

Canadian Centre for Policy Alternatives Manitoba Office

Terminally ill professor pleads for asbestos ban

niversity of Manitoba professor Patricia Martens has one more mission as an epidemiologist as she confronts her final days with a terminal disease. She wants the government to stop aiding and abetting the lethal trade in asbestos.

Martens is a prominent and distinguished research scientist in the university's faculty of medicine. She received the Order of Canada in 2013 for her advancement of population health research and for her contributions to health policy in Manitoba. Her CV is more than 140 pages long, encapsulating a remarkable professional career.

At 62 years old, she should be at the peak of her accomplished career as a public-health expert.

But last year, her life took a devastating turn when she was diagnosed with mesothelioma, an incurable, but largely preventable, cancer directly linked to asbestos exposure.

"I didn't even know how to pronounce the name of the illness for the first few weeks," remembers Martens. "After all, this is so incredibly rare an event in Manitoba that physicians may or may not have ever come across a case."

The latency period for mesothelioma can be anywhere from 20 to 50 years.

Martens says she had workplace exposure during her early career years as a chemistry teacher using asbestos heating pads with Bunsen burners, and believes she was also exposed to asbestos sometime during the 30 year period she studied and worked at the University of Manitoba.

Martens is not the first University of Manitoba professor to have been diagnosed with mesothelioma. Anthropology professors William Morgan (d. 1994) and John Matthiasson (d. 2001) died shortly after their diagnoses.

Even though mesothelioma is considered to be rare, diagnosis of this type of cancer is on the rise. Little was known about the dangers of asbestos in the 1960s when schools, hospitals and universities were built with asbestos-containing construction materials, but evidence was mounting of the deadly toll the substance was taking on human health.

In fact, with the latency period coming to a peak after the asbestos boom of the 1960s and 1970s, mesothelioma is now the leading cause of work-related fatalities in Canada, according to figures from the Association of Workers' Compensation Boards of Canada.

The increase in workplace deaths due to asbestos exposure has significance for Martens, not only personally, but also professionally.

"This is a public health problem that is far spreading and ever increasing, as more and more of us come to the latency period of 40 years from exposure," she notes.

And what mainly frustrates Martens, and echoed by many others, is the inaction of the federal government in adequately addressing this killer substance.

Martens' health continues to deteriorate and she is unsure how long she has to live. She has already outlived the average expected life span of patients with mesothelioma, but she's determined to pressure the federal government to take a pro¬active approach to asbestos.

Dozens of countries have banned asbestos as an import or export, but Canada is

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Dr. Martens has made an invaluable contribution to our understanding of population health in Manitoba. She was one of 21 authors who contributed to the CCPA MB. book The Social Determinants of Health in Manitoba. not one of them. And while many institutions, including the University of Manitoba, are spending hundreds of thousands of dollars to remove asbestos, Martens says Canada's continuing imports of asbestos products are adding to the exposure risk.

"There is no ban and in fact the Canadian government has opposed a ban," she said. "This has unfortunately opened the door for a revival of the use of asbestos."

Martens says although her time is running out, she wants her last steps to include warning the public of the danger of asbestos and lobbying Ottawa to change its current position on asbestos.

"I've never gone through anger or bitterness about my disease," says Martens, "I'm moved not only by a feeling of sadness, but also by a determination to die well. How do I do something worthwhile every day?"

She has contacted CAUT, national media outlets and the government to ensure her story is told and used to protect Canadians from the health risks of asbestos.

"I am actually horrified that while we are spending billions on asbestos-related abatement programs, we are allowing industry to use cement with asbestos in it, with no consideration of current or future safety. If it's the last thing I do on earth, I want to be a voice encouraging a scientific and evidence-based approach to the use of asbestos," Martens wrote in a letter to Prime Minister Stephen Harper in June 2014.

CAUT, among many other organizations, has long called for a ban on asbestos.

And where Canada has implemented reg-

ulations, they still tend to be more lenient than other nations. Legal worker exposure limits to asbestos are 10 times higher than in Europe.

Martens believes Canada is refusing to use evidence-based decisions to regulate the use of asbestos, and is instead remaining in denial about its dangers.

"Why is the government of Canada still insisting on asbestos' safety? Why are we still using asbestos in any building project in 2014? Why are people still dying of a totally preventable cancer? And why is there not public outrage at this?" she asks.

Martens' story is becoming all too common among longtime university and college employees, says Laura Lozanski, CAUT's occupational health and safety officer.

"Asbestos related diseases have a long latency period, and many CAUT members may have been exposed in their early years of learning or working at Canadian post-secondary institutions," she said.

CAUT has taken proactive measures to protect academic staff in informing local associations of the dangers lurking in asbestos, providing asbestos awareness training for joint health and safety committee representatives in post-secondary workplaces, and encouraging individuals to participate in its national asbestos-related diseases database project, which Lozanski says is being used "to identify the extent of asbestos-related diseases among academic staff and aid in prevention and medical treatment."

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