



To: Richmond City Council
From: Councillor Linda Barnes
Chair, Community Safety Committee
Re: **Cancer Presumption for Firefighters**

Date: June 17th, 2004
File: 05-1600-03-01/2004-
Vol 01

The Community Safety Committee, at its meeting held on June 15th, 2004, considered the attached report, and recommends as follows:

Committee Recommendation

- (1) *That the following 2003 UBCM AGM Resolution B133, recognizing cancer presumption for the fire service of British Columbia, be endorsed.*

“WHEREAS fire fighting is recognized as a hazardous occupation to the health for fire fighters;

AND WHEREAS recent medical and scientific studies show a strong association between working conditions experienced by fire fighters over time and the occurrence of certain diseases;

AND WHEREAS other provincial jurisdictions have adopted Workers’ Compensation legislation and regulations or are in the process of adopting legislation and regulations acknowledging the relationship between fire fighting and certain cancers;

THEREFORE BE IT RESOLVED that the Union of BC Municipalities lobby the government of British Columbia to have cancer presumption recognized by the Workers’ Compensation Board for the fire service of British Columbia.”

- (2) *That the Workers’ Compensation Board be requested to take the appropriate steps to include the types of cancer identified by Dr. Tee Guidotti (in his report dated March 26th, 2003, to the BC Professional Fire Fighters Association) in legislation as presumptively caused by the occupation of fire fighting without the need for further study.*

Councillor Linda Barnes, Chair
Community Safety Committee

Attach.

VARIANCE

Please note that staff recommended the following:

That Council wait for the outcome of the WCB cancer study which is anticipated within the month of June 2004.

Staff Report

Origin

On December 9th, 2003, Tim Wilkinson, President IAFF Local 1286 made a presentation to Community Safety Committee regarding Cancer Presumption legislation for Firefighters in the province of British Columbia. Mr. Wilkinson presented information with respect to the incidence of cancer in firefighters and requested that Council support presumptive cancer legislation for firefighters in British Columbia. Committee referred the issue back to staff as follows:

That staff prepare a detailed report:

- 1. outlining the terms of impact and the compelling arguments as to why the Cancer Presumption clause should be included in Provincial legislation; and*
- 2. that would include:*
 - i. a strategy that would provide the basis of a lobby;*
 - ii. the anticipated impact on the welfare of employees; and*
 - iii. a review of the policy legislation of Ontario and New Brunswick.*

Prior to the question being called i) clarification was provided that the resolution proposed by the IAFF, local 1286, was not included in the motion, and ii) that the report would be submitted to the February meeting of the Community Safety Committee.

As a result, this report has been created to provide Council with more information.

Findings Of Fact

Schedule B of the WCB Act includes several items concerning specified cancers and exposures to identified carcinogens. Although several of the cancers specified in Schedule B would be applicable to firefighters, none are specifically related to the occupation of firefighting. Cancer claims brought by firefighters have been adjudicated within the workers compensation system on an individual basis. Firefighter cancer claims ultimately accepted by the Appeal Division of the WCB involved:

- brain cancer
- melanoma
- multiple myeloma
- colon cancer (in only one out of five claims)

Since 2001, Manitoba, Alberta, Saskatchewan and Nova Scotia have enacted legislation providing firefighters who developed a number of different types of cancer with the presumptive benefit. The presumption applies where the firefighter has a specified minimum length of exposure, measured by length of exposure, along with length of service as a firefighter.

Conditions vary in each of the provinces. Cancers covered by these legislative initiatives have included:

- Brain
- Bladder
- Kidney
- Colon
- Non-Hodgkin's lymphoma
- Leukemia

In 1999, Ontario's WCB implemented "Guidelines" for the handling of brain and lymphatic cancer claims for firefighters after epidemiological studies indicated that the risk of contracting leukemia or brain cancer was so pronounced among firefighters that those cancers are now treated as a workplace injury in Ontario. Brain cancer is deemed to be a valid claim after 20 years on the job, as is leukemia for 30-year veterans. No presumptive legislation is enacted as the current claims system has been working well for these particular cancers.

New Brunswick has not passed presumptive legislation but the current provincial government is reviewing supporting, draft legislation at this time.

British Columbia's WCB Initiative

In January 2003, the WCB Board of Directors established the Occupational Disease Policy Development Committee (ODPDC). The role of the ODPDC is to review the occupational disease policies of the WCB and to make recommendations for change to the Board of Directors.

In May 2003, ODPDC identified 8 issues of priority. Issue #3 was entitled "Firefighters - Certain Cancers".

The "Firefighters - Certain Cancers" initiative has since become the Board of Directors top priority for ODPDC. The scope of the ODPDC's project will cover 10 separate cancers: Brain, bladder, kidney, colon, non-Hodgkin's lymphoma, leukemia, ureter, testicular, multiple myeloma and lung.

- ODPDC has requested the two key stakeholders (Municipalities and Firefighters) to appoint focus group representatives with respect to this project.
- ODPDC has retained a team of scientists from Cancer Care Ontario to provide the WCB with a systematic review of the literature in this area.
- The objective of this project is to provide a thorough review of the scientific evidence and consideration of the options and implications so that they can decide what action the WCB should take with respect to the relationship between the occupation of firefighting and certain cancers.
- The two stakeholder groups each have been requested to nominate a scientist to conduct a peer review of the expert report to be prepared by Cancer Care Ontario (which is

expected to be completed sometime in June 2004). The two peer reviewers will prepare a joint written report explaining the results of the peer review. The WCB anticipates that the peer review will be complete by October 15th 2004.

Analysis

Cost implications for the adoption of presumptive legislation for named cancers are very difficult to determine. The primary difference between the two models is that the non-presumptive model, once a claim is approved by the WCB, is reflected in the City of Richmond's claim experience costs. The presumptive model is funded provincially with each municipality being assessed a pro-rated cost as our share of the claims experience. The named cancers are relatively rare and thus trends and projections for future costs come down to conjecture and are therefore unverifiable. Should a municipality wish to challenge a claim (notwithstanding the presumptive status of the cancer) costs of the investigation will be borne by the municipality.

History of WCB Claims related to Firefighters and cancer

When firefighter cancer claims are denied, it is usually because there were no medical opinions in the case records connecting the worker's specific cancer to his particular work exposure to any toxin. This is often due to the fact that cancer may take 20 or more years to manifest itself and the firefighter cannot determine a particular incident(s) that lead to his cancer. As a result, evidence presented by the employee is often disputed and considered not to substantiate a causal relationship between a worker's duties and his condition. Most doctors convey an opinion on causation. WCB panels often do not give credence to evidence presented and thus cannot conclude on a balance of probabilities that the worker's duties played a role in the development of the cancer.

Currently, most firefighter claims contain a literature search of epidemiological studies related to cancer and firefighting. Cases where the claim is denied is usually due to the fact that cohort studies attempt to co-relate cancer to firefighting but are inconsistent and do not establish cause for cancer to firefighting. This is likely due to the fact that the incidence of cancers in firefighters must most often reach a threshold of two times or 100 percent more than the frequency found in the general public in order for them to be included as relevant to claim approval. Many cancers experienced by firefighters do not reach this threshold but show an alarming increase in frequency; enough to create interest in the increased prevalence but not enough to meet the approval threshold.

The IAFF contend that support of claims for cancers in firefighters should be considered in the range of 30 to 80 percent greater than that of the general public as opposed to 100 percent as the threshold presently stands.

If the merits and justification of an individual claim for such a disease warrants its recognition as an occupational disease, the Board may do so by order dealing with a specific case. There have been firefighter cancer claims that have been accepted in the province of BC.

Financial Impact

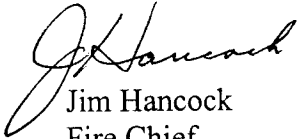
No financial impact at this time.

Conclusion

Firefighters accept that their work sites have been, and continue to be, potentially dangerous and that this may have health implications as a result of exposures to adverse conditions both physical and emotional.

As an employer, the City of Richmond has been aggressive in meeting the needs of our responders and has invested many thousands of dollars in upgrading breathing apparatus and other personal, protective clothing to improve our firefighters' margin of safety in life-threatening working environments. The likelihood of cancers continuing to manifest themselves twenty years from now should be significantly reduced as a result of these proactive measures; through our joint health and safety committee; improved training and education and a more enlightened work force.

Considering the imminent conclusion of the WCB study, it is recommended that Council wait for the outcome of the research report.



Jim Hancock
Fire Chief
(2700)

JDH:jdh