

850-5-X751

MEMORANDUM

NOTE DE SERVICE

ACTION			PA date	F date
M 14				
INFORMATION				
M 67	M	M		
M 67	M	M		
M	M	M		

TO: Director General
Program Management

FROM: DE

Regional Director
Northwest Territories Region

SUBJECT
OBJET

Arsenic Program - Yellowknife

SECURITY - CLASSIFICATION - DE SÉCURITÉ
OUR FILE - N/RÉFÉRENCE
151-1-5 (N3)
YOUR FILE - V/RÉFÉRENCE
DATE
March 27, 1975

In your memorandum to M67 which was copied to this office for information, a series of questions were asked of M67 and it seems that since our programme has been developed with most of these questions in mind, it would be well for you to know our thinking.

To answer your questions in order:

1. Levels in hair up to 1 p.p.m. are quoted in medical texts as acceptable - above 1 p.p.m. regarded abnormal (though not necessarily unsafe!).
2. If hair levels are in excess of 1 p.p.m., we contemplate urinary assay for daily excretion levels (normal levels .005 - .04 mgm p.d.).
3. If in excess of 0.1 mgm., individual to be referred to a physician for full physical examination, consideration of BAL therapy if indicated, and routine follow-up via chronic disease registry.

Obviously sources of excessive intake must be tracked down and eliminated at the time the excessive levels are discovered. This could be work related or related to the domiciliary environment and these decisions must await the survey findings.

4. Advice to the patient is a direct reporting of the findings in his case along with any explanation which may be appropriate, together with promotion of the further investigations necessary to fulfill the intended programme.

Advice to the community will be a consolidated report on findings expanded by any explanation necessary to make the findings understandable by the population.

5. If hair samples are found abnormal, it is proposed to use each abnormal finding as a warning flag to indicate the necessity of further investigation in the particular environment, i.e. extension among family members or work mates dependent on findings.

I do not understand the second question in this section and cannot reply without elucidation.

KS

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MEDICAL SERVICES
HEADQUARTERS

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QUARTIERS GENERAUX
SERVICES MEDICAUX

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INFORMATION		
ACTION		

Director General
Program Management

151-1-5 (N3)
March 27, 1975

6. In matters of public announcement, we would be guided by central expertise but would urge full disclosure supported by a reasoned explanation - if abnormalities are found.
7. For reasons of cost. There is no indication of raised levels of environmental Mercury and it is virtually certain that any person showing high mercury levels would be a result of industrial exposure. We have on this account asked that the samples to be tested for Mercury be weighted in the direction of mill employees.

All hair samples have been split and duplicates (in most cases the larger portion) retained to allow of retesting.

It should be noted that, in spite of our original request and general recommendation, that hair samples should be very thoroughly washed prior to assay, initial screening has all been done on unwashed hair.

Reasons given were that the prior washing would allow of criticism that the contaminating Arsenic, etc. had been washed out before assay. Although totally unsupportable on any scientific basis, this has been accepted, though it is obvious that some of the samples will probably show enormous levels of Arsenic because of surface contamination by particulates.

Re-assay of a washed sample will need to be done in all those showing raised levels.



R.D.P. Eaton, M.B., Ch.B., D.P.H.
for Regional Director

/sa



MEMORANDUM

NOTE DE SERVICE

850-5-X751

TO
A M67c.c. Regional Director,
N.W.T. Region.

M18 (for information)

FROM
DE M14SUBJECT
OBJETArsenic Program -
Yellowknife

SECURITY - CLASSIFICATION - DE SECURITE

OUR FILE - N/REFERENCE

(M14)

YOUR FILE - V/REFERENCE

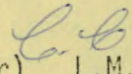
DATE

March 25, 1975

At the present time, a number of hair samples taken in the recent survey in Yellowknife are being analysed for arsenic levels and a smaller percentage being analysed also for mercury. I think it important at this time that we review future action based on the results obtained from these tests. In formulating such action, a number of questions require answers as follows:

1. What are the normal levels of arsenic which can be considered safe?
2. At what level of arsenic do we initiate further follow-up action?
3. What type of follow-up action are we proposing?
4. What type of advice specifically do we give to the patient and to the community?
5. If a considerable number of hair samples are found to be abnormal, should we go back and increase the scope of the original survey? If so, what percentage of abnormal should be considered before taking this action.
6. What type of public announcement should we make once all the results are available?
7. Why are only one in ten samples of hair being checked for mercury? If a considerable proportion of samples so tested are found to be abnormal, will it be possible to go back and test other samples or will the hair have been destroyed?

I understand that the results of the hair testing will be completed in another three to four weeks. It may well be that all the above questions are answered already but I would appreciate receiving your views on these topics within two weeks' time, if at all possible in order that follow-up action is cohesive and coordinated. Thank you for your cooperation in this matter.

(for)  L.M. Black.

(Dictated but not verified)