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QUEBEC ASBESTOS MINING ASSOCIATION

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May 10th, 1973.

TO: Mr. Michael J. Messel
Mr. R.S. Coleman
Mr. W.W. Oughtred
Mr. M. Dorais
Mr. J.R.M. Hutcheson
Mr. M. Prus

CC: Mr. I.C. Campbell
Mr. A.H. Bagenstose
All attendants

VC: Weekly Report

FROM: Paul-A. Filteau

SUBJECT: Dr. Irving Selikoff, guest speaker before the York-Toronto TB and RD Association and the Department of Preventive Medecine, University of Toronto - May 2nd and 3rd, 1973.

At the Medical Sciences Bldg., University of Toronto, Dr. I.J. Selikoff delivered on May 2nd at 8:00 p.m. an address on the "Health Hazards of Asbestos" and on the next day at 9:30 a.m. a lecture on the "Epidemiological Aspects of Asbestos Exposure". There was an attendance of some 80 to 90 people for the evening session and a class of around 60 people for the morning lecture. The names of the people related to the Canadian asbestos industry who attended these meetings are shown on the attached list. Dr. R.W. Morgan, Department of Preventive Medicine, University of Toronto, acted as chairman.

As agreed at a special meeting of QAMA directors held on April 19 in Montreal, publicity material was distributed at the entrance of the meeting rooms, courtesy of the Association. The package included a copy of:

1. Asbestos and Your Health (blue folder);
2. Report and Recommendations of the Advisory Committee following the Lyon Conference;

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This was followed by various specific examples showing the hazardous nature of asbestos. Attention was thus subtly drawn to the danger of using talcum powder, of eating sugar strained through asbestos, rice and chewing gum coated with talc, drugs, beer and liquor filtered through asbestos, wearing coats made of asbestos material, using papier-mâché by children and asbestos paper in the cannon rendering by an orchestra of the 1812 Overture, etc. etc. All these instances to impress on the audience the pervasive nature of asbestos and the generalized contamination of the public at large, regardless of exposure.

Finally, Dr. Selikoff appealed to the collaboration of Industry, Government and Medical Research in an effort to find a solution to the asbestos-health problem so that "society, which needs asbestos, won't throw the baby out with the bathwater", as he concluded.

Comments from the Floor

Without diminishing Dr. Selikoff's expertise, I. Sabourin pointed out emphatically that a distinction must be made between the experience of the asbestos insulation workers in U.S.A. and the asbestos mine and mill workers in Canada and that some of Dr. Selikoff's claims in his U.S. research studies are not justified by medical data published in Canada. Moreover, improvement of in-plant dust control, it was emphasized, was initiated and pursued for more than 35 years.

Dr. Pelnar submitted that the Canadian asbestos exposure was to pure chrysotile, whereas insulation workers had been exposed to a mixture of various types of asbestos.

A union official, named Stewart, referred in sensational overtones to, what he claimed, a lack of cooperation on the part of the employer at the Port Union plant.

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Dr. J.E. Cowle simply asked Dr. Selikoff to confirm his position suggesting that people do not incur asbestosis unless occupationally exposed, and that lung cancer occurs more often in people with asbestosis. Dr. Selikoff generally agreed.

B) Epidemiological Aspects of Asbestos Exposure

In a classroom atmosphere, Dr. Selikoff delivered a technical lecture with a professorial touch, again making an abundant use of slides.

Referring to the approach and method in conducting an epidemiological study, Dr. Selikoff insisted repeatedly on three essential conditions, namely:

a) adequacy of sample (large cohort of workers);
b) locating and examining all members, if possible;
c) assessing all circumstances, such as onset and duration of exposure, detailed occupational history, smoking habits, etc.

This was somewhat in contrast with his own approach in his remarks of the previous evening, when, from random and often rationalized examples and circumstances, he repeatedly drew broad inferences and speculative predictions regarding persons having been occupationally exposed to asbestos as well as regards exposure to minute amounts of asbestos in community air as a hazard to the general public.

Again by means of a series (slide presentation) of tables, X-ray changes and views of lung sections, Dr. Selikoff pointed out and concluded that radiological evidence of asbestosis and lung cancer appeared frequently in individuals examined more than 20 years from onset of exposure and less frequently in individuals after less than 20 years of exposure. He also

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showed very vividly the multiplicative effect of asbestos exposure and cigarette smoking, pointing out that no case of lung cancer had been found among the non-smoking asbestos insulation workers.

Dr. Selikoff's lecture took most of the time allotted for the session, which left only a few minutes for technical (sic) questions to be posed. Dr. Selikoff, we were told, had to catch a plane shortly after his talk.

On the whole, it would seem that Dr. Selikoff came out on top, but that the position and the differing experience of the Canadian asbestos industry were clearly asserted and possibly with a mitigating effect on some of Dr. Selikoff's allegations. Obviously the ideal confrontation would be with a qualified medical person with equal speaking ability and willing to present the industry point of view.

Paul-A. Filteau.

LIST OF PARTICIPANTS

ON BEHALF OF

THE CANADIAN ASBESTOS INDUSTRY

Messrs.:	André Beguin	Dr. Roland Guy
	Jack Berry	J.R.M. Hutcheson
	S.K. Brigham	K.V. Lindell
	Ph. Casgrain	G.P. Loubert
	J.D. Christian	T.S. Patterson
	Marcel Dorais	Dr. P. Pelnar
	Jean Dupéré	L.C. Pluze
	P.A. Filteau	I. Sabourin
	M.A. Gosselin	F.J. Salon

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