

The asbestos industry and Bill 17

On Thursday, September 6, 1979, the Association des mines d'amiante du Québec presented a brief to the Permanent Labour and Manpower Commission of Québec's National Assembly, in which it expressed the viewpoint of the asbestos industry on Bill 17 dealing with occupational health and safety.

The publication of this issue of the Bulletin was delayed by one week so as to allow the text of the AMAQ document to be published, in extenso, immediately after its presentation to the Commission.

The Association des mines d'amiante du Québec, which has agreed with the objectives put forward in the White Paper on occupational health and safety, acknowledges the justification of overall legislation on the matter and the relevance of reform aimed at replacing the numerous current laws and regulations and the fragmentation of administrative responsibilities with a more coherent system and a unified set of norms.

We do not dispute the merits of a policy aimed at eliminating the causes of occupational accidents and work-related diseases, but rather feel that such initiative on the part of public authorities is timely, all the while contributing in a positive way to collective awareness of the problems inherent in occupational health and hygiene.

The member companies of our Association subscribe all the more readily to the general direction of the policy expressed in the White Paper as they all have action programs which, in the final analysis, adhere to the objectives of the White Paper.

The experience of the asbestos industry

These programs deal with medical and scientific research, occupational medicine in direct contact with the work environment, development of advanced technology with

a direct impact on prevention of occupational risks and on hygiene at work, the modernization of facilities and equipment intended for air purification and the improvement of the environment and the quality of life.

Substantial human and material resources are involved in these programs: an institute of occupational and environmental health, entirely financed by the industry and which makes use of the most noted specialists in the world, health clinics at Thetford Mines and at Asbestos with their own doctors and health professionals and first-rate equipment, consultant-doctors, environmental expert-consultants, highly active permanent committees in the following fields: environment, occupational health and hygiene, safety and accident prevention.

It is mainly in light of this effort and experience that we are intervening in the current discussion on Bill 17.

We believe that it contains elements, which if maintained are of the type to hinder, in actual fact, the attainment of the fundamental objective of the Bill which is the health and safety of workers.

Therefore, our intervention is aimed at showing which elements, in our opinion, should in all necessity be revised, and it will deal with the following:

Health clinics and services, health and safety committees, inspection, the exercise of the right to refusal, the prevention representative, medical diagnosis.

1. Health clinics and services

Regarding occupational health services, we cannot understand why the authors of the Bill chose such a straight and narrow path. By favouring abusive bureaucracy and functionalism in the organizational structure and operation of health services, such a path thwarts more than it actually establishes the principle of the taking in hand by the

milieu of health and hygiene at work, which in fact was a basic premise in the orientation of the White Paper.

Above and beyond the fact we feel that health services for workers are part of the responsibilities inherent in the management of a company, and that we would find it inadmissible for the legislator to use as a pretext the promotion

Asbestos

of occupational health and safety in order to insidiously withdraw the rights which are part and parcel of management in the economic and political system we live in, we feel that as far as health services are concerned, the Bill is unreasonably restrictive and limiting.

It is obvious that existing programs and services were not taken into account and it also appears that the authors confused the role of a doctor with that of an arbitrator or conciliator.

From the viewpoint of the competence of their professionals, the quality of their services and equipment, the Asbestos and Thetford Mines occupational medicine clinics, for example, are more than equal to what exists in this field, namely in public, para-public or community centres. As a matter of fact, their thorough knowledge of the mining milieu and all its aspects allows them to be in a position to better serve, with all the required attention, workers who could not receive such care from other institutions or professionals unfamiliar with the asbestos working environment and who have no practical experience of the problems and solutions which are particular to this environment.

From this point of view, the exclusion of health clinics established in the private sector borders on irresponsibility because it would eliminate needlessly and gratuitously, in the case of occupational medicine clinics, extremely precious accumulated experience and competence, and services which have proven their professionalism and efficiency.

Always taking into account its objective, the Bill should, to the contrary, encourage the maintaining, and development of such clinics and thus create, between the public and private sectors, healthy and stimulating competition which can only be beneficial to workers and favour the implementation of sound occupational medicine in Québec.

Health programs

As for the development of health and safety programs, companies can generally better define and determine their own needs concerning medical examinations and the type of services required to obtain the optimum performance in preventing and solving health and safety problems. Here again we observe that the authors of the Bill have followed a straight and narrow path which is rigid and restrictive instead of fostering an open policy encouraging development, in conjunction with the appropriate public organizations, of the best possible programs, designed and structured in accordance with the very needs of each industry.

In the case of health and safety programs in the asbestos

industry, it would be deplorable that the legislator block their scope by subjecting this industry to a general leveling process which would discourage all initiative.

The occupational doctor

As for the choice of occupational doctors in companies, we feel that the only criteria for hiring an occupational doctor must be his professional competence and aptitude to best meet the duties to be performed.

Recruiting should be carried out according to rigorous standards to obtain the highest degree of professionalism. In carrying out his medical profession, the occupational doctor in a company should not, nor ever, be subjected to State authority, company authority or worker authority but must abide by the dictates of his professional corporation.

This does not, however, prevent that mechanisms be developed so that doctors, just like nurses, hygienists, toxicologists and epidemiologists, work in close cooperation with health and safety committees and worker representatives. In the same way we accept the monitoring mechanisms of health services as provided for in the Bill, we favour that the independence and integrity of occupational doctors and all health professionals be guaranteed through the setting up of standards recognized by professional corporations or the Occupational Health and Safety Commission.

However, we feel it unacceptable that the choice of a doctor be submitted to a vote by a parity committee in which the employer or union sympathies, obvious or assumed, are liable to weigh more heavily than professional competence.

On the contrary, we feel that the hiring of an occupational doctor in a company should logically fall to the employer who is liable for the health of all his workers and responsible for the smooth management of all activities in his company including health services, it being understood that the professional independence, competence and integrity of the appointed doctor must conform to established norms.

We therefore request that the Bill be revised in this regard to take into account the imperatives inherent in providing health services in an industry such as ours, and to allow for free choice in the hiring of health professionals. Whether full-time occupational doctors or consultant-doctors are involved, we feel that we are justified in asking for the right to call upon the best elements of the profession without any consideration whether they belong to the private or public sector.

2. Health and safety committees

On the other hand, if there is a field in which, more than any other, employer-employee cooperation, to be useful and efficient, must be accepted freely by the parties and completely absent of power plays, it is surely the health and safety field.

As defined in the Bill, health and safety committees, which may even be imposed by outside authority, would quickly be liable to become hotbeds of confrontation and conflict, thus making their very goals impractical.

Such committees inevitably risk deviating from their primary objectives if they truly do not convey the will of employers and employees to cooperate in finding solutions to problems of health and safety.

The Bill, in this regard, paves the way for all types of confrontations, even bargaining, to the detriment of the true objectives of health and safety.

Inasmuch as the legislator above all wants to see that this necessary cooperation becomes real and feasible, he

should agree to reflect upon the very constitution and definition of these committees by making them voluntary and consultative, by more equitably redefining the responsibilities

of each and, above all, by avoiding that they become the extension of employer-union disputes on the respective rights and obligations of workers and employers.

3. Inspection

At another level, the Association des mines d'amiante du Québec questions the pertinence of unifying all the health and safety inspection services as the Bill proposes. Again, the authors appear to have given free rein to a generality in which the specifics of an industry such as the asbestos mining industry are cast aside.

Indeed, the mining sector has a special character which is its very own due to the particularities and complexities of mining operations. An inspector responsible for overseeing adherence to safety norms, and in a general way, of ensuring the application of laws and regulations, would not be able to suitably carry out his job if he did not have the proper training and if he were not familiar in every way possible with the full details and circumstances of mining, whether in the pit or in the processing plant.

There is no doubt in our minds that supervision of the health and safety conditions of mining workers in general, and asbestos mining workers in particular, can be more effectively ensured by specialists working for a government department directly in contact with the mining activity. In this regard, the Service de l'inspection des mines, which enforces application of the Mining Act appears to be the ideal body to carry out inspection in all mining facilities, even under the new plan.

In any case, even if inspection of the mines should be the responsibility of a government body other than the Ministère des richesses naturelles, which would appear to be rather odd, the task should necessarily be assigned to professionals well familiar with mining operations for obvious reasons of efficiency and the smooth operation of the inspecting process.

4. The exercise of the right to refusal

Regarding the rights and obligations of the worker, we recognize the right of a worker to refuse to carry out a job if he has reasonable motives to believe that performing this job will expose him to risks for his health, safety or physical well-being or could have the effect of exposing another person to similar risk.

The concept of good or bad faith to which this chapter of the Bill refers may lead to abuses, misunderstandings and

useless litigation and does not have a place in the articles regarding the rights of a worker to refuse to carry out a job.

We therefore feel that the concept of reasonable motives, stated in the Bill, must be the only one kept as it ensures more efficiently the objective application of the rights of the employer and employee.

5. The prevention representative

The section of the Bill dealing with the appointment of prevention representatives leads to confusion as written.

In one instance, it is stipulated that workers choose "one or more people to carry out the duties or prevention representatives". In another, reference is made to "one prevention representative".

The time a prevention representative can devote towards his duties, at his employer's expense, could be substantial. In addition, he can take, without salary loss, as much leave

of absence as needed to participate in training programs, the content and length of which are approved by the Commission. Consequently, simple common sense should incite the legislator to limit prevention representation.

We feel that one prevention representative per company is enough, except perhaps in the larger companies in which case the Bill can establish or determine the method of setting the number of representatives in accordance with the size of the enterprise and the number of employees.

6. Medical diagnosis

Concerning transitory provisions, and especially article 279, we have noted an extremely important omission.

The proposed modification aims at replacing a subparagraph of Bill 52, 1975, by a new text which has the effect of eliminating the concept of positive diagnosis in the case of disability resulting from silicosis and asbestosis, by only mentioning "silicosis and asbestosis medically determined through diagnosis..."

The Association des mines d'amiante du Québec opposes this change which would have the effect of undermining the concept of positive diagnosis.

We had the opportunity, when hearings on Bill 52 were

held a few years ago, of showing the inadequacy of the term "medical diagnosis" without any other precision, and the misleading interpretations it led to.

At the time, we proved, to the satisfaction of the legislator, the necessity of introducing the concept of positive diagnosis, the only way to ensure that diagnoses are based on medical and scientific data, free from any partiality.

Our request does not have any other goal than to prevent a return to arbitrary and subjective rule in matters of medical diagnosis, thus compromising, on a crucial point, the just and equitable application of legislation on occupational health and safety.

Asbestos-cement a combination of elegance and

Asbestos applications are so numerous and varied that it would be difficult to draw up an exhaustive list, especially as these applications are evolving according to the changing pace of consumer needs and tastes. Several products containing asbestos, in order to make use of the unique characteristics of the fibre, are therefore constantly being developed to satisfy the new requirements of the market.

Thus, during the last few years, a new use was developed for fibrocement in the construction field, namely, asbestos-cement finished sheets, a decorative material which lends itself particularly well to exterior and interior architectural facings.

Sophisticated products

Finished sheets can be found in curtain walls, edging, balcony surfacing, soffit ceilings, tympanum, or partition walls in various types of buildings: multiple apartment dwellings, hotels, hospitals, office buildings, schools, community centres, etc.

Contrary to traditional corrugated or flat sheets, used primarily for functional purposes for the cladding of industrial buildings, coloured or textured asbestos-cement finished sheets are more specialized and sophisticated products which are used for cladding commercial, public, institutional or residential buildings whose aesthetic appearance is a major concern of architects.

Manufacturing process

Made of a mixture of Portland type cement and asbestos fibres (12 to 15% content), generally grade 4, the finished sheets, like all fibrocement products, do not present any risk to the health of users due to the fact that the fibre is completely interlocked in the mixture.

Coloured sheets are formed by a compression process into flat panels which are then polished and covered by a pastel or bright coloured coating. The finished product has a smooth, semi-mat and uniformly coloured surface. The panels are produced in various thicknesses and sizes.

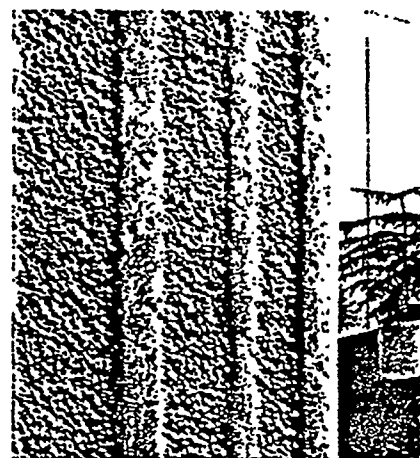
Textured sheets have a rough-finish surface and are generally white, grey, sand or earth coloured. Their manufacturing process varies according to producers. The mixture can be dyed before being compressed and then molded into the desired texture or shape or again, dyed and molded without going through the compression stage. In certain cases, the texture is obtained through sanding. In other cases, the mixture is not dyed so that the finished sheet has the natural grey colour of asbestos-cement.

Characteristics and advantages

The large variety of available shades for coloured sheets and the numerous finishes which can be



There is a great variety of applications for finished sheets in the construction of a mansard roof. Right: the sheets with coloured asbestos-cement sheets.

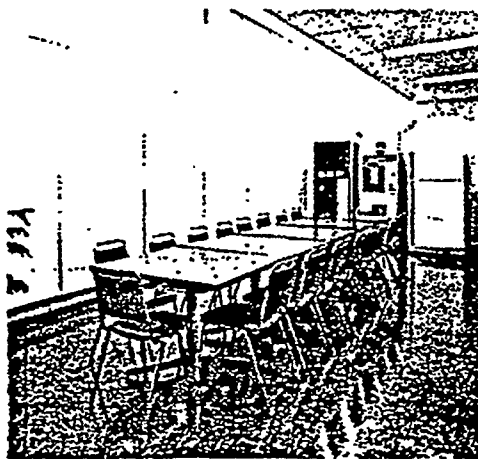


Left: an aged stone effect has been given to a textured sheet. Right: a cafeteria has been covered with coloured sheet.

it finished sheets solidity, of safety and economy



asbestos-cement sheets. Left: coloured sheets are used
at and soffit ceiling of an elegant marquee are covered



3d asbestos-cement sheet. Right: The ceiling and walls of
at are decorative as well as durable and easy to clean.

given to textured sheets make the products very appealing to architects who wish to create new and original effects in exterior and interior facings of the buildings they design, and who must, at the same time, take into account safety standards which are becoming more and more severe and respect the concerns of contractors about savings and costs.

The asbestos-cement finished sheet does meet all these requirements. Other than its aesthetic qualities, it has characteristics which often give it advantages over certain competitive materials, such as concrete, brick, etc.

Thus, all the while providing excellent resistance to pressure, due to the reinforcement properties of the asbestos fibre, it is relatively light, much more so than concrete for example. This allows builders to use lighter structures which are more economical, and simpler installation methods which are faster and less expensive. In addition, like all products combining asbestos and cement, the finished sheet is noncombustible thus providing a protection guarantee against fire spreading and smoke emissions. It also can withstand humidity and sharp drops or rises in temperature, and its low lineary heat expansion coefficient gives it considerable dimensional stability.

Interesting potential ~

Coloured sheets are quite popular in Western Europe where all

their production is centered. Eternit-Belgique manufactures, among other things, high quality coloured sheets marketed in Europe under the trade name Glazal. However, the use of coloured sheets in North America is still not very widespread as architects and builders are not familiar with the range of possibilities the product can offer.

Textured sheets are better known on this continent. Two large producers of fibrocement products, Johns-Manville in the United States and Atlas Turner in Canada, are already involved in the production of textured sheets which are marketed under various trade names. In addition, the natural finish and rugged appearance of the sheets better correspond to North American tastes, at least as far as exterior facings are concerned.

Japan and other highly industrialized countries represent interesting potential markets for asbestos-cement finished sheets which are high quality sophisticated products.

With the increase in cost of traditional materials, and the quest for new shapes and lines in modern architecture, finished sheets are destined to take a greater and greater share of the decorative material market. Indeed, they possess a combination of qualities which is almost unequalled by other products, all the while being economically competitive.

Statement of the international asbestos industry

For some years now the effect of asbestos on human health has been the subject of steadily increasing controversy.

While there has been considerable scientific investigation into this subject, the state of knowledge is far from complete. At the same time the discussion is becoming increasingly emotional and this is conducive neither to the adoption of good and reasonable regulation nor to providing a background for the improvement of scientific knowledge.

In these circumstances, the asbestos industries will continue to co-operate with all of those concerned, and in particular:

- the workers and their representative organisations;
- the medical and scientific professions;
- national and international authorities,

in order to achieve the following:

- defining and establishing measures for worker protection;
- encouraging and/or undertaking all the requisite technical, scientific and medical studies for gaining improved knowledge of the pathology of asbestos-related disease, a large number of features of which still remain obscure;
- comparing and discussing together the conclusions that can be drawn from the present state of knowledge.

In this context, the asbestos industry, represented by the Asbestos International Association, wishes to state its position as follows:

1. The health hazards associated with asbestos are due to the inhalation of fine asbestos dust. It is known that excessive exposure to uncontrolled concentrations of asbestos dust can result in the onset of asbestosis, cancers of the lung and mesothelioma.

2. These occupational diseases normally show up only after a period of 15 to 40, or more, years after the exposure. This indicates that the cases presently occurring are the result of working conditions that were very different from those encountered today — the dust levels at that time were 100 or even 1000 times higher than at present. It also follows that the cases of asbestos-related disease which will occur in the near future will also have had their origins in past conditions.

3. A dust level not exceeding 2 fibres per cc is considered by the industry as the basic necessary requirement, and the industry considers that regulation to achieve this is both necessary and useful. The overall objective is to reduce the fibrous dust content of the air as far below two fibres per cc as is possible, and wherever possible, at the earliest opportunity.

4. The industry considers that the dust level of work places should be regularly monitored. The workers concerned and their representatives should be kept advised of the results, as are factory doctors and official health inspectors.

5. Uses of asbestos in which adequate dust control cannot be achieved (such as spraying) should be abandoned.

6. Industry is continuously striving to improve the quality of its products, and is actively investigating the development and application of alternative materials. In this connection, however, it is emphasised that such materials must meet three basic requirements:

- (a) they must present less hazard to health than the asbestos product;
- (b) they must offer equivalent technical properties, notably in the way of fire protection and in terms of thermal and chemical resistance and mechanical strength;
- (c) they must be economically satisfactory.

7. The policy of the industry is to give adequate information to users of asbestos-containing products in order to ensure that these are used safely.

8. Scientific data on the asbestos and health problem are still insufficient. The industry considers that new research must be urgently undertaken and is prepared to help in organising this and to co-ordinate the work in different countries. In such studies, which require close international collaboration between researchers, priority should be given to the following:

- the epidemiology of asbestosis, lung cancer and mesothelioma;
- the effects of tobacco and other carcinogenic co-factors;
- the possible relationship between ingested asbestos and disease.

9. In the present state of scientific knowledge, there is no evidence that the proper use of asbestos products involves any health risks to the public at large.

Standardization of dust measuring methods

The Dust Measurement Advisory Panel of the Asbestos International Association (AIA), which includes experts from several countries, has finalized development of a reference method for the determination of airborne asbestos fibre concentrations at workplaces by light microscopy.

To this end the members of the Panel met during the last week of June at Bromont, Québec, where they were the guests of the Association des mines d'amiante du Québec. The meeting, the fourth since formation of the Panel, also provided an opportunity for the members to visit, at Asbestos, the Johns-Manville Canada facilities and, at Mont Saint-Hilaire, the laboratory of the Occupational Safety and Health Centre of McGill University, headed by Dr. G.W. Gibbs.

18 months of work

The reference method adopted at Bromont establishes a standardized procedure to be used to measure fibre concentrations through membrane filtering. It is the result of work carried out over the last year and-a-half by the members of the Panel who applied themselves during this period in evaluating the techniques and equipment in use throughout the world and in selecting the best elements in order to arrive at a unique and uniform method which would facilitate, particularly for epidemiological purposes, measurement comparisons on an international scale.

It was at the first international symposium on dust measurement, held in August, 1977, at Warmensteinach, West Germany, that specialists emphasized the lack of uniformity in the use and understanding of the membrane filter method. In fact, the interpretation of the method

by the various laboratories is such that it leads to almost as many methods as there are laboratories. This is due, in part, to variables which occur at various steps in the process: collection of air samples, preparation of the slide, counting criteria, etc.



An illustration of air sample collection at the workplace.

Standard procedure

Aware of the necessity of remedying such a situation, the Dust Measurement Advisory Panel of the AIA therefore undertook development of a reference method allowing the procedure to be internationalized. A first draft was presented in Washington in October, 1978, during the second symposium on dust measurement. It was favourably received by the interested scientific and government organizations whose numerous comments, often very pertinent, led the Panel to make certain changes and to improve the project before giving it its final form at the Bromont meeting.

The Panel

The members of the Dust Measurement Advisory Panel and authors of the document are: Dr. Klaus Roßbock, of the Asbestos Institute for Occupational and Environmental Safety and Health (Germany), Chairman of the Panel; Daniel Bouige, of the Laboratoire d'hygiène et de contrôle des fibres minérales (France); Dr. Gerald R. Chase, of Johns-Manville Sales Corporation (United States); Geoffrey Pickford, of the Research and Engineering Centre of James Hardie & Coy Pty. Ltd. (Australia); Dr. Harrison B. Rhodes, of the Metal Division of Union Carbide Corporation (United States); Anthony L. Rickards, of the Asbestos Fibre Laboratory of Turner & Newall Ltd. (United Kingdom); Ulrich Teichert, of the Asbestos Institute for Occupational and Environmental Safety and Health (Germany), acting Secretary of the Panel; and Marc Trudeau, Technical Advisor of the Association des mines d'amiante du Québec. Mr. R. Sykes of the Asbestos Research Council (United Kingdom), formerly member of the Panel, also played an active role in the development of the reference method.

The Dust Measurement Advisory Panel, created by the AIA in 1977, meets at least three times a year. Its main assignment is to standardize the methods used to measure asbestos dust.

Current projects

The reference method for the determination of airborne asbestos fibre concentrations in workplaces is only the first step in the program which the Panel has set for itself. Members have already undertaken two new projects with regard, respectively, to the measurement of asbestos dust emitted into the environment and to the measurement of dust emitted from chimneys in the asbestos industry.

Adoption of an international symbol for labelling of asbestos bags

Canadian asbestos fibre producers have all accepted a proposal submitted by the Asbestos International Association (AIA) which recommended that a graphic symbol be added to the caution warnings on asbestos fibre bags shipped from their respective processing plants.

The chosen symbol is currently in use in the United Kingdom and certain other countries and highlights the letter "a" meaning both **asbestos** and **attention**. The logo is composed of a stylized "a" on a black background surrounded by a red border thereby making the symbol very distinctive.

Labelling

For several years now, producers have been labelling bags with a written warning in accordance with requirements of organizations responsible for ensuring the health of workers, such as OSHA (Occupational Safety and Health Administration) of the United States. The text cautions eventual users that the bags contain asbestos fibres, that they should

avoid creating dust and that breathing asbestos dust could be detrimental to health.

During the last two years, several producers took it upon themselves to make the text more explicit and, in certain cases, have even included

a warning to the effect that smoking considerably increases the risks to health.

According to the new labelling policy adopted by Canadian producers, each company will continue to have its own warning printed on the bags, but the "a" logo will be used by all.

International symbol

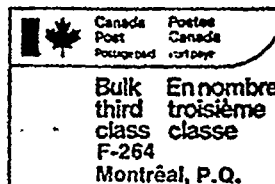
It is anticipated that the "a" will eventually become the international caution symbol in the asbestos industry. In fact, in the manufacturing sector, it is already used on the packaging of asbestos-containing products in Australia, Ireland, New Zealand and the United Kingdom and will shortly be applied in Belgium, Canada, Denmark, Finland, Germany, Holland, Luxemburg and South Africa. On the other hand, most fibre producing members of the AIA will follow the example of Canadian producers so that the logo will be used in all the major asbestos producing and consuming countries.



Bulletin

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