

Dr. Levinson's Itinerary for visit to Cassiar, Atlas and Raybestos Manhattan -
17.1.76 - 4.1.76

Saturday, 17.1.76

- Depart Manchester 0855 Flight BE4407
Depart London 1435 AC 853
Arrive Vancouver 1855

Address : Hyatt Regency Hotel

or c/o Cassiar Asbestos Corporation Ltd.,
2000 Guinness Tower
1055 West Hastings St.,
Vancouver V6E 3V3.

Free Day

a.m. Meet Cassiar Vancouver Staff for discussion.
p.m. Meet Cassiar Personnel Department and
Dr. Didcott - M.D.

a.m. Meet with Provincial Government Officials and
Workmen's Compensation Department Medical
Officers.
Union and Management will also be present.

a.m. Dr. Little, Director, W.C.B.
p.m. Depart for Watson Lake and Cassiar.

a.m. Meet Mr. De Rouin, Mine Manager.
Meet with Management and Union for talk and
question period.
p.m. Meet with Dr. Walsh, resident M.D.
Evening - Meet with townspeople for talk and
discussion question period.

a.m. Further discussion with Mr. De Rouin and
Dr. Walsh.
Noon Depart for Watson Lake and then Whitehorse.
Evening - Arrive Whitehorse to be met by
Mr. Bob Hurst or Mr. Ted English.
proceed to Guest House.

Free.

Free.

Meet with officials of Yukon Territorial
Government, Management and Union. Talk,
discussion and questions.
Evening - Fly Vancouver

Meet with Jack Barry and Mr. Steen.
1.00 p.m. - Fly Montreal - Air Canada No. 148

Discussions in Montreal

Hotel : Chateau Champlain

Free.

Fly Montreal to New York.

Raybestos Manhattan.

Depart New York for Manchester 1930 Flight BA 536

Dr Landry's Paper

TRANSLATION:

The Atlas Asbestos Company of Montreal has been in operation since 1938.

In the beginning, they were engaged solely in the conversion of material, but in 1948, they specialized in the manufacture of construction material, insulation, gaskets, textiles and brake linings. These last three operations were successively discontinued so that since 1958, the company has specialized in the manufacture of construction material, insulation and pipes; fiberglass has been added.

The number of persons employed in the beginning was more than 500, today the number is around 350.

The type of asbestos most used is chrysotile extracted from mines in the province of Quebec (Bell) and from that in British Columbia (Cassiar); crocidolite coming from South Africa has been entirely eliminated since 1964. However, amosite is still employed in a proportion of around 10% especially in pipe manufacture.

Considerable sums of money have been devoted to ventilation in all the departments, so that the dust count which was elevated until 1970 declined considerably, since 1971. Since January 1972 we have adopted the counting of asbestos fibre by the method of filtering by membrane and the mean rate in April 1974 reached a lower limit of 2 asbestos fibres per c.c.; 50 counting stations are in operation and a survey is made regularly at the rate of 10 readings per week.

PLAINTIFF'S
EXHIBIT

TN 2073

X R. Compulsory annual
about X R. on his rule of Respiratory System 2 types
u 15 All employees have an annual medical examination including a pulmonary x-ray, laboratory examinations such as urinalysis and a hemogram, and spirometric tests. (TABLE II)

It was decided in 1968, together with company officials and with the cooperation of the government of the province of Quebec, to examine all employees who were exposed to asbestos for more than 15 years. *the examination specifically for asbestos, etc.*

In effect, the evaluation of pulmonary incapacity in industrial illness is the responsibility, in the province of Quebec, of the Workmen's Compensation Commission, which, in 1936, named a committee of three chest specialists charged with examining suspected cases of pneumoconiosis. This Commission is to make recommendations as to the compensation to which employees with this disease are entitled.

u 16 This is how the Commission operates in cases of pneumoconiosis. (TABLE III)

On receipt of a request from a family doctor who has examined the patient, the Workmen's Compensation Commission opens a file, after obtaining all the necessary information from the employer and from the employee regarding this individual's service record, the details of the accident and the medical summary from the hospital where this employee was treated, if this is the case; included in this file is a detailed study, quantitative and qualitative, of the various dust counts, past and present, in the different places where the claimant has worked.

The commissioners are aware that present dust conditions are not the same as those existing 20 or 30 years ago and that, in the majority of cases, dust conditions from the years 1930 to 1950 are difficult to pinpoint. For this reason, legal opinions expressed by the chest specialists are subject to the approval of the legislators.

u 17 B From the medical point of view, each worker concerned should undergo all clinical, radiological, electrocardiological, bacteriological, biochemical and physiological examinations and it is on these subjective and objective findings that the medical experts will evaluate the pulmonary incapacity. (TABLE III 6)

All expenses incurred during the period of time required by these examinations as well as transportation expenses are reimbursed to the employee and if compensation is accorded to him, it is retroactive to the day when the request was made by the employee's doctor. The compensation is ^{paid weekly and it} generally permanent and can always be augmented up to 100% if the condition worsens. *(Residual) - Paid weekly*

The thinking of the authorities of the Workmen's Compensation Commission is to benefit the injured worker whenever any doubt exists.

u 18 A Here are the results obtained to date: (TABLE IVA)

From the 249 out of 454 employees who have been under our care since 1967, 152 were given compensation ^{for} ~~and were considered~~ victims of asbestosis *from 10 to 100 per cent.*

In the group of 152 given compensation, 92 are still in the employ of the company, 34 have left the company, 10 are pensioned and 16 are deceased.

Of the 97 employees not compensated, 90 are still in the employ of the company, 3 have left, 2 are pensioned and 2 are deceased.

There still remain about 205 employees who should undergo these examinations when they have reached the point of 15 years of exposure ^{or if} where medical reasons will justify these examinations.

I have been asked to state specifically the causes for the 18 deaths among the employees since 1966. *etc.*

The median age of these deceased employees is 55 years. (TABLE IVB)

The period of exposure in 1 case was less than 10 years.

2 cases between 10 and 14 years of exposure.

7 cases between 15 and 19 years of exposure.

8 cases between 20 and 24 years of exposure.

Of the 18 deceased employees, autopsies were performed on 10, 3 cases did not reveal asbestos, namely, there was one case of coronary thrombosis, one case of broncho-pneumonia and one case of cancerous metastasis in which the prime tumour was of bronchial origin. (TABLE IVC)

15 employees had asbestosis in varying degrees, and there were 3 cases

of asbestosis compensated 100% and who died of cor pulmonale,

4 cases of asbestosis associated with endo-bronchial carcinomas,

3 cases of asbestosis associated with non-broncho-pulmonary carcinomas,

1 case of asbestosis associated with a pleural mesothelioma and

4 cases of asbestosis who died of various pathologies not directly related with the asbestosis or with a neoplasm.

According to these statistics, ^{although} ~~the~~ ^{of cases} number is not very ^{great} important, one can deduce that the minimum time of exposure to induce asbestosis is from 15 to 20 years, that, on the other hand there exist individual susceptibilities that favour this disease and that the relationship between asbestosis and cancer, especially

endo-bronchial cancer cannot be rejected until the contrary is proven. ^{the indication for the future look} ^{very good. At the first, by asbestos pollution} ^{the health situation of the employees who} ^{have been exposed during the last 15 years}

TABLE 1

TYPES OF ASBESTOS

CHRYSOTILE: QUEBEC AND BRITISH COLUMBIA

CRIGIDOLITE: SOUTH AFRICA [NOT IN USE SINCE MARCH 1974]

AMOSITE: SOUTH AFRICA 20% PIPE