



Ontario Professional Fire Fighters Association

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Ontario Fire Fighters Applaud New Presumptive Regulations

TORONTO – Ontario’s professional fire fighters applaud today’s announcement from Premier Wynne and Ministers Flynn and Naqvi which adds 6 new cancers to the list of diseases presumed to be job-related for the purpose of WSIB benefits.

Mark McKinnon, president of the Ontario Professional Fire Fighters Association (OPFFA), said that he is grateful that the government recognized the frightening reality that fire fighters are exposed to countless toxic substances in the course of their duties.

“Even with the best protection available, fire fighters are exposed to cancer-causing toxins from chemicals and plastics through the air and their skin,” McKinnon said. “Today’s announcement will allow fire fighters and their families to focus on getting better instead of on struggling to get WSIB benefits for an illness that could have been contracted years earlier.”

The government announcement builds on presumptive legislation passed in 2007 that deemed brain, bladder, kidney, urethra, oesophageal, and colorectal cancers, Non-Hodgkin’s lymphoma, leukemia, and heart injury within 24 hours after fighting a fire to be occupational in fire fighters.

It also recognizes that fire fighters have a dangerous job that can have many different consequences, sometimes lasting years.

“We thank the Ontario government – Premier Wynne and Ministers Flynn and Naqvi in particular – for their efforts on our behalf,” said McKinnon. “When we first started advocating for this change, we said that our message to all Ontarians is: ‘We protect your families. Please protect ours.’ It is clear that this government heard our message.”

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**BACKGROUNDER:
PRESUMPTIVE LEGISLATION FOR
FIREFIGHTING-RELATED OCCUPATIONAL DISEASES**

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Firefighters face a wide variety of hazards while carrying out the occupational requirement of saving lives and reducing property damage. Firefighters are routinely exposed to burning chemicals and other toxins in the course of protecting the lives and property of fellow citizens.

It is fact that, even with the best respiratory practices and protective equipment, exposures will continue to occur due to absorption through the skin once a firefighter has become soaked during fire suppression activities. The concentration of chemicals in today's materials is much higher than in the past due to increased use of composite materials.

Epidemiological, medical and scientific studies conclusively demonstrate an increased rate of diseases such as cancer in the firefighter population versus the general population. These studies show a statistically significant increase that cannot be explained by chance alone. The medical evidence shows that firefighters have anywhere from two to four times the risk of cancers compared to the general population. If you factor in the "healthy worker effect," which means firefighters are a healthier study group compared to the general public, the rates are even higher.

CURRENT STATUS:

In May, 2007, the Ontario Government passed Bill 221. This legislation permitted the Minister of Labour to create or amend regulations that outline occupational diseases presumed to have been contracted by professional, part-time, volunteer and forest firefighters. In June, 2007, regulations were enacted that covered eight cancers and heart disease (see chart on page 2) retroactive to January 1, 1960.

The majority of provincial and territorial jurisdictions across Canada have recognized that firefighters are at increased risk for certain cancers and heart injuries. The chart below shows how Ontario compares to other jurisdictions across Canada.

The OPFFA has identified six cancers that need to be included within the regulations with respect to the legislation. These are:

- lung cancer
- multiple myeloma
- breast cancer
- testicular cancer
- skin cancer
- prostate cancer

Since May, 2007, several jurisdictions have passed legislation recognizing that firefighters are at greater risk of contracting these forms of cancer due to the hazards of their occupation. The

epidemiological and medical science provides strong evidence that firefighters are at greater risk for these cancers.

Occupational Illness	BC	AB	SK	MB	ON	NB	NS	NT	YT	NU
Brain Cancer	10 yrs	10 yrs	10 yrs	10 yrs	10 yrs	10 yrs	10 yrs	10 yrs	10 yrs	10 yrs
Bladder Cancer	15 yrs	15 yrs	15 yrs	15 yrs	15 yrs	15 yrs	15 yrs		15 yrs	
Kidney Cancer	20 yrs	20 yrs	20 yrs	20 yrs	20 yrs	20 yrs	20 yrs		20 yrs	
Colorectal Cancer	20 yrs	20 yrs	15 yrs	15 yrs	10 yrs*	20 yrs		15 yrs	15 yrs	15 yrs
Colon Cancer		20 yrs					20 yrs			
Non-Hodgkin's Lymphoma	20 yrs	20 yrs	20 yrs	20 yrs	20 yrs	20 yrs	20 yrs	20 yrs	20 yrs	20 yrs
Leukemia	5 yrs	5 yrs	5 yrs	5 yrs	15 yrs	5 yrs	5 yrs	5 yrs	5 yrs	5 yrs
Ureter Cancer	15 yrs	15 yrs	15 yrs	15 yrs	15 yrs	15 yrs			15 yrs	
Testicular Cancer	20 yrs	20 yrs	20 yrs	10 yrs		20 yrs		20 yrs	10 yrs	20 yrs
Lung Cancer	15 yrs*	15 yrs*	15 yrs*	15 yrs*		15 yrs*		15 yrs	15 yrs*	15 yrs
Esophageal Cancer	25 yrs	25 yrs	25 yrs	20 yrs	25 yrs	25 yrs			25 yrs	
Multiple Myeloma		15 yrs		15 yrs				15 yrs		15 yrs
Breast Cancer		10 yrs		12 yrs						
Prostate Cancer		15 yrs		15 yrs				15 yrs		15 yrs
Skin Cancer		15 yrs		15 yrs				15 yrs		15 yrs
Heart Injury	Within 24 Hours*	Within 24 Hours	Within 24 Hours	Within 24 Hours	Within 24 Hours*	Within 24 Hours		Within 24 Hours	Within 24 Hours	Within 24 Hours

* Conditions exist and can be expanded upon request.

Today's announcement, which adds these 6 cancers to the list of presumptive diseases, makes Ontario a leader in cancer and heart presumptive legislation. It will allow fire fighters and their families to focus on getting better instead of the challenges of filing an occupational disease claim well after first exposure.

PRESUMPTIVE LEGISLATION: WHY WE ASKED FOR SIX CANCERS TO BE ADDED

Unlike other occupational groups, firefighters cannot refuse to work under dangerous and hazardous conditions. As such, firefighters are exposed to a toxic soup of potential carcinogens. From smoke, firefighters are exposed to benzene; hydrogen chloride; polycyclic aromatic hydrocarbons (PAHs); chlorine; acrolein; formaldehyde; acetic acid; formic acid; oxides of nitrogen; phosgene; hydrogen cyanide; carbon monoxide; dioxins; polychlorinated biphenyls and acetaldehyde. From building materials, firefighters are exposed to asbestos and lead. Diesel exhaust exposures include polycyclic aromatic hydrocarbons (PAHs); benzo(a)pyrene; sulfur oxides. From firefighting equipment, firefighters are exposed to carbon tetrachloride and asbestos.

Firefighters are never exposed to one chemical compound alone. The health hazards of multiple carcinogenic exposures are greater than the sum of individual exposures. The proliferation of synthetic substances in the marketplace means that firefighters are increasingly exposed to new and multiple hazards and increased exposure means a higher likelihood of contracting cancer.

There are over 70 million different chemical combinations that firefighters can be exposed to over the course of their lives.

Breast Cancer

Carcinogens identified in the medical literature that are associated with an increased likelihood of a firefighter being diagnosed with breast cancer are benzene and PAHs. Firefighters are routinely exposed to benzene and PAHs and as part of their job cannot avoid coming into contact with these toxins. The medical and epidemiological evidence supports the fact that a reasonable association exists between the onset of breast cancer and exposures to PAHs and benzene. One study shows that firefighters are more than seven times more likely to be diagnosed with breast cancer than the general population. The evidence produced and analyzed by occupational physicians and epidemiologists demonstrates a reasonable association between the increased likelihood of having breast cancer and exposures to benzene and PAHs.

Multiple Myeloma

Other than race, there are no known risk factors for multiple myeloma other than occupational exposures. Exposures to the following substances increase the likelihood of being diagnosed with multiple myeloma: paints; herbicides; insecticides; engine exhausts and organic solvents especially benzene and polychlorinated biphenyls (PCBs). Firefighters are likely to be exposed to these substances thus increasing their risk of contracting multiple myeloma. Firefighters are 1.5 times more likely to be diagnosed with multiple myeloma as is the general population.

Prostate Cancer

Prostate cancer is the most common malignancy affecting men. Firefighters are 1.3 times more likely than the general population to be diagnosed with prostate cancer. There is suggestive epidemiological evidence that the increased likelihood of being diagnosed with prostate cancer is associated with exposure to pesticides, herbicides, metallic dusts, metal working fluids, PAHs, and diesel exhaust emissions.

Testicular Cancer

This form of cancer is most common in men between the ages of 20 and 34. Male firefighters are just over two times more likely than men in the general population to be diagnosed with testicular cancer. The soot and dusts from exposures can penetrate a firefighter's protective bunker gear and if lodged in the groin area can increase the risk of testicular cancer.

Skin Cancer

Firefighters' exposures to pesticides, metals, combustion by-products such as coal, PAHs, pitch and tar, PCBs and mineral oils have been shown to increase the likelihood of skin cancer. When compared to the general population, firefighters are 1.4 times more likely to be diagnosed with skin cancer.

Lung Cancer

The IAFF argues that firefighters face an increased risk of developing acute lung cancer and disease due to their exposure to asbestos. Asbestosis and mesothelioma are commonly diagnosed in firefighters because during a fire, asbestos particles from insulation, floor and ceiling tiles, pipe cement, roof shingles and plasters in older dwellings and structures can become airborne. Even when wearing protective respiratory equipment, firefighters can be exposed to asbestos particles that come through their skin and are trapped in their clothing. Non-smoking firefighters are 1.5 times more likely to be diagnosed with lung cancer and disease as are non-smokers in the general population.



An Unfair Call – The Story of Firefighter and Referee Darrell Elwood
Firefighters more prone to some cancers after exposure to smoke and toxins.

It was Christmas Day when he died. Darrell Elwood was just 50. An unfair call for a guy who was all about fair play.

Darrell started his lifelong career of saving lives, homes and businesses, as a volunteer firefighter in Kingsville, Ontario. He later joined the Windsor Fire department, where he quickly became renowned for being a happy guy – gregarious and friendly. He was meticulously organized. He was passionate about the health and safety of firefighters, and about being a referee with the Ontario Hockey League. And, he was diminutive.

“Darrell was very short in stature and he took a lot of ribbing for that, but he could give as good as he got in the good natured ribbing department,” remembers Ed Dickson, President of the Windsor Professional Firefighters Association (WPFPA).

Darrell gave in a lot of ways. He became a member of both the local joint health and safety committee with union and management members, and the committee of the Ontario Professional Fire Fighters Association. He was elected to the executive of the WPFPA, quickly moving up to secretary.

Darrel’s attention to detail in correspondence and travel arrangements meant no one ever had to worry. They knew everything was looked after.

“He was a godsend as a secretary. He made it a part time job.”

When he wasn’t working at department or association business, Darryl could be found on the ice. He was prominent in the OHL as a referee and an instructor, lending his expertise to classes and schools. Off the ice, he was a devoted husband and dad.

It was easy to tell when things started to go wrong. The guy, who never seemed to stop, suddenly slowed down. One evening, after a week of not feeling well, he started to have trouble breathing. His wife, Kelly, rushed him to hospital. They ran some tests and discovered the cancer. Multiple Myeloma.

“He may well have had it for a year before it was checked. It had already affected his organs. He had pneumonia, and his kidneys shut down.”

For over a month, Darrel was in a coma and on a respirator. His recovery period was long and complicated by his weakened state. He couldn’t even walk for a while. But he soldiered on with the treatments, and finally made it back to work, on a modified basis.

“Given his lack of strength and lung capacity, he got winded easily. He could only manage two story walk-ups. He took a position in the fire prevention division. There was a backlog of work there. He seemed to take to it well. It was about organizing and keeping proper records and that was right up his alley.”

Two years after the first attack, the cancer came back. He knew by his blood levels. He tried the three different chemo treatments for his particular disease and the cancer still came back. He knew he would have to have a ventilator, and another coma. And he knew that this time, he wouldn’t come out of it.

So he did what he did best. He made all the detailed arrangements for himself and his family. He took care of everything. Very early Christmas morning he passed away. People came from all over. He was just 50. An unfair call - for anyone.

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Darrell's son, Ian is a firefighter and on the job now. And you just know Darrell would be meticulously organizing the fight for recognition of various cancers as occupational hazards for firefighters under the Workers Safety and Insurance Board. He would fight for his son and every other firefighter, knowing all too well, that the price he paid, that his son and every other firefighter could pay, is in the insidious diseases that come in the wake of a life, saving lives.



A Lifetime of Saving Lives Comes with a High Price – The Craig Hofland Story

Firefighters more prone to some cancers after exposure to smoke and toxins.

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If anybody in the town of Innisfil, Ontario, ever had any trouble with one of their small engines, they never had to worry. They always knew that Craig, when he wasn't out on a fire call, would be happy to fix it for them. And likely, he wouldn't even charge them. It was just that way with Craig Hofland and his family. His uncle and his father had both been firefighters, too. So is his youngest brother, Darren. Maybe it's just in the blood.

There was something else in Craig's blood, though. Something found in many firefighters. A cancer with only a few known treatments. Multiple Myeloma.

Craig was a volunteer firefighter for 20 years before going full time for another 13 years. He was always recognized as a team player – and a team leader. When he wasn't working or fixing people's engines, he would be out fishing, summer and winter.

One night he was jumping out of bed to answer a fire call when he felt the pain. He thought he had pulled a muscle. It was the blood work that told the real story.

"He never smoked or drank much. He couldn't figure out why him," recalls his brother Darren Hofland.

The ordeal of the treatment was harsh.

"They crashed his system to do a stem cell transplant from his own body. They did sort of a reboot by putting the good stem cells back into him. That way they avoided having to put him on anti-rejection drugs."

While Craig fought in the hospital, his brother and colleagues at the fire station shaved their heads to show support and started fundraising to help multiple myeloma sufferers and their families. While the disease is relatively common in firefighters, it is not recognized as an occupational hazard and therefore the kind of benefits and support that would make the journey a little easier for everyone, wasn't there for Craig and his family. And it still isn't there.

Craig got better – for a while. He went back to work for about a year, before the symptoms returned. "They tried all the drugs that might work, even mixing a couple of them. That worked - for a bit. Then it stopped and he steadily went down hill. So that meant we started planning to keep him comfortable and do the things we wanted to do with him."

That was hard, in itself. Craig was the oldest of six, so he had a lot of family, and even more friends, and they all wanted to spend time with him. Exhaustion took the family over. Craig died in early August, in the middle of long, hot and dry summer.

In late fall, Darren says its still hard to go into work. His brother's locker still bears his name. Darren hasn't had the heart to clean it out, yet. And so it stands as a grim reminder for all of Craig's colleagues.

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In the meantime, the fire fighters in Innisfil continue to raise money, when they're not out on a fire call.