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NOTES OF QUEBEC INVESTIGATION

MARCH, 1980

BY: BARRY CASTLEMAN

A. The Investigation

Along with student Albert Donnay I went through the Industries (QAMA) Library at the Institute of Occupational and Environmental Health (IOEH) in Montreal. I spent a full day doing through files and index cards (covering references in files and out), adding several items to our medical collection. There were also a few unpublished studies done by IHF. Paul Kotin was on the scientific committee of IOEH in the late 60's when unprintable research on brake dust for Johns-Manville went on. Another confidential report by Union Carbide in 1968 was remarkably candid about the medical problem.

Medically, we've come up with a bunch of excellent translations of early German papers and others on asbestosis and cancer. One is a translation of a Dutch paper on asbestosis and peritoneal mesothelioma in an insulator, published in 1961 and translated by the United States Department of Health, Education and Welfare in 1964. There is a U. S. case report of asbestosis and lung cancer in a brick layer (1960) and a couple of old items in English relating to the asbestosis insulation hazard. The early stuff on mesothelioma is mostly German and translation of these works should be useful.

Albert found that Dr. Cartier winters at the Aliki Hotel in Daytona, Florida. Cartier may remember some of the old compensation claims they were fighting back in the 1950's over some of the mines he had examined with lung cancer in Thetford Mines, Quebec. He might admit that his unpublished (1952) presentation at the Seventh Saranac Symposium established cancer linked with chrysotile mines.

The clinic was used by Carey Asbestos Corporation, Bell, and Lake Asbestos.

In Asbestos, Quebec, the only firm is Johns-Manville. I spoke with the President of the Asbestos Workers Union explaining our interest in old compensation claims (particularly cancer). His asbestosis committee chairman, Jean-Claude Simoneau, was vacationing in Florida, but the chief assured me he's pass the material I left onto Simoneau and that Simoneau would call me soon.

There had been a strike in Thetford Mines, where I did not go, and where Cartier 's old clinic records still exist. I will ask the Union to inquire about any worker's compensation files there. The director of the clinic, Dr. Richard Lambert, is a naive looking, friendly sort of guy who might be cooperative.

The director of the Sherbrooke Asbestos Library, Roger Bernier, provided the address of the chief of the Worker's Compensation Commission in Quebec City. We may have to send Albert up there to look for old claims, if Steven Lewis in Toronto doesn't come through on his offer to inquire for us.

I also want to send Albert back to the technical library in Sherbrooke. Disappointed by the lack of any system for indexing articles and the minimal material on the shelves, I scanned the place and moved on before recalling that they have a "company" index. Let's have Albert go through the files of all U. S. based companies. The people there were most cooperative.

I have retained copies of 25 items that I think are important.

1. Ed Fenner speech, May 19, 1969. Refers to Saranac studies and to their recommendation to control long fibers 10 to 50 microns long to 1.0 mfpcf. JM adopted this threshold limit value. He acknowledges that "by the mid 1950's doctors in Great Brittan

had become concerned about a possible link between asbestos dust and lung cancer. Johns-Manville therefore undertook the sponsorship of a wide number of scientific projects." There is a Johns-Manville position paper dated January 15, 1968 with nothing about warning labels and a Johns-Manville safety practice for fiber which is dated 1970.

2. Sayers report, 1968. This is from Union Carbide, United Kingdom Limited, and the file card at IOEH reads "confidential, not circulated."

Carbide had been selling California coaling asbestos in the United Kingdom for two years, and due to press accounts "over 20 potential customers have raised the issue" and requested assurances of safety. Referring to two earlier (1966) replies from Carbide's New York offices, and a so called toxicology report by a Dr. Dernehl, this report seems to be a half honest attempt to come clean on the inadequacy of the threshold limit value.

Carbide began pelletizing its asbestos after the United Kingdom dock workers refused to unload it in Hessian bags, even when offered safety gear and extra pay. "Evidence is now growing to indicate that there is also an increased incidence of cancer of the GI tract".

The "moral issues" section has some interesting quotes: "It therefore seems that on the basis of present evidence, we are not entitled under any circumstances to state that our material is not a health hazard. What is more, if it is believed that a potential customer would use our material 'dangerously' and that he is unaware of the toxi-

city question, then it must surely be our duty to caution him and to point out means whereby he can hold the asbestos airborne concentrations to a minimum" Anticipating more bad press and resulting resistance, "it is imperative that we keep abreast of current research work and publications in order that we may combat both informed and exaggerated criticism" As for the 1938 TLV, it was "an arbitrary choice and had no experimental foundation." He quotes a Dr. Taylor as saying in 1964 that five mppcf is not acceptable, that a limit of 1 mppcf should be attained and even this should be accepted "with reservations." He goes on to say that statements about the efficacy of the old TLV are "no longer held to be true by a number of informed people." He further notes that coalinga chrysotile is often fine fiber compared to other chrysotiles and that it is easily penetrated into the lung. He further notes that "dust clouds" from making up customer sample bags even with pelletized asbestos.

3. IHF report by Gross on Coalinga Asbestos Dust, July 1968. This has an index card saying "final report not published" The card summarizes the findings that intratrachial injection of coalinga chrysotile produced similar pathologic effects to Canadian chrysotile. Though Gross never published this one, he came along in 1974 with a paper to the effect that short fiber asbestos is not a hazard. Obstruction of terminal bronchioles was dismissed as an artifact from the intratrachial injection technique rather than a sign that his dust "is more dangerous than any other asbestos."
4. IHF report on Johns-Manville brake drum dust (1968) This is wierd. He finds that intratrachial

injected brake drum dust causes the formation of asbestos bodies in hamsters; yet he proclaims that brake dust biologically is inert on other grounds including potentially reversible nature of the lesions. The reaction was in striking contrast to the reaction observed in rats injected intratracheally with chrysotile dust. This is not surprising since brake dust is less than one percent chrysotile. The index card on this work, done at request of Ken Smith, says "Do not circulate, scientific committee only." The results are summarized. Paul Kotin was on the scientific committee. I don't think this research was ever published. I doubt that any reputable pathology journal would have let him get away with calling the dust inert.

- 5.a Stumphius Pulmonary Report, stamped Asbestos Corporation Limited, Asbestos Hill project. December 2, 1969. This is a description of a shipyard and engineering works in the Neatherlands, including works on household and environmental asbestos cancer hazards.
- 5.b King Mine Report of Asbestos Corporation Limited. This is a report filed apparently by Metropolitan Life Company in 1944 showing an awareness of the 5 mppcf threshold limit value in a table of measurements in the range of 11.6 to 26.6 mppcf. These were the conditions in the mill with the doors and windows open.
- 6. Baaders 1939 paper, presented in 1938 (err in translation copy date). Towards the end of this paper it states as follows "however, insurance companies have unhesitatingly recognized and indemnified as occupational disease even mild asbestosis with fatal lung cancer.

7. Bohlig and Jacob, 1956. This is one of the very few "negative" studies for lung cancer among asbestos workers. They found that lung cancer was no more common among dresdin asbestos workers than among the general population, in the work force examined.
8. Jacob and Bohlig, 1956. The authors were unshaken in their belief that asbestos causes cancer, and much of the paper discusses etiological factors, higher lung cancer fraction among female asbestos workers, localization of tumors in lower lobes of lungs. In the dresdin asbestosis cases, there was one cancer each of colon, larynx, and ovary. They also note the high proportion of several tumors of the pleura (four) and peritoneum (one) among the 31 detailed autopsy cases of asbestosis cancer in the literature.
9. Bohlig and Jacob, 1958 citing their earlier paper and offering adding detail, they say "This difference with females of the general population not occupationally exposed to asbestos and the irregular attack of the lung lower lobes with asbestos lung cancer clearly indicate that there have to be correlations between asbestosis and carcinoma. Closing with another mention of the increased serosal tumors (mesothelioma) reported with asbestosis in the literature, they say: "The carcinogenesis has not as yet been explained but we can consider the original correlation between lung asbestosis and bronchial carcinoma as a proven fact."
10. Bohlig, Jacob and Kallabis, 1959. Though they seem to sway both ways on the data over lung cancer, they conclude "We should finally take a stand and mention the fact that based on the number of known cases in Germany, there can be no question of an

increased incidence of lung cancer among asbestos workers. The removal of asbestos lung cancer from the list of occupational injuries subject to compensation should therefore not be justified."

11. Weiss, 1953. Pleural mesothelioma in an insulator, with discussion of two earlier cases reported by Wedler and a strongly worded hypothesis that pleural cancer is asbestos caused. Asbestos bodies were found in pleural tissue.
12. Leichen, 1954. Peritoneal cancer with asbestosis in a plant worker, refers to two reported cases of pleural cancer with asbestos in addition to Weiss'. Asbestos was identified by x-ray analysis within tumor tissue.
13. Boemke (1953) German report of three cases of asbestosis with lung cancer in plant workers. Boemke describes correlation between asbestos and lung cancer is indisputable.
14. Koelsch (1938) German report, the summary says, "Among those groups most exposed to carcinoma of the lung we must cite those working in asbestos dust."
15. Editorial, The Lancet (June 4, 1955) "Doll now confirms suggestive evidence that lung cancer is an occupational hazard of asbestos workers."
16. Armed Forces Medical Journal, Vol. 11, page 203 (1960). Asbestosis and lung cancer in a brick layer, with speculation that asbestos caused the cancer.
- 17.
18. Montague Murray's Original 1906 Report "True Copy" transcription. We are still trying to get the original document which was also attached.

19. Labor Gazzett, article in Canada (1912). Calls attention to early controversy over health hazard and attempts to control dust in the mills at Thetford Mines, Quebec.
20. Merewether 1938. "The mixer of boiler insulating materials has an x-ray intermediate between those of silocosis and asbestosis.
21. HEW translations of Frenkel and Jager's Dutch article, (1961). Asbestosis and peritoneal mesothelioma in an insulator.
22. Arnold, et al (1939). British report of asbestosis in a chemical worker employed how sawed and packed asbestos blocks.
23. Several issues of "Asbestos Bulletin". Published in the United Kingdom which concentrated on technology. Even here, we see references to articles on asbestosis and cancer involving insulators and plant workers in 1960 and 1961.
24. Welz, 1942. This is a German report on two cases of asbestosis and lung cancer in plant workers. "There can be no doubt as to the causal relationship between asbestosis and lung cancer." It ends with a plea that the expanding asbestos industry apply preventive measures.
25. Konig (1960) Another German work updating a 1951 report by the same fellow, which lists 36 cases with asbestosis and cancer of the lung. The subjects were plant workers, mostly women.

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Call from Ed Rubin --- QAMA Search

The IOEH was apparently set up in 1966, we are trying to determine whether they had a library before then. QAMA has been in operation since 1939. What Ed wants most are the minutes of QAMA before 1968 and anything else referring to studies supported by QAMA, research known to QAMA, etc. The defendants in his cases are mostly the firms in Thetford Mines, esp. Cassiar. So far J-M has surrendered the QAMA minutes from 1974 to date, and Lake has promised to send the minutes from 1968-74. None of the other defendants admit to having any QAMA minutes. In order to get discovery on QAMA, Motley and/or Ed plan to name them as defendants.

April 7, 1980
