

ATLAS ASBESTOS COMPANY

DIVISION OF BELL ASBESTOS MINES, LTD.

8600 HOCHELAGA STREET

MONTREAL

December 16, 1975

Judge René Beaudry
Président
Comité d'Etude sur la Salubrité
dans l'Industrie de l'Amiante
Montréal

Monsieur le Président,

As president of Atlas Asbestos Company I am disturbed by misunderstandings caused by the report and testimony given by Dr. Philippe Landry to the Beaudry Commission.

I do not deny that a large number of Atlas employees have asbestos-related diseases caused by conditions of the past. This information is well known to officials of the Quebec Workmen's Compensation Commission.

What does disturb me greatly is the misleading publicity given our Company - easily identified because of our position in the Quebec asbestos industry and our past association with Dr. Landry.

This portrays Atlas Asbestos Company as having no real concern about the health of its employees and this is not true. I refer you to Dr. Philippe Duval and Dr. Fernand Grégoire, officials of the Quebec Workmen's Compensation Commission, who are aware of our deep concern and activities to improve health standards in our plant.

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In 1970 Dr. Landry expressed concern about a growing health problem at Atlas and, with the cooperation of the Quebec government we made it a policy to send all employees with over 15 years' service to the Lavoisier Institute for a three-day examination. This resulted in detection of the large number of cases referred to by Dr. Landry.

Up to that time industry knowledge of the hazard and techniques for control had not been too advanced. In 1973 we undertook to bring our plant to a 2 fibre per cc level and went on record with the Quebec Workmen's Compensation Commission that this was our intention. We started a three-year program which has now been completed at a cost of \$1/2 million.

With existing regulations requiring 5 fibres per cc in Quebec and in the U.S. we undertook, as responsible managers, a self-imposed lower standard of 2 fibres per cc and we have attained that standard.

In 1974 there were 441 fibre counts; of these counts there were none over 5 fibres per cc and only 19 over 2 fibres per cc. In eleven months through November 1975 there has been a total of 377 counts; of these there were none over 5 fibres per cc and only 24 over 2 fibres per cc. Enough of these counts have been verified by the Quebec Department of Health to prove their validity.

Dr. Landry was our Company doctor from October 1967 to September 1, 1974 and was privy to Atlas health matters. He reported favorably on our program in improving dust control and achieving

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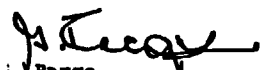
a 2 fibre level at a joint conference of affiliated companies' doctors in England in May 1974.

We agree with most of the recommendations made by Dr. Landry with reference to employees' medicals, a dust limit of 2 fibres per cc for our type of asbestos-cement manufacture, dust counts available to employees, visits by Government inspectors, as these are already our practice. We also agree with the suggestion with respect to smoking and we plan to step up our anti-smoking campaign.

We do not agree with his recommendation on incentive systems, as in our opinion, this is irrelevant. The dust count must be kept below 2 fibres per cc regardless of the speed of operation. We do not use Crocidolite but we do use a small quantity of Amosite fibre. We have no evidence that Amosite fibre is more harmful than Chrysotile but if this is proven, its use will be eliminated.

With the evidence of our achievements in dust control, we resent any implication of apathy towards the health of Atlas employees and the statement that the "industry should be cleaned up immediately".

Sincerely,


J. Barge
resident

cc: Dr. Philippe Landry
Dr. Philippe Duval
Dr. Fernand Grégoire

DR PHILIPPE LANDRY, M.D. F.C.C.P.
MALADIES PULMONAIRES
2000 EST, RUE BEAUDRY
MONTREAL 200

Le 9 décembre, 1975.

Monsieur le Président,

J'ai eu le privilège d'être conseiller médical pour une industrie intéressée à la transformation de l'amiante, isolation, tuyauterie et matériel de construction. L'amiante utilisée pour ces produits était la chrysotile (amiante blanche) en association selon le cas avec la crocidolite (amiante bleue) ou l'amosite (amiante brune).

De 1967 à 1974, sur 454 employés examinés, 249 ont bénéficié d'un contrôle par le Comité de pneumoconiose et 152 ont été compensés à différents degrés.

Au premier janvier 1974, 90 employés compensés étaient encore à l'emploi de la compagnie, et au 15 novembre 1975, ce nombre était augmenté à plus de 100 employés.

L'exposition moyenne aux fibres d'amiante aux employés compensés était entre 15 et 24 ans.

Sur les 18 employés décédés durant 1967 à 1974, 10 employés ont eu une autopsie. Sur les 18 décès, 3 employés sont décédés avec amiantose et cor pulmonale, 4 employés avec une amiantose associée à un cancer broncho-pulmonaire et 1 cas dû à un mésothéliome. 4 cas sont décédés d'autres maladies associées à de l'amiantose plus ou moins avancée mais sans cancer. 4 cas sont décédés de cancer non localisé aux voies respiratoires mais avec amiantose associée, 3 cas sont décédés pour des raisons autres que l'amiantose ou le cancer.

Depuis septembre 1974, nous avons eu l'occasion d'examiner 5 employés atteints d'une pathologie compatible avec une pleurésie amiantotique.

C'est pourquoi je crois qu'il est de mon devoir de vous faire les recommandations suivantes pour éliminer l'amiantose et diminuer le nombre d'employés susceptibles d'être atteints de cancer des voies respiratoires et qui travaillent dans l'industrie secondaire de l'amiante y compris ceux des sous-contracteurs.