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Using Tobacco Industry-style Tactics, the National League of Cities Ignores Science... and Turns its Back on Fire Fighters

Washington, DC – The International Association of Fire Fighters (IAFF) and the International Association of Fire Chiefs (IAFC) today issued this statement concerning the tobacco industry-style cancer presumption assessment that the National League of Cities (NLC) paid a management consulting firm, TriData, to produce:

The compelling body of evidence of an epidemiological correlation between fire fighting and cancer has been used by 28 states and seven Canadian provinces to create responsible presumptive laws. Those laws recognize that fire fighters work in a uniquely dangerous environment that exposes them to carcinogens that cannot be completely controlled by personal protective equipment and safety procedures, placing fire fighters at an increased risk of developing certain cancers.

The attack on that evidence by the National League of Cities and TriData is not new. The League of Cities has fought every single piece of presumptive legislation that we have worked to pass on behalf of fire fighters.

The new paper produced for NLC by TriData is not credible and is reminiscent of the strategy and spin once used by the tobacco industry, which denied for years that smoking causes lung disease and that nicotine is addictive. The NLC's paper is just as intellectually dishonest today as those cigarette company claims were back then.

Because of sound medical research, this is what we know – cigarette smoke significantly increases a person's chances of contracting lung disease, and the toxic smoke fire fighters breathe and come into contact with as an inevitable result of their work places them at an increased risk for a number of cancers.

When Vermont Governor Jim Douglas (R) signed that state's fire fighter occupational disease legislation on May 22, 2007, he stated, "This new law will provide peace of mind to all of those who, in order to ensure our safety, willingly expose themselves to potentially carcinogenic agents in the line of duty."

As Governor Douglas indicates, fire fighters almost never know what they are exposed to when they respond to an emergency. Nevertheless, fire fighters continue to save lives and reduce property damage without regard to the health hazards that they may face.

While we welcome additional research on the link between fire fighting and cancer, the NLC's propaganda is seriously flawed and must be tossed aside when investigating the need for presumptive laws for fire fighters and certain types of cancers.

Following is a more detailed analysis provided by the IAFF of the flawed NLC/TriData paper and a narrative citing the unique risks fire fighters face, which unfortunately, result in a significant correlation between fire fighting and fire fighters developing certain cancers.

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Detailed Analysis of Flaws in National League of Cities paper by TriData

- **The NLC/TriData paper adopts strategies formerly used by the tobacco industry to question the link between occupational exposures and cancer in fire fighters.**

“We don't believe it's ever been established that smoking is the cause of disease.”

(Murray Walker, Vice President and Chief Spokesperson for the Tobacco Institute, testifying at a Minnesota Trial, 1998)

“Doubt is our product.”

(Senior Brand Marketing Supervisor for Brown & Williamson, 1969)

- Despite a large body of epidemiological data which correlates a direct link to certain cancer in fire fighters, the NLC paper claims “a lack of substantive evidence” exists to conclude an increased risk of cancer among fire fighters.
 - The tobacco industry claimed that research was inconclusive and new studies needed to be conducted even while a large body of evidence demonstrated a link between smoking and health and that nicotine was addictive.
 - The NLC paper suggests that a new, large, longitudinal study of fire fighters be conducted that tracks cancer risk over time. Given that longitudinal cohort studies take many years to complete, this delay strategy both ignores a large body of existing evidence and threatens the health and health care of the current generation of fire fighters.
- **Because the inherent risks in fire fighting cannot be completely mitigated by engineering controls, administrative measures or personal protective equipment, the result is frequent toxic exposures that have been found to correlate fire fighters with a significantly higher incidence of many cancers.**
 - Twenty-eight states and seven Canadian provinces have adopted cancer presumption laws based on the considerable scientific evidence linking fire fighting with many types of cancer.
- **The NLC's rhetoric that conclusive evidence is “lacking to demonstrate a causal relationship between fire fighting and cancer” is not supported by the findings of its own study.**
 - The authors state clearly that at least 35 cancers were identified as having an association with fire fighting and then reported the strengths of the association in each.
 - The Executive Summary of the study states that the researchers could NOT “deny linkages between fire fighting and an elevated incidence of cancer” and that “the research team could not support or refute fire fighting as a cause of cancer of fire fighters.”
 - “Correlation” research, not “causal” research, is typically used in cancer studies.
 - Correlation research investigates the connection between two or more variables (e.g. smoking and lung disease, fire fighting and cancer) and a positive correlation is a direct relationship where, as the amount of one variable increases, the amount of a second variable also increases. Correlation research studies indicate the *relationship* between the two variables, in this case fire fighting and occupational cancer. This is the basis of most cancer research and has been medically accepted in worker compensation decisions and cancer presumption legislation.

- **The NLC/TriData paper uses a subjective and highly questionable methodology to review the literature on cancer among fire fighters. It reviewed only hand-selected articles from the arbitrarily determined period of 1995-2008 and relied on narrative review methods to draw conclusions. Narrative reviews are particularly prone to bias and are widely considered inferior to quantitative review methods.**
 - The TriData review was limited to 71 studies published between 1995 and 2008. This arbitrary time frame accompanied by the lack of search effort virtually eliminated hundreds of relevant works.
 - Narrative reviews describe the existing literature using subjective descriptions without the benefit of quantitative synthesis. They use “box score” or “vote counting” methods for the synthesis of results. These methods can result in inaccurate conclusions.
 - Narrative reviews are not precise in their description of study results. As the number of studies included in a narrative review increases, the difficulty of accurately describing overall effects and potential moderators of study outcomes increases.
 - It has been demonstrated that the methods used in narrative reviews can lead to inaccurate conclusions that are at odds with quantitative reviews and more recent well-designed trials.
 - High-quality quantitative reviews, such as the University of Cincinnati meta-analysis study cited in the report, have more safeguards against bias in inclusion or interpretation.
 - The University of Cincinnati study reviewed 32 studies evaluating the occupational risk of fire fighting with cancer using appropriate statistical procedures and concluded that fire fighters have an elevated risk of several types of cancer.

- **The study spends an inordinate amount of discussion on the potential “cost” of presumptive laws involving cancer, yet the authors provide no cost data to back up their claims.**
 - Based on actual experience, the cost per cancer claim for those states having presumptive occupational disease statutes is substantially less than the unsubstantiated figures that some, including the National League of Cities and its affiliates, have proffered at the time a bill was advancing through the legislative process. The reason for this, unlike benefits for other occupations, is the higher mortality rate and significantly shorter life expectancy associated with fire fighting. Fire fighters are dying too quickly from cancer and other occupational diseases, unfortunately producing a significant pension annuity savings and reduced worker compensation costs for states and municipalities.

- **In a 2003 study, Dr. Tee Guidotti, M.D., M.P.H. (Chair, Department of Environmental and Occupational Health School of Public Health and Health Services, The George Washington University Medical Center) stated, “The occupational health problems of fire fighters have been extensively studied, to the point that the world epidemiological literature on this topic is among the most complete and detailed available for any occupation.”**
 - The IAFF has reviewed and maintains over 320 documents specifically related to mortality, morbidity, epidemiology, industrial hygiene, and health related to fire fighter cancer.

- **Facts about the clear link between fire fighters and cancer.**
 - Dozens of epidemiological studies reveal marked elevations in incidence of certain cancers in fire fighters, which could not be explained by causes other than workplace exposure.
 - Unlike other industries or occupations, fire fighting takes place in a chaotic, uncontrolled environment surrounded by toxic dangers. Personal protective equipment may be inadequate to protect a fire fighter.
 - Due to the physical and medical requirements, fire fighters are healthier than the general population with disease incidence significantly less than the general population. An increase in the prevalence of any medical condition arising from workplace exposures may therefore be missed with comparison to the general population. This medically and scientifically accepted “healthy worker effect” is accentuated with fire fighters who are extremely healthy and has been termed the “super healthy worker effect.” This problem may be controlled by using another, similar occupational group as a control. This has been accomplished in a number of studies of fire fighters using police officers as a comparison group.
 - An occupational disease, such as cancer, takes years to develop. Fire fighters spend an entire career being exposed to fumes, toxic fire smoke and other chemicals and toxic substances.
 - It’s impossible to say when a fire fighter was exposed to a carcinogen and contracted cancer or what emergency is responsible for one’s cancer. But it is clear that fire fighters are exposed to numerous toxic materials.
 - It has been the decades-long goal of the IAFF to prevent occupational cancer from afflicting its members. The IAFF has developed specific programs for primary and secondary prevention for jurisdictions and fire departments to implement. Primary prevention is aimed at stopping a cancer from developing in the first place and includes avoidance of hazards and behavioral changes to decrease individual risk factors for cancer. This includes IAFF programs addressing personal protective equipment, diesel exhaust control devices, tobacco cessation programs and nutrition programs. Secondary prevention includes techniques that detect early cancer or precancerous conditions so that early interventions can decrease the risk of advanced disease that the IAFF and the IAFC have incorporated into mandatory annual medical evaluations, under the *IAFF/IAFC Wellness and Fitness Initiative*.

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