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Written testimony in favor of HB 4113

Submitted to: Oregon House of Representatives Business and Labor Committee

Submitted by: Matt Laas, Resident of Portland, OR

Chair, Vice-chairs and member of the Committee,

My name is Matt Laas, resident of Portland, professional Oregon firefighter for nearly 28 years and an occupational cancer survivor. I submit this testimony in support of HB 4113.

During my bout with cancer, and the subsequent battle with SAIF to establish my cancer as work related, I learned a great deal about my risk as a firefighter, the available science establishing association with firefighting and the strategies employed by SAIF to deny and fight the presumption. I've heard and read most of the testimony by the lobbyists from Special Service Districts and the Insurance carriers, and to my ears, it is the same slight of hand they attempted during my battle with them. It includes some of the same individuals, including one of their expert witnesses, a well-known "Independent Medical Examiner" who, in fact, denied my claim specifically. I will never misunderstand their motivation. It is to save money at all costs, even when that cost is life and livelihood.

I will begin with the real risk firefighters face from cancer causing agents. The science identifying an absolute cornucopia of carcinogens which firefighters face daily is irrefutable. There is much in this debate which one can interpret, but this is fact. These known carcinogens are the by-products of every form of combustion, but they are particularly highly concentrated in modern buildings and their contents. NIOSH is on the cusp of declaring the firefighting profession itself a "known carcinogen." Several European nations and Australia already do consider this hazard so great. The effort by the insurance lobbyists to cast doubt on the risk and exposure faced by firefighters calls into question any science-based claim they make. These carcinogens are inhaled, absorbed into our skins; they saturate our hair follicles, are inadvertently ingested, imbed themselves into our protective gear and off-gas and release fine particulates which continue to expose us hours, days and months after the acute exposure. This is not a debatable or hypothetical exposure. It is real, it is a proven, repeatable, observable, scientific fact. Our exposure is well studied, and as a result, exposure reduction strategies, have been developed and are increasing in use. We are addressing the prevention part of this equation. A generation from now, we can only hope that firefighters will not have double the overall cancer rates of the general population.

One of the first conversations I had with my oncologist, a well-respected, tenured member of OHSU Oncology, had to do with causation and association of my cancer with my profession. We spoke at length about my workplace exposures and otherwise non-carcinogenic lifestyle. He summed up his perspective on causation and association: not very much related to cancer can be definitively pinned down as "causative." This is a term used when the "association" is very great. Cancer is a very complicated disease process and there are confounding variables which are very difficult to quantify. Although we try very hard to make cancer a "this-causes-that" issue (and sometimes it is- smoking and lung cancer), it is usually not so absolute. This strikes me as an incredibly intellectually honest

perspective. We strive for concrete answers, but humbly recognize that science is an evolving process. The fact of the matter is that real, controlled studies for firefighter cancer is only now really being implemented. In places such as University of Miami, UC Berkely, University of Arizona, NIOSH, and the CDC real, large scale studies with reliable funding and political will are in process. The retrospective studies which have been relying on for cancer rates for firefighters are what we have had to make decisions. All of the current studies and their early results, as well as the retrospective studies have demonstrated a strong association of firefighting with significantly higher cancer rates. This is generally accepted across the debate. When we delve into the weeds of individual cancers, we find the debate change. Firefighter cancer research is relatively new, we just don't have the data. The data we have is developing as we speak, and the retrospective studies are using data collected on patients without the specific data points we would like today.

We know firefighters have higher cancer rates in general; the science and related data are continually improving on the specific types of cancers, but it still evolving. So, we have firefighter cancer presumption in order to protect those who protect us. Firefighters are bathed in carcinogens on every fire, in contexts and time compressed circumstances which make perfect recognition and control of their exposure impossible. In even the most controlled and managed incidents, there are always exposures to known and unforeseen hazards. This is the reality of the fire service. There is a constant tug of war in the calculation of risk vs benefit in the face of imperfect information. The presumption is making a calculation that, in the absence of perfect information, protecting people is of far more benefit than the risk to the insurance carrier's bottom line.

I thank the committee for their time and tireless efforts to serve the citizens of this State.

Regards,

Matt Laas