

**Recognizing a Fundamental Right:
The Community Right to Know Act,
2006**

**Submission to the Standing Committee
on the Legislative Assembly**

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**Registered Nurses' Association
of Ontario (RNAO)**



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Recommendations

RNAO urges Committee members to support Bill 164, with the following amendments:

- Include in the pollutant inventory any other data and reports that the Environmental Commissioner of Ontario deems appropriate.
- Ensure the pollutant inventory is searchable by facility or installation.

Introduction

The Registered Nurses' Association of Ontario (RNAO) is the professional organization for registered nurses who practice in all roles and sectors across Ontario. Our mandate is to advocate for healthy public policy and for the role of nursing in shaping and delivering health services. RNAO is pleased to present this submission on Bill 164, the *Community Right to Know Act, 2006*, to the Standing Committee on the Legislative Assembly.

Ontario's RNs concerns include: health promotion, disease prevention, and illness care. We must shift our health care system's orientation to wellness and prevention. This includes reducing our exposure to toxins.

More Protection for Consumers, the Environment, the Public and Emergency Workers

Bill 164 has three components:

- It would amend the *Consumer Protection Act* to require products that contain toxic substances to have a warning label. This would allow consumers to make informed choices, and would act as an incentive to manufacturers to remove toxins from their products.
- It would amend the *Environmental Protection Act* to require the Minister to maintain an inventory of pollutants. This inventory would be kept up to date and publicly available on the Ministry's website. The legislation would require the website be searchable by pollutant, geographic region, type of impact on the environment, and type of impact on human health. Ontarians would then be able to access information about their exposures to pollutants and about the associated health and environmental risks.
- It would amend the *Occupational Health and Safety Act* to strengthen the requirements on employers to provide information to the local fire department on hazardous materials in the workplace.

Bill 164 would consolidate and enhance the existing right to know about hazards in both consumer products and in pollutant releases under current legislation.

Ontario and Canada devote substantial efforts and expenditures to finding cures for diseases and not enough on prevention of those diseases. The community right to know is an essential component of a program to protect human health and the environment from toxic substances. Ontario must quickly develop a plan to get toxics out of the environment, which will help our citizens avoid environmental diseases. The plan should include effective regulation, technical assistance on pollution abatement, and appropriate incentives via subsidies and taxes.

An essential first step is better access to information about toxins and pollutants. This Bill would take that important step for Ontarians.

The Environment and Human Health

Nurses know that the environment is a major determinant of health, and people flourish best when they live in clean, green liveable environments. Evidence linking the environment to health outcomes is well known.¹ While the impact is higher in developing countries, environmental factors have a significant impact on the incidence of many diseases across the globe. In developed regions, environmental factors accounted for seventeen per cent of deaths.² Research suggests that occupational exposures alone account for 10 to 20 per cent of cancer deaths.³

These adverse health impacts are well recognized in Canada and abroad. The international and Canadian evidence shows that these impacts are disproportionately born by lower income people.^{4 5 6 7 8 9} Environmental protection is not only a matter of health but also a matter of social justice.

Protecting Ontarians from Toxics and Pollution

Chronic conditions such as asthma, cancer, developmental disabilities, and birth defects have become the primary causes of illness and death in children in industrialized countries. There is growing expert recognition that chemicals in the environment are partly responsible for these trends.¹⁰ In 2005, 2006, and 2007, Environmental Defence reported tests showing that Canadians, including children, had many chemicals that are known or suspected health hazards present in their bodies. These included: chemicals that cause reproductive disorders, hormone disruptors, neurotoxins, and those associated with respiratory illnesses. The tests found that these Canadians were heavily polluted; they had in their blood on average about half of all the many tested chemicals.^{11 12 13 14}

There is a great urgency to act, and to act decisively, to protect the health of Ontarians and their children. Large margins of safety must be built in to accommodate for the much greater vulnerability of children to toxins, as they: are exposed to more toxins per body weight; absorb ingested substances differently; have developed fewer protections against toxins; face additional risks while undergoing development; face higher exposures due to activity and behaviour; and have much longer to develop disease from toxins.^{15 16 17 18 19} In the case of toxins, a precautionary approach is appropriate.

The Role of Right to Know

The first step in protecting human and environmental health is obtaining sufficient information on the use, storage and release of hazardous materials, and making that information publicly available. Ontario lags jurisdictions such as Massachusetts and California in this regard.

Organizations like the RNAO and the Canadian Cancer Society support the principle of community right to know, because they want to help people deal with environmental and occupational health risks.²⁰ Many jurisdictions recognize the community right to know, including the US (via its Toxics Release Inventory, established under the *Emergency Planning and Community Right-to-Know Act* of 1986); California (the *Safe Drinking*

Water and Toxic Enforcement Act of 1986 – Proposition 65 – and the *Chemical Detection Bill* of 2006); New Jersey (the *Worker and Community Right-to-Know Act* of 1983 and the *Pollution Prevention Act* of 1991); Massachusetts (*Toxics Use Reduction Act* of 1989); and the European Union, whose REACH regulation (Registration, Evaluation, Authorisation and Restriction of Chemicals) was adopted in December 2006.

Codifying this right in Ontario legislation will bring a number of benefits:

- It would facilitate policies to control exposure and risk, whether through regulation or through collaboration with industry;
- It would help users and producers of hazardous materials to enhance their environmental performance and to replace these materials with less hazardous ones;
- It would facilitate assessment of risk to health and environment due to exposures to multiple substances;
- It would empower communities to take steps to protect themselves from local environmental risks;
- It would allow individuals to make informed choices about the products that they consume; and
- It would facilitate research into environmental origins of disease, by comparing geographical patterns of disease with patterns of exposures.

As with all changes, there will be costs associated with this Bill. However, we believe that they would be far outweighed by the benefits.

Two Examples from the United States.

Under California's Proposition 65, community right-to-know legislation has resulted in removal of health hazards from consumer products. For example, in 1989, Gillette removed a carcinogen from its Liquid Paper after environmentalists took legal action against it for failing to put a warning on the label.

Massachusetts has legislation incorporating community right to know, and has been very successful in reducing toxic emissions. Its *Toxic Use Reduction Act* (TURA) of 1989 requires firms to prepare Toxics Use Reduction Plans; and to report quantities of toxics used, generated as waste and shipped in or as product.²¹ Massachusetts TURA filing firms achieved significant reductions in toxic chemical use (41%) between 1990 and 2004; they reduced waste per unit by 65%; and cut on-site chemical releases by 91%. At the same time, these TURA filers raised production by 17%.²² In many cases, companies achieved significant savings with information discovered while preparing their obligatory toxics plans.²³

Conclusion and Recommendations.

Community right to know should not be a partisan issue. It is a right that has been recognized in many jurisdictions, and forms an essential part of effective programs to reduce exposure to toxic materials. RNAO calls upon the Standing Committee of the Legislative Assembly to support Bill 164, with the following amendments:

- Amend Section 4.1 (1) 4. to include in the pollutant inventory any other data and reports that the Environmental Commissioner of Ontario deems appropriate.

- Clarify Section 4.1(3) to ensure the pollutant inventory searchable by facility or installation.

These recommendations would allow the inventory to cover more hazards and to help people to better identify local hazards.

¹ E.g., see Prüss-Üstün, A., & Corvalán, C. (2006), *Preventing Disease Through Healthy Environments: towards an estimate of the environmental burden of disease*, World Health Organization.

² Ibid, 9. The study defines the environment “all the physical, chemical and biological factors external to the human host, and all related behaviours, but excluding those natural environments that cannot reasonably be modified.”

³ Landrigan, P.J. (1996). The Prevention of Occupational Cancer. *CA – A Cancer Journal for Clinicians*, 46 (2), 67-69.

⁴ Finkelstein, M. M., Jerrett, M., & Sears, M. R. (2005). Environmental inequality and circulatory disease mortality. *Journal of Epidemiology and Community Health*, 59, 481-487.

⁵ [Finkelstein, M. M., Jerrett, M., DeLuca, P., Finkelstein, M., Verma, D. K., Chapman, K., et al. \(2003\), Relation between income, air pollution and mortality: a cohort study. *Canadian Medical Association Journal*, 169 \(5\), 397-402.](#)

⁶ Smargiassi, A., Berrada, K., Fortier, I., Kosatsky, T. (2006). Traffic intensity, dwelling value, and hospital admissions for respiratory disease among the elderly in Montreal (Canada): a case-control analysis. *Journal of Epidemiology and Community Health*, 60 (6), 507-512.

⁷ Cruikshank, K., & Bouchier, N. B. (2004). Blighted Areas and Obnoxious Industries: Constructing Environmental Inequality on an Industrial Waterfront, Hamilton, Ontario, 1890–1960. *Environmental History*, 9(3).

⁸ [Martins, M. C., Fatigati, F. L., Vespoli, T. C., Martins, L. C., Pereira, L. A., Martins, M. A., et al. \(2004\), Influence of socioeconomic conditions on air pollution adverse health effects in elderly people: an analysis of six regions in Sao Paulo, Brazil. *Journal of Epidemiology and Community Health*, 58 \(1\), 41-46.](#)

⁹ Some research on environmental inequality is referenced at Scorecard: The Pollution Information Site (2005) *Environmental Inequality: Assessing the Evidence*, Retrieved January 5, 2007, from http://www.scorecard.org/env-releases/def/ej_evidence.html.

¹⁰ Canadian Association of Physicians for the Environment. (2006). *A New and Improved CEPA*, 3, citing Landrigan P. J. (2001). Children's environmental health. Lessons from the past and prospects for the future. *Pediatric Clinics of North America*, 2001, 48(5), 1319-1330.

¹¹ Environmental Defence. (2005). *Toxic Nation: A Report on Pollution in Canadians*, November.

¹² Environmental Defence. (2006). *Polluted Children, Toxic Nation: A Report on Pollution in Canadian Families*, June.

¹³ Environmental Defence. (2007). *Toxic Nation: On Parliament Hill: A Report on Pollution in Four Canadian Politicians*, January.

¹⁴ Pollution Watch. (2006), *Reforming the Canadian Environmental Protection Act: Submission to the Parliamentary Review of CEPA, 1999*, June, citing Environmental Defence. (2006). *Polluted Children, Toxic Nation*.

¹⁵ Environmental Defence. (2006). op. cit., 7-9.

¹⁶ Cooper, K. et al. (2000). *Environmental Standard Setting and Children's Health*, Canadian Environmental Law Association and Ontario College of Family Physicians, May 25, 30-36.

¹⁷ Government of Canada. (2006). *Children's Health and the Environment in North America: A First Report on Available Indicators and Measures-Country Report: Canada*. p.20. Retrieved January 4, 2007, from http://www.cec.org/files/PDF/POLLUTANTS/CountryReport-Canada-CHE_en.pdf.

¹⁸ Wigle, D. T. (2003). *Child Health and the Environment*. Oxford: Oxford University Press, 75.

¹⁹ Canadian Partnership for Children's Health and the Environment (CPCHE). (2005). *Child Health and the Environment: A Primer*, August, 21.

²⁰ See http://www.cancer.ca/ccs/internet/standard/0,3182,3172_600633685_1038509305_langId-en,00.html, accessed April 24, 2007.

²¹ This is for firms using more than a specified amount of listed toxic chemicals. Toxics Use Reduction Institute (undated). *An Overview of TURA*. Accessed April 17, 2007 from <http://turadata.turi.org/WhatIsTURA/OverviewOfTURA.html>.

²² Toxics Use Reduction Institute (undated). *Results to Date*. Accessed April 17, 2007 from <http://turadata.turi.org/Success/ResultsToDate.html>

²³ Ken Geiser, Co-Director, Lowell Center for Sustainable Production, University of Massachusetts Lowell, (2007). Address to *Environmental Carcinogen Use Reduction Symposium*, Toronto, February 6.