

Peterborough Occupational Disease Coalition

In mid September 2005, following a call from the Peterborough and District Labour Council, thirty-two labour leaders representing all of the major unions in Peterborough met to discuss the issue of occupational disease as a public health issue in our community.

It was agreed that a coalition be formed comprised of labour, community members, and environmentalists to pursue the development of a Comprehensive Occupational and Environmental Health Plan for Peterborough City and County.

Previously, in April 2005, a presentation had been made to the Peterborough County City Health Unit on behalf of CAW workers and the community, endorsing and supporting the decision of Peterborough County City Health Unit (PCCHU) to recognize occupational disease as a public health issue. Concerns were raised regarding representation for workers with occupational disease; the need for a defined role for the Occupational Health Clinic for Ontario Workers (OHCOW); the need for a clear plan of education and information; and the need for adequate funding.

CAW's proposal called for a committee to be established by the PCCHU, and to include representatives from the major unions in Peterborough and the Office of the Worker Advisor to participate in the planning of the project, and that PCCHU support a call for funding from the WSIB for the Peterborough project of the OCHOW.

A letter was also sent to **Dr. Sheela Basrur, Chief Medical Officer of Health, MOHLTC** in August 2005. Concerns were identified regarding the group developing protocols for assessing workers who have been exposed to asbestos and beryllium.

"It is difficult to offer specifics, as we don't know what has been considered and what the mandate of the committee is. ...we don't believe that mass screening (particularly limited to two exposures) is sufficient to address the issue of occupational disease in Peterborough. We feel that the initiative should be tied to broader concerns such as prevention, environmental illness and health care.

Unfortunately we feel on the outside of this process. Though we have good relations with the Ministry of Labour and the WSIB, we had not, until recently (and after asking), been made aware of some of the developments with regard to the working group. We did not know which ministry is leading the process. Our understanding now is that the MOHLTC is the lead on these developments."

Although a request to meet with Dr. Basrur was made, no response from her office has been received to date.

A letter to **Deputy Reeve Madeline Pearson, Chairperson of the Board of PCCHU** was sent in October expressing our concern that the labour movement has not been

consulted for input regarding the PCCHU's plan and process, as we do not believe it adequately addresses the concerns of the community. A meeting was requested.

Deputy Reeve Pearson replied that the Board of Health has undertaken to have physicians in our area consider occupational disease as a possible cause of their client's illness. She also advised that *"it is the responsibility of the Ministry of Labour, Industrial Health Division and not the Board of Health to respond regarding the issue of workplace exposure to toxins."*

Although she refused our request to meet, Dr. Gary Humphries, Medical Officer of Health did agree to meet with us.

OHCOW came to Peterborough in December 2005 and reported on the Peterborough Intake Clinics from October 2004. It is clear that something is amiss in Peterborough and these issues need to be addressed. In heavy industrial communities 3 out of 4 cancers are industry related. At that time half of intake clinic from G.E. still needed to be complete. 400 cases had been assessed, and approximately half of these are proceeding to file claims.

Dr. Kerin from OHCOW met with doctors in Peterborough and he was well received. Recognized clinical fallout is huge. Lack of family doctors in Peterborough is a big problem. Through the PCCHU an occupational nurse was hired for three months to meet with family doctors to educate them on occupational disease – signs and symptoms related to exposure to toxins in the local workplaces.

Recommendations:

- A process be developed with input from the community. Attention to existing asbestos – properly wrapped, regularly inspected.
- Other workplaces be investigated in our community – Pioneer Chainsaw, OBM, Westclox, Telco, Fishercast, Lakefield Research.
- A proper hydrological survey in Peterborough and area needs to be done. Environmental Commissioner should be invited.
- A clinic in Eastern Ontario must be established – there is too much disease here for this to be managed out of Toronto.

Health Protection and Promotion Act, R.S.O. 1990

11.(1) Where a complaint is made to a board of health or a medical officer of health that a health hazard related to occupational or environmental health exists in the health unit served by the board of health or the medical officer of health, the medical officer of health shall notify the ministry of the Government of Ontario that has primary responsibility in the matter and, in consultation with the ministry, the medical officer of health shall investigate the complaint to determine whether the health hazard exists or does not exist. R.S.O.,c.H.7,s.11(1).

Dr. Garry Humphreys, Medical Officer of Health for PCCHU, also attended the December 5th meeting. He stated he is constrained by the Ministry of Labour Act. He reported on his efforts to provide education to doctors in response to Dr. Kerins' concerns, and obtained funding for the occupational health nurse to develop a package of information and to visit every doctor. This encourages doctors to do more investigation of patient's condition. Doctors are now aware of the need to ask where a patient works and to conduct appropriate occupational screening, ie use of protective clothing, what chemicals are in the workplace, etc.

He identified restrictions in legislation ie. Monitoring of PCB's by Ministry of Environment. We need to clarify the interpretation of the Act. Dr. Humphreys advised he would write other ministries to clarify. The community needs a final report from the Ministry of Environment. However, Ministry of Labour holds control. Need more epidemiological investigation. Cancer Care Ontario can break down stats to regional/geographical. Exposures take a long time to show up as an illness; if leakage longterm – PCCHU mandate, if shortterm – Ministry of Environment's mandate.

At this point we have decided to organize a workshop as a means of developing a comprehensive plan for the community, and educating the community and workers on this issue of occupational disease as a public health issue. We hope to expand the coalition as well. A steering committee was established.

WORKSHOP Friday night April 20 and Saturday April 21. 2007
 SSFC, Brealey Drive Campus
 Keynote speaker on Friday night

Workshops on Elimination, WSIB, Health Care, Prevention, Cleanup.
Plenary to summarize – development of Occupational and
Environmental Health Plan for County/City Peterborough

Other Tasks: Develop polluters' list, develop map (right to know), stats on cancer cases in Peterborough, include other groups with similar interests. Toronto Cancer Prevention Coalition has offered to assist us with this task.

Occupational disease is a public health issue. In Peterborough and County we have enough history of exposure identified to know that it is a problem in this community. A comprehensive occupational and environmental health plan needs to identify and initiate a process. The labour movement and the community must be included in the development of the plan. Members of our community have a right to know what is in the environment they live and work in.

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Chair, Peterborough Occupational Disease Coalition