”*, *“better safe than sorry,”* and *“look before you leap”*. These were the thoughts of public health officials in the 1920s when the petrochemical and automobile corporations announced they were going to start putting lead into gasoline. Public health officials argued that this should be delayed and possible repercussions studied. The corporations argued that, in the absence of convincing evidence of widespread harm, they had the right to proceed. In the end, the corporations won out and this set the standard for corporate behaviour for the next fifty plus years. Industrial chemicals were given the equivalent of civil rights where they were treated as innocent until proven guilty. In the face of scientific uncertainty, corporations have been allowed to proceed with dangerous activities until sufficient evidence has been gathered requiring those corporations to implement control measures. Millions of people and our environment have suffered as a result.

In conducting general research, scientists have defined scientific certainty as being 95 % sure that cause and effect have been correctly identified. Corporations have taken this research principle and demanded scientific certainty before controls should be implemented. Even when the evidence has become clear, they try to roadblock implementation of controls by arguing economic or technical feasibility. The corporations have even committed job blackmail by threatening job loss if protective requirements are made

mandatory. They have twisted a research principle and use it as a weapon when health and safety or community activists are arguing that a chemical or process being used may be dangerous and are demanding that precautions be taken.

Parents do not need to know with 95 % certainty that their child is going to be hit by a car when they tell the child do not play in the street. They just need to know there is a reasonable danger to that child. We, as a society, need to take precautionary action for prevention to keep people out of harm's way.

While this principle has primarily been used internationally around environmental health issues, other groups are adopting this philosophy to protect the health of workers. In 1996, the American Public Health Association passed a resolution entitled, "*The Precautionary Principle and Chemical Exposure Standards for the Workplace*". This resolution recognized the need for implementing the precautionary approach, including the shifting of burdens of proof of every chemical considered potentially dangerous, until the extent of its toxicity is sufficiently known, and the establishment of strict, preventive chemical exposure limits.

ENFORCEMENT AND REGULATION

For two decades now, workers' three key rights in occupational health and safety have been the right to know, the right to participate and the right to refuse. These rights have been seen by many within the business community as interference with what they see as their right to act as they please with their business operations. Industry associations work at the political level to lobby the government to water down these rights. At the same time, individual employers attempt to marginalise the individual worker's ability to exercise those rights. For workers who do not belong to a union, these rights exist only on paper. They get only what information the employer chooses to provide. They participate in health and

safety issues only as far as the employer will allow. Exercising the right to refuse often means instant dismissal for these workers. The right to know is hindered by an employer's unwillingness to reveal information. Detrimental occupational health information is sometimes kept hidden from workers. Research paid for by employers often comes with a secrecy requirement that the researcher not release any information or results without permission.

The right to participate often becomes little more than an information gathering session with the employer advising the workers of the decision they have already made and calling this consultation. Joint health and safety committees can only recommend, there is no obligation on the employer to implement the recommendations.

The right to refuse means little to many workers, as there is little real protection from employer retaliation. In addition, only the worker actually exercising their right to refuse, has their income protected for the duration of the refusal.

In some cases, an individual exercising their right to refuse affects the jobs of other workers. These workers have no income protection if another worker exercises his/her right to refuse. This places an enormous burden on an individual worker who must decide whether or not to risk injury by continuing to work or seeing a number of their co-workers sent home without pay.

A limited right to act was introduced under Bill 208. This was limited to a bilateral agreement to shut down dangerous work for certified members of joint health and safety committees. This has no application to the vast majority of workplaces which do not meet the current requirements to establish a joint health and safety committee.

Workers continue to be killed, maimed and poisoned in unacceptable numbers. Family members also suffer as a result of workplace hazards. Occupational exposure limits are grossly

out of date and not based on long-term health effects. Out of the 70,000 plus substances in commercial use, there is legislation which requires the employer to conduct an assessment and implement control measures for just 11 substances.

Unlike the federal jurisdiction, there are no provisions for mandatory substitution of toxic substances. The province of Quebec has had legislation for the last 20 years which provides for protective reassignment for pregnant or breast-feeding workers. The legislation requires an elimination of the hazards, not simply a reduction. Otherwise, the worker is eligible for workers' compensation.

To deliberately endanger is violence against a person and must be treated as an act of violence. Employer gross negligence that leads to injury, illness or death must be dealt with under criminal law. Such incidents should be handed over for police investigation and Crown prosecution.

Ontario's health and safety legislation places a vague duty on the employer to maintain a safe workplace. The legislation is structured to reduce hazards after they have been introduced into the workplace by the employer. The language of the *Occupational Health and Safety Act* was written with the traditional hazards in manufacturing, mining and construction in mind. Workers and their representatives have had difficulty getting non-traditional workplace hazards recognized and dealt with through this legislation. Issues such as ergonomics, understaffing, violence, indoor air quality, workplace harassment and stress are not properly addressed.

As inadequate as the present legislation is, getting what already exists enforced is often an uphill battle. While Ministry of Labour officials play with and pad the statistics to keep the numbers up, workers are finding it increasingly difficult to get the Ministry to respond to concerns, work refusals, and critical injury investigations. In

Northern Ontario, inspectors are sometimes unable to respond to concerns because of budget restrictions for travel. Issues that should be addressed by an inspector's visit are being discussed over the phone and being counted in the statistics as if it were a field visit.

In 1994, the Ontario Federation of Labour (OFL) and its affiliates developed a discussion paper entitled "*Labour's Program for an Effective Enforcement System*". This program lays out what the affiliates had expressed as the major problems with Ontario's occupational health and safety enforcement system, as well as the Ministry of Labour's administrative policy, commonly known as the Internal Responsibility System.

This program was adopted as part of the Federation's health and safety policy at its 1997 convention.

The program's key points spell out:

- ☞ Labour's position calling for strict enforcement rather than facilitation by the inspectorate-based on a number of principles of enforcement to guide the behaviour of inspectors;
- ☞ The provision of more effective enforcement tools for inspectors, such as the institution of civil administrative penalties as a supplement to criminal court prosecution of employers who violate the law;
- ☞ Labour's vision of an internal responsibility system, with resources and real decision-making power for joint committees, and
- ☞ The gaps in regulatory protection that need to be addressed such as protective exposure limits, ergonomic regulations, indoor air quality, violence and sector specific regulations.

Labour needs to continue the struggle for our vision of an effective occupational health and

safety enforcement system. This paper is intended to build on the health and safety regulation and enforcement issues covered under the 1997 health and safety/workers' compensation convention policy paper "*Prevent, Protect, Compensate*" and the companion document, "*Labour's Program for an Effective Enforcement System*".

CONCLUSION

Changes need to be made to reduce the carnage and the suffering. Improvements will not be made through quiet discussion. Improvements will be driven through upheaval. Only when the public light shines on the true extent of occupational disease, will those in positions of power be pressured into action.

To do this, a combination of workplace and community action needs to take place. Public attention needs to focus on what is really occurring in our workplaces and communities. Once this occurs, political pressure can be brought to bear to drive changes. Legislative changes could include:

- ☞ the right of workers to act;
- ☞ decision-making powers for joint health and safety committees;
- ☞ a precautionary action approach to the introduction of new hazards;
- ☞ lower exposure limits;
- ☞ mandatory substitution for toxic substances currently in use, and
- ☞ better enforcement of current laws.

Workers need proper training in the health hazards they and their family face as a result of the toxic substances in their workplaces. They also need to be trained as to the protective measures that should be implemented to protect their health. High school students also need training in occupational health and safety so they are aware of workplace hazards, their rights as workers and their employer's duty to maintain a safe workplace. There should be an obligation on

school boards to protect students from hazardous substances, physical agents or poor ergonomic design of computer stations.

These actions will place a greater demand on the resources of the Occupational Health Clinics for Ontario Workers (OHCOW) and the Workers Health and Safety Centre (WHSC). They will need additional funding and staff in order to respond to the demands created.

These actions will also create a greater interest and demand for more research into occupational disease and the effect of toxins on family members. This will also lead to other agencies taking the issue more seriously and, hopefully, convince the medical community and cancer treatment centres to collect occupational information from patients.

Occupational disease occurs largely unseen and in silence but the occurrence is massive. We need only to scratch the surface to begin to uncover the true extent of its existence. The events in Sarnia have taught us this. Occupational disease is a ticking time bomb for the workers whose health has been compromised, for the politicians who will be forced to deal with the fallout and for those officials in positions of trust who knew what was happening and chose to do nothing.

ACTION PLAN

The Ontario Federation of Labour, in cooperation with its affiliates and social partners, will work to advance the principles contained in this paper which builds on the OFL's 1997 policy paper "*Prevent, Protect, Compensate*". Action is needed to move the issue of occupational disease up on the political agenda to pressure the government, as well as other agencies, to properly address the issues and concerns.

1. The OFL and its affiliates will organize a public awareness campaign around occupational disease.

2. Lobby for government action on regulatory changes for reduced exposure limits, mandatory substitution of toxic substances, stronger enforcement, a Royal Commission into the incidence of occupational disease and real health protection for construction workers.
3. Lobby for full compensation coverage for all victims, including those presently excluded as well as the secondary victims of occupational disease.
4. Lobby the government for physician education programs on occupational health.
5. Lobby for the establishment of an occupational disease data base which will record the occupational histories of occupational disease victims.
6. Build coalitions with community and victim/survivor groups as well as work with political partners to generate greater public awareness into the extent and impact of occupational disease.
7. Demand Coroner's Inquests into occupational disease deaths.
8. Lobby for better funding for OHCOW and WHSC.
9. Lobby for legislative changes to include the precautionary principle approach to the introduction of new substances, processes or job designs into a workplace.
10. The OFL and affiliated unions encourage and provide support to labour councils to hold a Day of Mourning event in their community with the goal of ensuring that every labour council organizes an event recognizing the Day of Mourning in their community.

SUMMARY

1. The overwhelming majority of occupational exposure limits here in Ontario were established 15 to 40 years ago. These limits were set based on what the average healthy male worker could acutely tolerate. Little or no regard was made for the risks of long-term damage to the health of workers or reproductive health effects. The overwhelming lack of data on the health effects of industrial chemicals has been reported time and again over the years. Industry can introduce chemicals into the workplace and the burden is placed on society to demonstrate that these substances cause harm, rather than requiring industry to demonstrate that these substances are safe before introducing them into the workplace and, in the end, our environment. For too many years, workers have had to count the tombstones of their fallen sisters and brothers and use that information to gain improvements in prevention. The onus for proving the existence of most occupational diseases rests with the individual worker or surviving family members. Except for rare situations, the struggle to gain recognition for occupational diseases has been done one case, one worker and one grieving family at a time.
2. The medical and cancer establishments spend a great deal of time gathering information related to lifestyle and genetics, rarely is occupational history information collected from patients. This has resulted in a wealth of information the researchers can draw on to conclude that lifestyle or genetics are the cause of the disease. The lack of occupational history data creates a bias in the research as to the causes of cancer. The majority of research conducted on possible health effects due to occupational exposures looks at male workers (usually white males). Efforts by labour and community activists in the Sarnia area have been uncovering literally hundreds of workers suffering from occupational diseases. What has occurred in Sarnia is not unique. There are many other “Sarnias” across Ontario. The best estimate that researchers have come up with is that less than five % of workers who die from diseases, caused in whole or in part by occupational exposures, have actually been recognized as having occupational disease.
3. Estimates regarding the number of cancer deaths attributable to workplace exposures vary greatly. Research done by the National Institute of Occupational Health and Safety and the National Institute of Environment Health Sciences in the U.S. estimated that between 20 to 40 % of all cancer is related to occupation. Closer to home, Cancer Care Ontario has estimated that workplace exposure is accountable for nine % of cancer deaths in Ontario. In 1998, there were 23,100 cancer deaths in Ontario. If the 9 % figure were to be accepted, then 2,079 working people died prematurely last year from cancer as a result of their exposures at work. There were only 217 fatal claims for all types of disease made to the Workplace Safety & Insurance Board in 1998. Clearly, there is a gross discrepancy between even the most conservative estimates for occupational cancer deaths in Ontario and the number of fatal disease claims filed with the WSIB. Work by Dr. Samuel Epstein, an international authority on the toxic and carcinogenic effects of environmental pollutants in the air, water and the workplace, reveals why the war against cancer is not being won. The scandal that is beginning to brew, as a result of the work of Dr. Epstein and others, is reminiscent of the Canadian Red Cross tainted blood scandal. There too a sacred trust was violated and innocent people paid for it with their lives. Dr. Epstein and a growing number of doctors,

researchers and other professionals frustrated with the Cancer Society's inaction are now calling for an economic boycott of the Cancer Society.

4. The incidence of repetitive strain injuries (RSI) is a massive problem that crosses all sectors and continues to grow. Auto industry manufacturers have revealed that, where they have considered ergonomic issues in designing the job and how the product is made, ergonomic hazards are eliminated before they are a problem. This has often meant that the job design is done right the first time, with a little or no cost to the employer. Present health and safety legislation was developed at a time before repetitive strain injuries and ergonomics were the problem they are today.
5. The spread of toxins are not stopped at the employer's door. Toxic substances are often unknowingly brought home exposing members of the worker's family. In addition, many substances affect the reproductive outcomes of workers and their spouses. For women workers, even after delivering a healthy baby, there is the issue of breast milk contamination.
6. There are thousands of workers in the service sector, such as the banking and insurance industries, who are completely excluded from the workers' compensation system. The 1984 *Royal Commission on the Use of Asbestos in Ontario* recognized that family members were developing diseases as a result of exposure from the asbestos brought home on the work clothes of asbestos workers. The Commission recommended that family members of asbestos workers who develop mesothelioma should be entitled to compensation and that the benefits paid should be collected from the employers.
7. The precautionary principle is an approach to eliminating hazards before they cause harm. Simply put, the philosophy behind precautionary principle reads, "*when an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically.*" In the face of scientific uncertainty, corporations have been allowed to proceed with dangerous activities until sufficient evidence has been gathered requiring those corporations to implement control measures.
8. For two decades now, workers' three key rights in occupational health and safety have been the right to know, the right to participate and the right to refuse. Industry associations work at the political level to lobby the government to water down these rights. At the same time, individual employers attempt to marginalise the individual worker's ability to exercise those rights. In 1994, the Ontario Federation of Labour and its affiliates developed a discussion paper entitled "*Labour's Program for an Effective Enforcement System*". This program lays out what the affiliates had expressed as the major problems with Ontario's occupational health and safety enforcement system, as well as the Ministry of Labour's administrative policy, commonly known as the Internal Responsibility System. This program was adopted as part of the Federation's health and safety policy at its 1997 convention. This paper is intended to build on the health and safety regulations and enforcement issues covered under the 1997 health and safety/workers' compensation convention policy paper "*Prevent, Protect, Compensate*" and the companion document, "*Labour's Program for an Effective Enforcement System*".

ACTION PLAN

The Ontario Federation of Labour, in cooperation with its affiliates and social partners, will work to advance the principles contained in this paper which builds on the OFL's 1997 policy paper "*Prevent, Protect, Compensate*". Action is needed to move the issue of occupational disease up on the political agenda to pressure the government, as well as other agencies, to properly address the issues and concerns.

1. The OFL and its affiliates will organize a public awareness campaign around occupational disease.
2. Lobby for government action on regulatory changes for reduced exposure limits, mandatory substitution of toxic substances, stronger enforcement, a Royal Commission into the incidence of occupational disease and real health protection for construction workers.
3. Lobby for full compensation coverage for all victims, including those presently excluded as well as the secondary victims of occupational disease.
4. Lobby the government for physician education programs on occupational health.
5. Lobby for the establishment of an occupational disease data base which will record the occupational histories of occupational disease victims.
6. Build coalitions with community and victim/survivor groups as well as work with political partners to generate greater public awareness into the extent and impact of occupational disease.

7. Demand Coroner's Inquests into occupational disease deaths.
8. Lobby for better funding for OHCOW and WHSC.
9. Lobby for legislative changes to include the precautionary principle approach to the introduction of new substances, processes or job designs into a workplace.
10. The OFL and affiliated unions encourage and provide support to labour councils to hold a Day of Mourning event in their community with the goal of ensuring that every labour council organizes an event recognizing the Day of Mourning in their community.

opeiu343