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Workers Compensation Act Legislative Review Committee
PO Box 309, Station Main
Winnipeg, MB R3C 2H6

Re: Modernizing Presumptive Occupational Disease Protections for Manitoba Firefighters

To the Members of the Legislative Review Committee,

The United Fire Fighters of Winnipeg respectfully submits the following recommendations for consideration as part of the ongoing review of The Workers Compensation Act.

This review presents an important opportunity to ensure Manitoba's legislative framework reflects current scientific evidence, modern firefighting realities, and the evolving national standard for occupational disease protections for firefighters.

Manitoba's History of Leadership

Manitoba has a proud history of leadership in protecting firefighters from occupational disease.

In 2002, under Premier Gary Doer, Manitoba became the first province in Canada to enact presumptive cancer legislation for firefighters, establishing a national benchmark for occupational health protections.

Nearly two decades later, in 2021, the province again demonstrated leadership when The Workers Compensation Act was strengthened through the addition of five new presumptive cancers, increasing total coverage from 14 to 19 cancers.

Those additions included:

- Primary-site thyroid cancer
- Primary-site pancreatic cancer
- Primary-site ovarian cancer
- Primary-site cervical cancer
- Primary-site penile cancer

These reforms reflected collaboration across governments and a shared recognition of the occupational risks firefighters face.

However, scientific understanding and national standards continue to evolve. Manitoba's legislative framework has not kept pace with developments in research or with reforms adopted in other jurisdictions.

Operational Reality in Winnipeg

Modern firefighting involves frequent exposure to a complex and dangerous mixture of carcinogens and toxic contaminants.

The Winnipeg Fire Paramedic Service responds to more than 130,000 calls annually, and firefighters in Winnipeg face some of the highest operational exposure levels in Canada.

During emergency response operations, firefighters are routinely exposed to:

- Products of combustion from modern synthetic materials
- Carcinogenic particulates and toxic gases
- Polycyclic aromatic hydrocarbons (PAHs)
- Diesel particulate matter from apparatus
- PFAS-based compounds present in firefighting gear

Exposure occurs not only during active fire suppression, but also during overhaul, rescue operations, investigations, training, and repeated attendance at hazardous incidents.

These cumulative exposures significantly increase long-term risk of cancer and other occupational diseases.

Scientific Evidence

In 2022, the International Agency for Research on Cancer (IARC), part of the World Health Organization, classified occupational exposure as a firefighter as Group 1 — carcinogenic to humans, the highest possible classification.

IARC determined there is sufficient evidence linking firefighting exposure to mesothelioma and bladder cancer, and strong evidence linking firefighting to several additional cancers.

At the same time, research continues to examine links between firefighting exposure and neurological diseases such as amyotrophic lateral sclerosis (ALS).

The Government of Canada has also recognized the seriousness of occupational cancer within the fire service through its commitment to develop a National Firefighter Cancer Registry, intended to improve national research and surveillance.

Manitoba's Current Framework

Under Manitoba's Workers Compensation Act, firefighters currently receive presumptive coverage for 19 primary-site cancers, with varying minimum cumulative service requirements ranging from 5 to 25 years.

For example:

- Leukemia – 5 years
- Brain – 10 years
- Bladder – 15 years
- Colorectal – 15 years
- Lung – 15 years (with a non-smoking requirement)
- Esophageal – 25 years

Additional limitations include:

- A non-smoking restriction for lung cancer claims
- A 24-hour rule requiring cardiac events to occur within 24 hours of an emergency response

These provisions no longer fully reflect modern scientific evidence regarding cumulative toxic exposure and delayed disease onset.

Manitoba Compared to Other Jurisdictions

Other Canadian provinces have continued to strengthen firefighter presumptive legislation.

For example:

Saskatchewan includes:

- Laryngeal cancer
- Mesothelioma
- Soft tissue sarcoma

Ontario has reduced the latency requirement for esophageal cancer to 15 years.

Most recently, **British Columbia announced a major expansion of firefighter presumptive cancer protections, now widely regarded as the strongest in Canada.** The province added eight additional cancers, including:

- Tracheal cancer
- Bronchial cancer
- Laryngeal cancer
- Nose cancer

- Pharyngeal cancer
- Mesothelioma
- Soft tissue sarcoma
- Expanded occupational skin cancer recognition

British Columbia also reduced the cumulative service requirement for esophageal cancer from 20 years to 15 years.

These reforms reflect the latest scientific evidence and recognize the cumulative occupational risks inherent in modern firefighting.

As these changes demonstrate, national standards are continuing to evolve.

Recommendations

The United Fire Fighters of Winnipeg respectfully recommends the following amendments to The Workers Compensation Act:

1. Modernize Latency Requirements

Reduce all minimum cumulative service requirements to a modern standard not exceeding 10 years, reflecting contemporary medical evidence and national comparators.

2. Expand Presumptive Cancer Coverage

Amend the Act to include additional cancers associated with firefighting exposure, including:

Respiratory system cancers

- Tracheal cancer
- Bronchial cancer
- Laryngeal cancer
- Nose cancer
- Pharyngeal cancer

Other cancers

- Mesothelioma
- Soft tissue sarcoma

Skin cancer

- Expanded recognition of occupational skin cancers reflecting dermal absorption pathways.

3. Add ALS as a Presumptive Occupational Disease

Establish amyotrophic lateral sclerosis (ALS) as a presumptive occupational disease for firefighters, reflecting emerging epidemiological evidence identifying elevated risk among firefighters.

4. Eliminate the 24-Hour Rule for Cardiac Events

Remove the requirement that a cardiac injury occur within 24 hours of an emergency response.

Cardiac injury frequently results from cumulative physiological stress, toxic exposure, and repeated operational strain, and does not reliably manifest within an arbitrary timeframe.

5. Recognize Catastrophic Exposure Without Latency

Amend the Act to ensure that catastrophic or high-intensity exposure incidents are not barred by cumulative service thresholds.

Such incidents may include:

- Large-scale structural or industrial fires
- Hazardous materials incidents
- Exposure resulting in failure or breach of personal protective equipment
- Prolonged exposure to dense smoke or known carcinogens
- Mass-casualty or extraordinary emergency events

In these circumstances, the intensity of exposure should not be discounted by rigid service thresholds.

6. Apply Amendments Retroactively

Ensure all legislative changes apply retroactively to:

- Previously denied claims
- Closed claims
- Claims impacted by newly recognized diseases or reduced latency periods.

Firefighters and their families should not be disadvantaged because legislative reform lagged behind scientific evidence.

7. Commit to Ongoing Legislative Review

Manitoba should commit to regular legislative review aligned with evolving occupational health research and the federal National Firefighter Cancer Registry initiative.

Conclusion

Firefighters accept extraordinary risk to protect the public.

They enter environments that are immediately dangerous to life and health, enduring repeated exposure to carcinogens, toxic by-products of combustion, and extreme physical strain in service to their communities.

When those risks result in serious illness, the workers compensation system must respond with clarity, fairness, and compassion.

Manitoba has led the country before in recognizing the occupational risks firefighters face. The opportunity now is to ensure the province once again sets the national standard for firefighter occupational health protections.

As one of the busiest urban fire services in Canada, the risks faced by Winnipeg firefighters are significant and ongoing. Manitoba should not trail other jurisdictions in protecting those who protect the public.

The United Fire Fighters of Winnipeg stands ready to work constructively with government and the Review Committee to advance these necessary reforms.

Respectfully submitted,

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