

*Movement Solutions – Building New Coalitions*

**SECRECY IS TOXIC—BUILDING COMMUNITY  
RIGHT-TO-KNOW IN CANADA’S LARGEST  
MUNICIPALITY**

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**ABSTRACT**

The regulation of toxic chemicals in Canada has undergone many twists and turns in the last 40 years. This paper describes the emergence of a new alliance, one which brought together people from a broad range of backgrounds to formulate common strategy to address the continuing use and dissemination of toxic chemicals, especially carcinogens. In just over a decade, Canada’s largest municipality, Toronto, adopted a bylaw which introduced a comprehensive scheme for community right-to-know about toxic chemicals being used, released, and disposed—the first in the country. The bylaw represents the success of a network that integrated experience and expertise from community activism, environment, labour, public health, politics and cancer prevention.

**Keywords:** community right-to-know, occupational cancer, environmental cancer, community activism

Ontario is Canada’s second largest province by area and largest by population. As of 2009, its economy accounted for 37 percent of the total Canadian economy and nearly half of Canadian manufacturing; major products include motor vehicles, steel, electrical appliances, machinery, chemicals, and paper.

Agriculture, forestry, and mining have also played a major role in Ontario's economy. The United States accounts for over 80 percent of all Ontario exports [1].

The Ontario economy has generated many environmental issues. According to the North American Commission on Environmental Cooperation, in 2002 Ontario's total toxic chemical releases on- and off-site to the environment ranked fourth behind only Arizona, Texas, and Indiana [2]. Toronto is the capital of Ontario and Canada's most populous city with over 2.5 million residents; it is also the seventh largest urban region in North America in the heart of a densely populated area called the Golden Horseshoe, with over 8 million inhabitants.

Canadian governance has some important features that influence prevention in occupational and environmental health. First, Canada is a federation and its constitutional law emphasizes the separation of federal and provincial jurisdictions. Health, environment, and labour are primarily provincial responsibilities. Although the federal government at times has been active in creating national standards, its ability to do so in these areas is limited to interprovincial or international impacts and the use of its authority in other realms. For example, Canada's principal federal environmental law, the Canadian Environmental Protection Act (CEPA), is based on the federal government's criminal jurisdiction. Under CEPA the federal government does have the authority to ban and restrict certain chemicals found to be toxic. Canada's National Pollution Release Inventory—the requirement that companies with emissions over a certain standard report their releases of specified toxic chemicals—is based in CEPA. However, CEPA does not address occupational exposures, nor can it restrict what happens inside the workplace.

It is the provinces who have the primary responsibility for health, environment, and labour. In Ontario, health is divided into two ministries: one is responsible for primary and long-term health care, and the other for health promotion and prevention and the public health system. Public health historically exercised limited responsibility for environmental health. The Ministry of Environment provides the regulatory function, setting standards and allowing emission permits, but exercises no direct environmental health mandate. The Ministry of Labour is responsible for enforcing occupational health and safety legislation but has limited its responsibility in occupational health to reviewing occupational exposure limits and material safety data sheets.

## HISTORY OF ACTIVISM

Ontario has a long history of community activism to prevent occupational and environmental cancers. Occupational cancers were a key focus of unions in the mines, steel mills, and factories of the 1960s and 1970s. That movement continued into the 1990s, revitalized by continuing evidence from northern Ontario of the higher rates of cancer among hard rock miners as well as growing

concerns among auto workers regarding metalworking fluids. Both the United Steelworkers Union and the Canadian Auto Workers led campaigns to pressure employers and government to pay more attention to occupational cancers in their industries. This movement spread throughout the Ontario labour movement with support from the Ontario Federation of Labour, extending to construction workers, firefighters, and others. The Occupational Health Clinics for Ontario Workers (OHCOW), a labour-sponsored network of occupational health clinics, were a key resource, providing the technical expertise to expose tragedies like the Holmes Foundry in Sarnia, where in the 1970s workers were routinely exposed to asbestos above prevailing standards and by the late 1990s were suffering asbestos-related diseases [3].

Union advocacy, organizing, and political pressure have been successful in forcing the Ontario workers compensation system to recognize many victims of occupational cancer. A network of experienced union advocates and sympathetic experts, both inside and outside government, was built over the years. Success in compensation was not mirrored, with some exceptions, by elimination of exposures. Although the right to know the chemicals they are working with had been achieved for workers in the 1980s, its potential for prevention was not pushed by government. In late 1987, under pressure from unions, the provincial Ministry of Labour established a Joint Steering Committee on Hazardous Substances in the Workplace (JSC) with a mandate to establish a more effective process for prevention. Over a period of eight years (1987–1994), despite thousands of hours of meetings and expenditures of more than \$2 million, the committee was unable to make any consensus recommendations [4, 5].

Environmentalists were facing even more frustrations in trying to advance protection of health from environmental exposures. Efforts to bring in community right-to-know legislation in the 1980s dissipated when the Workplace Hazardous Materials Information System (WHMIS) was adopted for workplaces.<sup>1</sup> Although focused on workers' right to know, the legislation in Ontario contained provisions empowering a Medical Office of Health to order the release of information on chemicals from a workplace on request from a member of the community. Remarkably, no such order was ever made until 2000.

Although environmental activists worked with victims of cancer and other illnesses who lived near industrial facilities or legal and illegal waste disposal sites, had contaminated well water and soils, had played in radioactive dumps as children, had been exposed to pesticide spraying, or lived under transmission lines or electromagnetic fields, neither science nor advocacy was able to establish direct cause-and-effect link between the health effects which individuals suffered and their environmental exposures [6]. The provincial cancer registry

<sup>1</sup> The WHMIS was created by a rare federal and provincial agreement, in Ontario's case by amendment to the Occupational Health and Safety Act, on June 29, 1987.

was primarily focused on cancer treatment. When it was confronted with claims of environmental cancers, it minimized concerns. For many years the Canadian Cancer Society took the same position.

For the most part, the occupational and environmental health movements have been separate in Ontario. When both emerged in the 1960s and 1970s, the movements had a number of significant crossovers, especially around mining and steelmaking. From time to time, efforts were made to forge more lasting relationships, most notably initiated by the journal *New Solutions*, which sponsored a conference in Toronto in September 1994 [7]. While leading activists in both movements recognized common ground, especially around toxic chemicals, collaboration had been limited [8].

### COMING TOGETHER

By the mid 1990s, concerns from environmental and occupational health activists converged in campaigns to address pesticides, chemical exposures to children, and breast cancer. At the national level, the Canadian Labour Congress environment committee reached out to a number of environmental groups. The first efforts to establish municipal bylaws to restrict use of cosmetic pesticides had begun with the community of Hudson in Quebec in 1991, marking a shift away from a focus on the federal government as a source of effective controls [9]. This in turn led a number of local coalitions to undertake successful campaigns to restrict pesticides. In July 1997 the first World Congress on Breast Cancer was held in Kingston, Ontario, galvanizing many activists, predominantly women, from a wide variety of backgrounds, and raising concerns about both environmental and occupational exposures.

Growing evidence of the increasing numbers of childhood cancers brought together concerned researchers, lawyers, and physicians with support from the Canadian Environmental Law Association and the College of Family Physicians to develop a detailed review of research into the greater susceptibility and exposure of children to environmental contaminants. The Workers' Health and Safety Centre, a labour-sponsored occupational health and safety training centre, produced a video "They Speak in Whispers," highlighting workers' concerns that their children were suffering cancers as a result of exposure to chemicals. Both environmentalists and occupational health activists were engaging a broader audience—those in public health, the Cancer Society, and the new provincial cancer authority, Cancer Care Ontario.

### PRIMARY PREVENTION OF CANCER TASK FORCE

An opportunity to build on the emerging connections occurred in 1995 with the report of the Ontario Primary Prevention of Cancer Task Force (the Task Force). Although the report came out just as Ontario elected a Conservative and

pro-business government, the Task Force was the product of the prior New Democratic Party (NDP) government and in particular its activist Minister of Health, Ruth Grier. Previously Minister of Environment, she took advantage of her responsibility for cancer policy to convene the Task Force to develop a plan for primary prevention. Prior to the Task Force, primary prevention had been only a tiny part of the province's cancer plan.

The Task Force was chaired by Anthony Miller, a highly respected epidemiologist, and was made up primarily of doctors and academics with a broad range of interests in prevention, including occupational and environmental causes. The Task Force mandate was to advise the Minister on an action-based, effective, and feasible plan for the primary prevention of cancer. While acknowledging that cancer was a complex disease, the Task Force report stated that cancer in many instances is preventable.

The Task Force recognized that many of the eventual benefits of cancer prevention may be delayed, and that there may be substantial barriers to immediate action. The Task Force urged action now. Scientific understanding of the causes of cancer may be imperfect, but there is no excuse for delaying action in response to our current knowledge [10, p. 1].

The Task Force identified prevention as a central part of cancer control. Unfortunately, the resources dedicated to prevention were small in comparison to those dedicated to treatment. This might make sense if cancer were easy to treat or if treatments were highly effective. The Task Force noted that treatments for advanced cancers are seldom curative and reinforced its central proposition that investment in prevention was worthwhile [10, p. 10].

The Task Force reviewed the evidence regarding 12 different risk factors, both occupational and environmental. Regarding the former, the Task Force comments were short, recognizing the research that had been done to date, supporting existing efforts, and advocating pretesting of chemicals before use [10, pp. 26–28]. To some extent, this recognized the strength of evidence and the significant progress which had been made in recognizing occupational cancers. It also reflected the lack of participation by labour in the Task Force process.

Environmental risk factors were quite different. The Task Force provided a much more detailed review of the evidence on environmental pollutants and human cancer, known and suspected carcinogens in the environment and human exposure, and the challenges of proof [10, pp. 29–39]. It was a succinct and comprehensive justification for action on environmental carcinogens, building on prior work and focusing on action. The Task Force engaged representatives of public health, the Canadian Cancer Society, and environmentalists.

The report provided recommendations—and a strategy for ensuring the implementation of its recommendations—regarding all 12 risk factors. The strategy engaged the provincial public health system as well as the recently reformed cancer registry, now called Cancer Care Ontario, and it included the creation of

a provincial Cancer Prevention Network to coordinate [10, p. 53]. This was a key breakthrough and provided permission for those in official, nongovernmental, and personal locations to work together.

The Task Force report was directed to the public health system for implementation. Although the Chief Medical Officer responsible for public health at the provincial level was himself very conservative and opposed to the idea that toxic chemicals had any significant impact on health, the delivery of public health in the community is the responsibility of the local Medical Officers of Health (MOH). A number of these local MOHs were much more sensitive to environmental health issues. Some MOHs had been involved in the Task Force and were involved in the growing debate around the use of ornamental pesticide use (a subject which the Task Force had also recognized). These local MOHs are governed by a local Board of Health, made up of elected representatives from the municipal councils and community representatives. The staff who worked in the community were often sympathetic to the growing public concern about environment and cancer. This network gave support to the Task Force's implementation strategy.

Prior to the Task Force report, there had never been such a comprehensive cancer prevention initiative from government, including environmental and occupational risk factors. At the same time there were many inside and outside government, in many different agencies and locations, for whom the strategy provided an opportunity to move forward. The impetus from the Task Force allowed those people to reach out and build important alliances. Spurred on by a meeting sponsored by Toronto Public Health (TPH) in February 1998 to create a Toronto Cancer Prevention Council, along with a grant from federal Health Canada, a small group of women worked together to initiate a cancer prevention campaign. Joined by labour and other activists, the workshop came together in March 1999 at McMaster University at a conference entitled "Everyday Carcinogens." The workshop allowed the participants to explore further the recommendations of the Task Force and expand the network of interested and engaged activists.

Underlying these developments was a growing frustration with federal and provincial levels of government. Environmentalists' experience with pesticides regulation at the federal level is what led, in part, to a change in strategy to focus on local governments. A neoliberal agenda which emphasized business interests, deregulation, and cutting social spending had taken over. In 1995, the right wing agenda hit Ontario with full force with the election of the Harris Conservative government. There was a radical shift to the right with extensive cuts to the environment and labour ministries, especially in relation to any capacity to protect human health and funding for community or nongovernmental organizations. Municipalities offered an alternative forum. Although their powers were limited, municipalities had a mandate to protect public health and the authority to pass bylaws, as was upheld by the Quebec Superior

Court in the Hudson pesticides case in 1993 and ultimately confirmed by the Supreme Court of Canada in 2001.

By the late 1990s, the growing evidence of adverse health impacts, including cancer due to occupational and environmental exposures, was apparent to many, especially those whose work or activism engaged them in health protection, whether located in a union, public health, or a cancer prevention or environmental group. While some tried to continue the old strategy of devaluing concerns and sowing doubt, many more were trying to find new ways in which to develop alliances with others. This created a broad, diverse network of sympathetic people in many different locations. At the same time, action was refocused to the municipal level as a site where progress could be made.

### **THE TORONTO CANCER PREVENTION COALITION**

The establishment and evolution of the Toronto Cancer Prevention Coalition (TCPC) is well documented in a report prepared on its 10th anniversary. Entitled *Ten Years Later: The History and Development of the Toronto Cancer Prevention Coalition*, the document was written by Valerie Hepburn, an early leader and participant [11]. From its initial founding in 1998, the TCPC engaged supportive Medical Officers of Health and city councilors with community activists, labour, nongovernmental organizations, public health practitioners, and researchers. Key staff within TPH played important roles guiding the coalition and keeping it on track. By capitalizing on the Task Force report and the mandate which it gave to public health, the TCPC has been able to garner financial support and human resources from a number of official organizations and utilize official processes to move forward its agenda.

The TCPC is organized around the 12 risk factors identified in the Task Force report. Each risk factor has its own working group and a representative from each working group sat on the steering committee. TPH provided core staff support and the regional cancer centre provided funding for specific projects including the initial council reports. In general, each working group produced a report that provided an analysis and set of recommendations. The coalition as a whole worked on advancing those recommendations. Public meetings were held to disseminate the reports and discuss strategies for future action.

The establishment of the TCPC was the result of a formal direction from the Board of Health to the MOH to report on activities in relation to the Task Force recommendations. That decision evolved into consultations and workshops that ultimately gave rise to the recommendation to create a citizens' coalition which was, in turn, ratified by the Board of Health. While appearing to some to be an exercise in bureaucracy, the process legitimated the participation of people from



within city government as well as external organizations who otherwise would have found it difficult to take part in or provide support for the campaign.<sup>2</sup>

Environmental groups who had been involved in the Task Force process were early participants in establishing an environmental carcinogens working group. Labour was later to the table, not having been as involved in the Task Force report. Initially a separate occupational carcinogens working group was established.

The critical moment for both working groups was the decision in 1999 to work together, creating one occupational and environmental carcinogens working group (OE Working Group). It arose as all working groups were tasked with producing a report on the status of primary prevention relating to their assigned risk factor, the first major task of coalition members.

The occupational carcinogens working group proposed that it join with the environmental carcinogens working group to produce a joint report. The rationale was simple and compelling. First, both groups were dealing with the same chemicals from the same source. However one described it, the principal problem for both worker and community health was the use and emission of chemicals in industrial production and products. As the eventual report stated,

Since so many environmental carcinogens (cancer-causing substances) originate in the workplace and are then emitted into the air, water or land, replacing these hazardous materials with cleaner products and processes will protect the health of both workers and the surrounding community. In recognition of this fact, the Environmental and Occupational Working Groups of the Toronto Cancer Prevention Coalition are presenting a joint report.

Linking environmental and occupational factors allows us to address the full life cycle of these hazardous substances. A life cycle approach encompasses three stages: manufacture (when workers can be exposed to high levels of carcinogens and when factories emit large quantities into the local environment); use (when the general population can be exposed to these toxins in the air, water and soil); and disposal (when carcinogens escape containment to contaminate the surrounding area and/or become pervasive in the environment).

Second, there was a common concern that both occupational and environmental exposures were affecting our children, either indirectly through their parents or directly through lifetime exposures. It is common sense to be concerned that substances known to cause cancer in adults after higher exposures at work, may cause cancer in children at much lower levels when those exposures are occurring from the moment of conception.

Third, in both cases, current strategies for prevention were not working. Pollution prevention strategies which eliminate carcinogens at the source are the

<sup>2</sup>A full list of past and present members of the coalition can be found on the website of Toronto Public Health at [http://toronto.ca/health/resources/tcpc/tcpc\\_membership.htm](http://toronto.ca/health/resources/tcpc/tcpc_membership.htm).



logical public policy response to such a life cycle analysis, since the current system of attempting to regulate the use, release, and disposal of known and suspected carcinogens, rather than preventing their creation in the first place, has proven ineffective [12, p. 5].

There was a fourth, unstated reason. Combining the two perspectives strengthened both. Evidence of environmental cancers was considered “weak” by many. By linking to the occupational evidence, which in most cases was much stronger, the report could make the argument that it did not need either to reprove carcinogenicity or accept that there was not enough evidence in cases of environmental exposures. Indeed, as the alliance proceeded, the argument was reframed to point out the inadequacy of prevention of “known” carcinogens as defined by the International Agency for Research on Cancer (IARC) and other recognized lists, regardless of whether the source of exposure was at work or in the community. On the other hand, many assumed, as was suggested in the Task Force Report itself, that occupational exposures were a thing of the past, well under control and affecting only a very small group of people. The link to environment and the community strengthened the overall case for prevention. Together, the OE working group was able to reach out to a much larger audience and network. This created support that was greater than the sum of its parts.

Forging solidarity was a critical task. Although many subscribe to the old adage that “you cannot write a report by committee,” in this case it was the only way. The process strained relations and certainly put the main authors to the test, but in the end, it produced a result that everyone would support. The process integrated research with policy and practice. Occupational health practitioners were familiar with combining research findings with the “balance of probabilities,” enabling them to more effectively utilize the precautionary principle and weight-of-evidence as tools for drawing inferences. Some environmentalists wanted the report to push further into less well defined territory. Public health staff questioned some conclusions. Academics and doctors suggested that the report was policy, not science. Every concern was carefully considered and, to the extent possible, addressed. The two principal authors—Keith Stewart, an environmental policy expert, and Lou Riklik, an occupational hygienist—were able to deal with a seemingly endless list of edits while holding fast to the principal objective, a sound basis for sound recommendations. In the end only one participant withdrew from the process.

There was no magic bullet either to the process or to resolving differences. Conclusions were vetted by each participant and, on a number of occasions, the draft report was reviewed by outside experts recommended by a concerned participant. The working group met repeatedly to review and discuss the different drafts. The OE working group was guided by two co-chairs, one representing environment and the other the occupational perspective. Both co-chairs worked tirelessly to maintain a strong sense of collaboration and trust among the

participants as well as seeking effective ways to resolve differences. In the end it was the comfort level of the participants and the organizations that they represented which decided the outcome. It was the common commitment and collegiality of those involved that made the process work.

The report was finished and submitted in May 2001. In the end, as important as the written report was, it was the common understanding which the participants of the process developed that enabled the working group to move forward as a single entity.

The process reinforced relationships between individuals and established bonds of collaboration which carried on in later opportunities. Subsequently, when the body responsible for cancer policy in Ontario, Cancer Care Ontario, established the Provincial Cancer Prevention and Screening Council (another recommendation of the Task Force) and needed to produce a cancer prevention plan for the province, it turned to the example of the TCPC. For advice on occupational and environmental carcinogens, it drew from the experience of the OE Working Group [13]. When Canada established its national cancer strategy, leading members from the OE Working Group helped to establish, and became members of, the group that became the National Committee on Environmental and Occupational Exposures.

Of particular importance to the effectiveness of the OE Working Group was the role played by two community-based organizations—the Toronto Environmental Alliance (TEA) and the Occupational Health Clinic for Ontario Workers. While individuals from many other organizations played key roles, TEA and OHCOW provided the additional resources needed to make the project work for the working group. TPH provided the umbrella, the connections to the Toronto City Council, and the support for the coalition as a whole. It was TEA and OHCOW which provided key technical and logistical assistance. TEA is Toronto's core community-based environmental organization, with experience and expertise engaging with the city's council and government. Through its network, local neighbourhoods and councilors were engaged with the project. OHCOW's hygienists, nurses, and physicians provided ongoing technical support with a very practical application.

The report of the OE Working Group made a series of recommendations to the coalition, the MOH, the city government and beyond. The recommendation that the OE Working Group decided to make central to its work following the delivery of its report was community right-to-know (CRTK),

We fully endorse the principle of right-to-know. In its broadest sense, community right-to-know is a system of public access to information on the use of toxic chemicals and their release into the environment, as well as their impact on human and environmental health. In encouraging the development of community right-to-know, the Board of Health and City Council should:

a) Encourage the Medical Officer of Health to support the City Solicitor in the development of the community right to know bylaw, and report back to

the Board of Health on its development and implementation by the end of 2001 [12, pp. 53–54].

The decision by the OE Working Group to focus on CRTK was a strategic one. The need for a CRTK bylaw had been identified in 1985, and again in the City of Toronto's Environmental Plan in 2000. Since then, little had been done to develop and implement a comprehensive right-to-know strategy. Members' experience suggested that existing data sources and systems did not adequately reflect the total level of carcinogens in the community given thresholds and other limitations, nor did they allow for identification of specific sources. This latter concern was reinforced by the TPH report on the "Ten Key Carcinogens in Toronto Workplaces and Environment: Assessing the Potential for Exposure" in March 2002 in response to the OE Working Group's original findings. The "Ten Key Carcinogens" report highlighted cases where workers' exposure to several carcinogens was significantly above "a background level" and noted that existing data suggested that "nine of ten carcinogens are present in outdoor air at levels that approach and frequently exceed those deemed "tolerable" by outside agencies [14].

CRTK was seen as a key strategy for several reasons—it honoured public and worker rights; it would assist in identifying priorities for action and in targeting regulatory initiatives; it could encourage voluntary action to improve environmental performance; it would allow for tracking of trends and progress in reducing the use and release of carcinogens; and it would aid in research. The underlying agenda was to encourage local industry towards pollution prevention through a mandatory system of reporting that was within the jurisdiction of the municipal government to pass a by-law, and that would be visible to everyone.

The OE Working Group then undertook a pilot project in one of Toronto's communities to demonstrate the value and importance of community right-to-know. The working group understood strategically that it needed a practical example of the value of the recommendations that the committee had made. Several key members agreed to work on the project and submit a proposal for funding from the regional cancer centre. After considerable deliberation a neighbourhood was chosen that had a history of environmental concerns and activism, one which had over the years developed its own community group and had been involved in campaigns to address emissions from industry and from the local waste management incinerator. The community of South Riverdale was deliberately chosen because it was reasoned that if community right-to-know were needed here, it would be even more useful in communities with less history and experience.

The subsequent report in December 2004 validated the OE Working Group's assumptions. Even though the South Riverdale neighbourhood had a rich history of environmental concern and activism, and even though it had an

Environmental Liaison Committee with local government, planning officials, industry, and elected representatives, people still could not access the information they wanted, whether about the environment or the workplace [15]. This report was presented to city staff and formed the basis of TPH recommendation in January 2005 that the MOH explore and report on practical and effective strategies for increasing public access to information on toxic chemicals in Toronto, including consideration of the feasibility of a CRTK bylaw [16].

In June 2006, a public health consultation document on a proposed community right-to-know program—Environmental Reporting and Disclosure—was released [17]. More than 250 supportive responses were received from communities and organizations. In February 2007, the OE Working Group hosted a public meeting at the Steelworkers Hall in downtown Toronto. Chaired by well known journalist Michele Landsberg and featuring Devra Lee Davis and Ken Geiser, “Reducing the Burden of Toxic Chemicals” attracted over 100 people and gave additional support to the CRTK bylaw campaign. TEA developed a map showing the reported emissions ward by ward across the city as part of its “Secrecy is Toxic” community campaign in support of a CRTK bylaw. Thousands of these leaflets were distributed, and community meetings were held across the city to build support.

The response of industry did not emerge until, towards the end of the process, TPH began active consultations. The Toronto experience with a pesticides control bylaw, a process also led by TPH, had shown that segments of industry organized by trade associations and consultants would organize opposition. TPH preemptively organized several public meetings with industry to discuss its proposed initiatives. The most powerful participants were the chemical-producing companies organized by the Canadian Chemical Producers’ Association (CCPA). Their position was that the program was unnecessary. Their members were already complying with and, in most cases, exceeding the objectives of the TPH proposal. Their concern was for small and medium-sized companies that did not have the resources to comply. They also argued that federal and provincial programs already existed and wanted to avoid duplication. TPH responded by commissioning a technical report that demonstrated that only 3 percent of Toronto’s industrial, commercial, and public operations were publically reporting; that 56 percent of releases to air, water and land were not reported; and that 77 percent of releases to air were not reported [18].

In June 2008, after extensive consultations, the MOH provided a comprehensive report to the Board of Health outlining the elements of a proposed bylaw. On December 3, 2008 Toronto Council passed a CRTK bylaw, and on January 1, 2010, the Environmental Reporting, Disclosure and Innovation Reporting, Disclosure and Innovation program came into effect. Now known as ChemTRAC [19], the program is well underway, with the first report for emissions in 2010 due this year.

## REFLECTIONS AND OBSERVATIONS

The success of the CRTK by-law initiative is rooted in the constructive engagement of Toronto Public Health, the Board of Health, and the City Council by an organized group that was able to leverage its expertise and experience with the support of a larger community coalition to achieve a well defined and defended objective, improving human health. The process took more than 10 years. Implementation of the ChemTRAC program that the bylaw enabled is still underway. The OE Working Group was able to build on previous coalition work, especially the campaigns for Toronto bylaws banning smoking and cosmetic pesticide use. A number of the members of the OE Working Group and the TCPC had been involved in these earlier campaigns.

The OE Working Group found ways to use everyone's abilities without compromising their responsibilities to their employers. Those in government or agencies who could not be involved in advocacy were able to identify ways in which they could make a contribution, be it advice, research or supporting complementary efforts within their workplace. The working group members were able to separate their roles so that advocacy could take place without fracturing the coalition. TEA lobbied city councilors without jeopardizing working group members who were employed by the city. Public meetings took different forms—some promoted by TEA, some by TPH, and some by TCPC. TCPC allowed the OE Working Group to have a broader base of support, engaging members from the broader coalition. In this way, the CRTK campaign was able to maintain active community engagement which appealed to public support, making it difficult for those opposed to undermine or distort.

The role of Toronto Public Health and, in particular, the leadership of the Medical Officers of Health, Dr. Sheila Basur and her successor Dr. David McKeown, was crucial. They created the Toronto Cancer Prevention Coalition and with it the opportunity for constructive engagement as opposed to confrontation. Projects of the working group were strategically chosen to set examples that TPH could utilize internally or in dealing with other departments of city government or external stakeholders and, when necessary, could build on.

Working with TPH was critical to success in another way. The mandate of TPH is health protection and promotion. The decisions of the MOH and Board of Health to implement the Task Force report, to create and support the work of the coalition, was built on their understanding that it would improve health outcomes and reduce the risk of cancer for the people of Toronto. Although responsive to industry concerns and those of city departments promoting economic development, TPH was not seduced by business complaints that CRTK was unnecessary, too costly for small and medium businesses, and an expense for the city. These arguments were persuasive on face value to Departments of Economic Development, the Ministry of Environment, and the Ministry of Labour, whose mandate was business-oriented. TPH was more critical. While

acknowledging there were challenges, TPH built on industry's own admissions that controlling toxic chemicals was a good idea. TPH responded to business by evaluating its arguments, and by addressing concerns of smaller and medium-sized business through consultation, technical support, and provision of easy-to-use tools to calculate reporting requirements.

In the end CRTK succeeded because it was not about information made available just so environmental groups and labour could use it to attack the companies individually. CRTK succeeded because it was clearly about getting industry to reduce its use of toxic chemicals and had the support of a wide group of community and governmental agencies. The slogan "You cannot manage what you do not measure" became "You can reduce and eliminate when you do measure." TPH, TCPC, and the OE Working Group were convinced that by requiring the reporting of chemical use and emissions, the majority of the companies would take steps to reduce what they use or find alternatives. The TEA slogan "Secrecy is toxic" captured the mood succinctly and effectively. And the public supported them.

The dialogue created between the participants to build the strategy and execute it increased mutual understanding. It would be too much to suggest political understanding shifted. The work was an explicit challenge to an economic model that promoted growth and allowed risk to be shifted onto workers and the community. Early steps were taken to adopt and integrate ideas of a green economy, one in which impact on human health and employment practice were considered central.

## NOTES

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