

## Dr. Jack Richman - Family Medicine

### Thiruchelvan and AXA

This leads to a fundamental concern regarding the AssessMed reports. In determining IRB entitlement, arbitrators look at function. In significant measure, especially in cases involving soft-tissue injury, the key questions are whether the applicant is in pain, how much pain is the applicant in, and how much pain is too much pain. AssessMed sets out in its report a statement of its philosophy, which includes: that a safe and timely return to work will benefit injured or ill individuals and their families by enhancing recovery and reducing disability. This may be a laudable statement were it not that AssessMed appears to consider pain to be largely irrelevant.

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### Ruffo and Liberty Mutual

The Insurer relied heavily on the opinion of Dr. Jack Richman, a general practitioner specializing in occupational medicine and pain management, in support of its position that Mr. Ruffo suffered no physical disability. Dr. Richman is the director of AssessMed Inc., a company used by employers and insurance companies to assess the physical abilities of injured persons in relation to their job function. He conducted the medical examination portion of the FAE and prepared the final report. An occupational health nurse conducted the remainder of the six-hour assessment through an interpreter.

Dr. Richman concluded that Mr. Ruffo suffered no measurable impairment and that he displayed marked symptom magnification and pain focussed behaviour that had no physiological, anatomical or psychological basis.

Dr. Richman is not a psychologist. He testified that although he was aware that psychologists were involved in dealing with Mr. Ruffo's pain focus at the time, he did not take the psychological aspect of Mr. Ruffo's pain complaints into account in his assessment. He conceded, however, that he would defer to the opinion of a psychologist about Mr. Ruffo's chronic pain and depression. The consensus of psychological opinion on Mr. Ruffo then and subsequently was that he suffers depression, anxiety and emotional disturbance which he translates into physical symptoms. I find Dr. Richman's opinion that Mr. Ruffo is not psychologically disabled to be without foundation and outside his area of expertise. In my view, a functional assessment of a chronic pain patient that ignores the psychological component of that condition is incomplete and of little assistance for the purpose of determining disability under section 7 of the *Schedule*.

Dr. Richman disbelieved Mr. Ruffo's complaints of neck, back and shoulder pain and discounted his numerous pain behaviours because he "could find no pain." He observed that Mr. Ruffo moved those body parts well on distraction, or when Mr. Ruffo thought he wasn't looking. For example, Mr. Ruffo claimed to be unable to raise his shoulders or bend forward, but Dr. Richman testified that he observed him fully abduct his shoulders while dressing and undressing and lean forward when he examined his heart. Dr. Richman also felt that Mr. Ruffo demonstrated that he could do assigned tasks in the FAE without pain, even though he did not observe Mr. Ruffo during the testing. He also agreed on cross-examination that Mr. Ruffo used improper lifting techniques, which could cause more pain than if an activity were performed correctly.

Dr. Richman also did not consider Mr. Ruffo to be deconditioned, contrary to Dr. Weinberg, who linked pain to deconditioning in his May 1995 MedRehab DAC report, and Dr. Taverniti and Dr. Ciurria in September 1995, both of whom found Mr. Ruffo to be deconditioned and incapable of prolonged activity in September 1995. [See note 14 below.]

Given the above, I do not find Dr. Richman's conclusion that Mr. Ruffo had no pain to be reasonable. I find that leaning forward on distraction is a far cry from the prolonged stooping and reaching of arms required to mop and sweep in Mr. Ruffo's job. I find that Dr. Richman simply did not believe Mr. Ruffo, and that he ignored information that might lend credibility to Mr. Ruffo's complaints. Dr. Richman testified that he believed Mr. Ruffo was focussing on his pain for reasons other than disability and went so far as to state that Mr. Ruffo did not want his assessors to find out what his maximum effort was, and that Mr. Ruffo did not believe he was totally disabled but that he wanted Dr. Richman to believe that he was. He felt that Mr. Ruffo's behaviour was conscious rather than unconscious. I find that such an opinion is outside of Dr. Richman's area of expertise, that it is poorly founded on the facts, and that it is contrary to the psychological opinions.

Dr. Richman based some of his assumptions about Mr. Ruffo's credibility on his responses to the "West Tool Sort Activity," a test in which a person is shown pictures of tools and must report to what extent they are physically able to use the tools depicted. Given Mr. Ruffo's documented difficulty in following test instructions in any language and his difficulty with abstract reasoning and generalisations, [See note 15 below.] I find that this is precisely the type of test that is unlikely to yield a reliable result in his case. It certainly cannot be assumed, as Dr. Richman clearly did, that particular responses reflect a deliberate exaggeration of disability.

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[Zylstra v. Hughes](#)

[ 44] The impression I had of Dr. Richman was that he felt able to offer opinion and/or criticism in almost all areas involving the plaintiff whether he was qualified to do so or not.

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[Reid v. Livingstone](#)

[14] The plaintiffs' only evidence of a possible breach of the defendants' standard of care is that of Dr. Richman dated July 26, 2001. Dr. Richman graduated in medicine in 1967 and has practiced occupational medicine and pain management. Between 1968 and 1977 he also practiced family medicine. His practice includes evaluation, management and treatment of pain in the context of occupational medicine. He is neither an obstetrician nor an anaesthetist. He has no expertise in these areas of medicine or in the treatment of pain in an obstetrical ward.

[15] Dr. Richman's report indicates that he did not have before him the clinical notes of the obstetrician, Dr. Livingstone, or the Hospital's records respecting Mrs. Reid's labour, delivery and post delivery treatment and care.

[16] Dr. Richman's report is stated to be an independent medical evaluation and functional abilities evaluation.

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[Assesmed Inc. v. Canadian Broadcasting Corp.](#)

**Dr. Richman's Article "Manufacturing Disability"**

[75] The Canadian Insurance Magazine is a trade magazine with a narrow circulation of approximately 10,500 subscribers. The majority of its readers are insurance brokers and insurance adjusters. AssessMed advertised in this publication.

[76] In September of 1998, an article entitled "Manufacturing Disability", authored by Dr. Richman, appeared in this magazine. In this article, Dr. Richman asserted that, having conducted medical assessments for more than 29 years, he found an increasing number of claimants with minor injuries wilfully misrepresented their situation, often backed by health care practitioners. He said that at

AssessMed, where more than 3,000 assessments had been done, only "approximately ten percent of patients were found to have significant impairments". He said that of this ten percent, only three percent required long-term disability benefits. Of the remaining 90%, more than half wilfully failed to give a fair effort. He accused the medical, psychological and rehabilitation community of supporting these claimants, thereby manufacturing disability to obtain lucrative disability benefits. He argued that pain could not be defined as an impairment because it was subjective and could not be measured.

[77] Dr. Richman went on to say that the most appropriate measure to determine functional abilities was an Independent Medical Evaluation plus a Functional Abilities Evaluation. He alleged a majority of health care workers, who were held in high esteem by society, had become unaccountable and closed their eyes to fraudulent behaviour, believing they would not be challenged. He argued these members of the health care profession created illness and did far more psychological harm than any accident could.

[78] This article manifested an intellectual tendency on the part of Dr. Richman to treat claimants with suspicion and to question the validity of the opinions expressed by their treating health care workers. It was an attractive approach for those insurers who questioned the extent of their insured's disability, but left doubt as to whether the approach resulting from this ideology was objective or impartial.

[79] While Dr. Richman's opinions find some support in medical literature, they are considered too skeptical by others. Dr. Richman's research in this area was based on discussions with assessors at AssessMed but not on any empirical or validated study. In my view, it reflected a tendentious approach to assessments, which subjected AssessMed to being viewed as partial to insurers.

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[Richman v. Ontario \(Health Professions Appeal and Review Board\)](#)

[6] The Board concluded its reasons this way.

The Board appreciates that Dr. Richman knows full well what an IME [Independent Medical Examination] entails. It is both his business and his profession. What needs to be included in his discussion with the College is his obligation to ensure that qualified professionals conduct IMEs for AssessMed so that the public can have trust and confidence in a statutory system that has been set up to provide them protection.

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2. Session: 31:3

Date: **19791105**

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## WCB REPORTS

**Hon. Mr. Elgie:** Mr. Speaker, during my absence the member for Cambridge (Mr. M. Davidson) raised several questions with the Premier (Mr. Davis), concerning a story in the Hamilton Spectator, relating to remarks by a Dr. Jack Richmond at a Canadian Society of Safety Engineering conference.

Like the member, I was distressed to see this sort of comment made by a physician. I am pleased to report to the member that the executive director of the board's medical services division and the director of the claims adjudication branch spoke with Dr. Richmond on the telephone on October 1.

In that conversation, Dr. Richmond stated it was not his intention to advise employers to take actions that would disrupt the processing of legitimate claims, but he did confirm he had stated at the meeting that employers should leave the social insurance number off form 7-S when they are completing it, in anticipation of receiving a phone call from the board which would provide the employers with an opportunity to voice their opinion about the legitimacy of the claim.

In response, board officials outlined the implications of his statement and told Dr. Richmond that if an employer wished to raise doubts about the validity of a claim he should do so by indicating it on form 7 and attach an accompanying letter outlining the reasons for challenging the case.

Dr. Richmond indicated he believed he had been misquoted and, when properly quoted, his remarks had been taken out of context. He told the board he planned to write a letter to the editor of the Hamilton Spectator to clarify the situation.

Both the board and I believe Dr. Richmond now understands that limiting the information provided to the board in the initial accident report provides no benefit to the employee, the employer or the treating physician, as the resulting delay has a negative effect on the employee and might well delay the necessary treatment that could allow him to return to work.

I regret that these comments were made, but I am hopeful this clarification will ensure such comments are not repeated by others talking about the system of reporting accidents to the Workmen's Compensation Board.

**Mr. McClellan:** Supplementary: In view of the fact this Dr. Richmond has acted as the medical consultant to the BP refinery in Sarnia, as well as to Canadian General Electric and St. Lawrence Cement, I want to repeat the request I made of the minister through the Minister of Health (Mr. Timbrell), or the Premier -- I don't recall which -- and that is that the Minister of Health review cases which have come from those three companies in which Dr. Richmond was involved in his capacity as medical consultant and make a determination whether Dr. Richmond practised the kind of sabotage on those cases, or on any cases in WCB files, which he was preaching at this convention and which was quoted in the Hamilton Spectator.

**Hon. Mr. Elgie:** Mr. Speaker, I am not going to disagree with the intent of the member's question, because I share almost an anger that someone would do that sort of thing. Whether or not it is feasible or possible to carry out the sort of review the member requests, I can only inquire and see.

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4. Session: 31:3

Date: **19791026**

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### WCB REPORTS

**Mr. M. Davidson:** I have a question for the Premier in the absence of the Minister of Labour (Mr. Elgie) and the Minister of Health (Mr. Timbrell).

Has the Premier been made aware of a press report which appeared in the Hamilton Spectator on September 20, 1979, in which Dr. Jack Richmond, when speaking to the Canadian Society of Safety Engineers, was counselling them as to how companies could get around the Workmen's Compensation Board and counselling them to falsify and make vague the reports that are sent to the compensation board? He ends up by saying, "Make the forms as hard for them to follow as possible."

Can the Premier tell us what steps the Minister of Labour has taken to investigate the statements that appear in this report and, in particular, what action is the Minister of Labour taking to deal with a deliberate subversion of the Workmen's Compensation Board and a direct violation of the Workmen's Compensation Act, given that section 117 of the act imposes a penalty for not giving the information asked for?

**Hon. Mr. Davis:** I am not aware of that particular press report. If the honourable member would send it over to me, I will get a response for him from the Minister of Labour. I have not seen it.

Interjection.

**Mr. Speaker:** The honourable minister will have taken it as notice. Perhaps when the member sends the information over and it is responded to formally he will have an opportunity for a further supplementary.

**Mr. M. Davidson:** Mr. Speaker, there is another ministry involved here though.

**Mr. Speaker:** Perhaps if it is that detailed it should have been made an inquiry.

**Mr. M. Davidson:** If the Premier is going to check it with the Minister of Labour, and as Dr. Richmond has also suggested pressure be applied on family physicians to release sufficient information to the company, will he check with the Minister of Health (Mr. Timbrell) to see whether or not this is a direct violation of the Health Disciplines Act? Will he have the Minister of Health bring Dr. Jack Richmond before the College of Physicians and Surgeons to answer for proposing these kinds of action?

**Hon. Mr. Davis:** If the honourable member had asked that as the first part of his question along with the other part I would have given him the same answer. I was not aware of the press report; I am now. I will be delighted to get the information for him from the Minister of Labour, and now he has added the supplementary, from the Minister of Health.

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3. Session: 31:3

Date: **19791029**

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<http://hansardindex.ontla.on.ca/hansardeissue/31-3/1094.htm>

#### **WCB REPORTS**

**Hon. Mr. Timbrell:** On Friday the member for Cambridge (Mr. M. Davidson) asked the Premier about some statements attributed to a Dr. Jack Richmond in a September 20 article in the Hamilton Spectator.

The article which, in part, concerned employers obtaining information about employees from their family physicians, quoted Dr. Richmond as saying, "Pressure has to be put on family physicians to release sufficient information to a company."

The College of Physicians and Surgeons is the body having jurisdiction to investigate and to deal with allegations of any act of professional misconduct. It is for the discipline committee of the college to determine whether an act of professional misconduct has been committed in any case.

I will convey the matter raised by the honourable member directly to the College of Physicians and Surgeons for its immediate consideration.

**Mr. M. Davidson:** Supplementary: When the minister is conveying this to the College of Physicians and Surgeons, will he point out to them quite clearly the statement that has been made in the article? Will he ask them whether or not, in their view, Dr. Richmond has violated the Health Disciplines Act?

**Hon. Mr. Timbrell:** That's the point. The disciplines committee has the authority to make investigations to see if there have been infractions of a misconduct nature of the Health Disciplines Act. That's exactly what I'll be asking them to do.

**Mr. McClellan:** Supplementary: May I ask the Minister of Health if he will discuss with the Minister of

Labour (Mr. Elgie) if he would take into account the fact that Dr. Richmond, I am advised by a representative of the OCAW, was the physician employed by the BP refinery? I want to ask the minister whether he will investigate himself or with the Minister of Labour the extent to which this doctor has already been engaged in sabotaging workmen's compensation claims, as he was advising people to do at that meeting, and if he or the Minister of Labour would report back to the House on that matter?

**Hon. Mr. Timbrell:** It is my understanding that that aspect of the newspaper report and the comments attributed to the physician in question are being looked into by the Minister of Labour and the Ministry of Labour. The matters, as they relate to the Health Disciplines Act and any possible professional misconduct, are those about which I will write to the College of Physicians and Surgeons.

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2. Session: 32:2

Date: 19821129

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### **STATEMENT BY THE MINISTRY EMPLOYEE HEALTH AND SAFETY**

**Hon Mr. Ramsay:** Mr. Speaker. at last Monday's sitting of the House, the member for Sudbury East (Mr. Martel) rose on a point of order relating to oral questions concerning the Essex County Board of Education, the Canadian General Electric plant on Dufferin Street in Toronto, the Dresser Canada plant in Cambridge, the Trailmobile Canada plant in Brantford and the Westinghouse plant in Hamilton. As honourable members will remember, the question about the Essex County Board of Education concerned the apparent practice of female employees undergoing extensive medical examinations as a condition of employment. Generally speaking, under the Ontario Human Rights Code a medical examination may be conducted for employment purposes if, first, it is related to the requirements of the job and, second, it is an examination to which all employees are subject.

In the case of the Essex County Board of Education, the Ontario Human Rights Commission was made aware of the use of the medical questionnaires in question by the Canadian Union of Public Employees, Local 1348. The commission staff, notwithstanding the lack of a formal complaint by the parties involved, undertook to review with the board's personnel staff the questions deemed acceptable and not acceptable within the code.

The commission reports full co-operation from the personnel officer at the board, who has willingly met with commission staff and has initiated meetings with the physician involved. The physician has been asked formally to modify the questionnaire to respect the provisions of the code. The board of education has agreed to eliminate internal examinations and chest measurements and to make its medical examinations, both pre-employment and post-employment, job related. These revisions have been in place since November 1.

I understand the union has raised further concerns with the human rights commission. A meeting between the commission and the union is being scheduled to clarify further any issues that may be outstanding.

So far as the Canadian General Electric plant at 241 Dufferin Street in Toronto is concerned, members will remember that questions have been asked regarding breast and gynaecological cancers among women employees at the plant.

The question of whether there has been an abnormally high incidence of these cancers among women at the plant, and most particularly in its lamp coil-winding area, was first raised in December 1980. The plant physician, Dr. Jack Richman, consulted with my officials at that time, and my officials discussed the various

steps that might be taken to determine two things: first, whether there were any substances or processes in the coil-winding area that cause cancer, and second, how many cases of mammary and gynaecological cancers there had been among the women who had worked in the plant during the previous decade. In December 1980, the precise numbers of cancers were not known, nor was it known whether the incidences were high, low or medium in comparison to those of the general population of women in Ontario. I might add that there were no incidence figures regarding working women. It was also not known whether those cancers might have been caused by factors in the work place, factors at home, hereditary factors or a complex combination of factors. It is against that background that Dr. Richman undertook to investigate the situation.

On February 3, 1981, ministry officials conducted a regular inspection of the plant. At that time, the union indicated satisfaction with the action that had been taken to that date. By November 1981, Dr. Richman had determined that 25 women who had worked in the plant during the previous decade had contracted breast or gynaecological cancers. Eight of the women worked in the coiling area which at any one time employs an average of 49 women. Two of the women worked in the office area which at any one time employs an average of 60 women. The remaining 15 women worked in other production areas of the plant which at any one time employ an average of 220 women.

Dr. Richman concluded that it was necessary to do a study to determine if the incidences of these cancers among the women who had worked in the plant over time, as compared with incidences in the general population, were high, low or within normal ranges. McMaster University was asked to prepare a proposal for such a study.

Up until November 1981, and in the ensuing months, there was every reason to believe that the matter was being pursued actively. The ministry had had no indication to the contrary from either the union or the management at the Dufferin Street plant. The questions of the member for Sudbury East were the first indication that any concerns were persisting.

A ministry inspection team has visited the plant to review the substances and processes that are being used today. The team will attempt to identify and assess to the greatest extent possible which substances have been used in the plant during the past 15 years. Onsite inspections have been completed and the report is being prepared.

The report will provide comprehensive, up-to-the-minute data on whether cancer-causing agents are present in the plant or such substances were present in the past. Any further tests or remedial action that may be necessary will be conducted promptly. In addition to that, CGE employees and management have invited the ministry to review the McMaster study proposal and my officials will do that. I will keep the honourable members informed.

Insofar as the Westinghouse and Trailmobile Canada items are concerned, I must underscore what I said here last Monday. These matters are highly complex. Full reports have just been completed and submitted to me.

Any oral summary here of the contents of the reports would not do justice to the concerns expressed by the member for Sudbury East and the member for Hamilton East (Mr. Mackenzie), nor would it do justice to the various important actions that had been taken by the employees, the employers, the joint health and safety committees and the ministry staff involved. Were I to read the reports into the record -- I emphasize that the reports summarize the detailed information in the files -- a very considerable amount of the time of the House would be consumed on matters involving highly complex and technical considerations.

For those reasons I have indicated, I have written to the member for Sudbury East suggesting that the most expeditious way to handle these matters would be to meet so as to permit a full discussion of the reports. This would enable the member for Sudbury East and the member for Hamilton East to study the matters in detail and to question me and my officials about the actions taken in the light of our investigation. That offer stands.

In the meantime, I have sent copies of the Westinghouse and Trailmobile Canada reports to my honourable friends. I have also sent them copies of a report on potential exposures to isocyanates in those companies referred to on November 4 by the member for Hamilton East. I will also send them the report on Dresser Canada when it has been completed in the next few days. I will be most amenable to meeting with them on that subject too. I would have no hesitation in providing these reports to other interested members or in tabling them in this Legislature if it would be helpful to do so.

I believe that what I am proposing is the most effective way of ensuring that all of these matters are explored fully so that everyone can be satisfied that appropriate action is being taken by the ministry to protect the health and safety of the workers involved.

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3. Session: 32:2

Date: **19821108**

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### **CANADIAN GENERAL ELECTRIC**

**Mr. Martel:** Mr. Speaker, I have a question of the Minister of Labour regarding Canadian General Electric at 221 Dufferin Street, Toronto.

Is the minister aware that out of a work force of 50 employees, the union has identified that 24 of the women there have some form of cancer? Is he further aware that the union brought this matter to the attention of the company doctor, one Dr. Jack Richman, at a health and safety meeting in January 1981, and that to the union's knowledge the good doctor has not as yet bothered to advise the Ministry of Labour'?

Can the minister explain why the ministry does not require a company to report this type of shocking situation so that it can be investigated and corrected forthwith?

**Hon. Mr. Ramsay:** Mr. Speaker, I agree with the honourable member that these things should be brought to our attention, and I suggest that the members of the occupational health and safety committee can bring those to our attention, just as the member brings things to our attention almost each and every day, which we follow up on with great rapidity and attempt to resolve just as quickly and as resolutely as possible.

**2:30 p.m.**

**Mr. Martel:** Is the minister aware that Dr. Richman is the same Dr. Richman who in 1979 advised the Canadian Society of Safety Engineering how companies could get around the Workmen's Compensation Board, counselling them to falsify and make vague the reports to be sent to the Workmen's Compensation Board? Is the minister further aware that Dr. Richman, well over a year after the workers had reported this situation, contacted the director of the McMaster occupational health program and left his own deliberately vague report rendering it useless, as can be seen in the response by Dr. Muir? Dr. Muir says to Dr. Richman: "I have problems with your paper. I am not sure how many people are under study, how long they have worked there, whether your expected cancer rates applied to cancer deaths or to cancer incidents; nor am I clear whether your index cases include deaths or simply statements of previous cancer diseases." Does it not sound as though he has given Dr. Muir almost the same type of report he suggested employers submit to the Workmen's Compensation Board?

**Hon. Mr. Ramsay:** I am not aware of Dr. Richman or his background. However, I am aware of one factor. This summer I asked the honourable member opposite if he would come in bringing the number of



people he wished with him, and we would go over all the outstanding occupational health and safety issues.

We did that. We had a very productive meeting. Also this summer, I asked the representative, Mr. Lamber, of the occupational health and safety committee of the Canadian Union of Public Employee, if he would come in and we would go over all the outstanding issues they had with respect to occupational health and safety. We had a very productive meeting.

I should put on record that we have made some administrative changes and are now in a position to act more quickly than we were before on any matter that is brought to our attention. The key point I want to make is I welcome the fact these things are brought to our attention so we can take prompt action; and we do take prompt action on them.

**Mr. Martel:** Does the minister not realize we are just like the little boy who keeps putting his finger in the dyke to block off the problem? Aside from that, realizing the anxiety of the remaining work force, and the workers are predominantly women in this one sector, will the minister send his staff in immediately to deal with the union, because I do not think Dr. Richman is worth while dealing with, to determine what is causing the problems and move to improve the situation immediately on behalf of those workers?

**Hon. Mr. Ramsay:** I finished saying just a few moments ago that it has been our policy to deal with these things as soon as they are brought to our attention. Certainly we will be happy to do so in this case as requested by the honourable member.

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Session: 32:3

Date: **19830426**

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## **ORDERS OF THE DAY THRONE SPEECH DEBATE (CONTINUED)**

**Mr. Martel:** Thank you, Mr. Speaker. I hope you will remain as pleased during my speech.

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For the edification of members, let me put on the record a case study of what we learned at Canadian General Electric Co. Ltd. as a result of our task force. In late 1980, workers belonging to United Electrical Workers Local 537 noticed an unusually high number of their fellow workers had been diagnosed as having tumours. The workers, almost all of whom were women, worked in the small coil winding department of the CGE lamp works in Toronto. At the time, the department employed approximately 50 people.

The union brought this concern to the attention of the company in December 1980. The company doctor, Dr. Jack Richman, immediately notified the Ministry of Labour. The union also raised the issue at the next regularly scheduled meeting of the health and safety committee in January 1981. Dr. Richman indicated he would investigate and report back to the committee.

Over the next two years the union compiled a list of 24 of their fellow workers who reported to them that they had tumours, many of which were malignant. Of the 24 women, at least five died from cancer. In March 1981, Dr. Richman told the committee that "there was no abnormal incidence of cancer" and assured them that a written report would be presented soon.

For almost two years, the issue of the high incidence of cancer in the coil winding department remained on the agenda of the health and safety committee meetings. Workers repeatedly expressed concern at the delay in receiving Dr. Richman's report, and in April 1982 the minutes officially reflected the concern of the whole committee. However, because the workers on the committee had no right to compel the

company doctor to produce the report, they were forced to wait until the company wished to answer their concerns.

Finally, after the local union presented this problem to the task force in September 1982, I confronted the minister in the Legislature. The company was forced by the ensuing publicity to agree to a proper epidemiological study. Dr. Richman's report was finally given to the local president, Cathy Treacy, in October 1982, a month after her presentation to the task force.

This is very interesting: Contrary to Dr. Richman's statement to the health and safety committee in March 1981, the report revealed "a higher than expected incidence rate of gynaecological and breast cancer among the workers in the coil winding area." In company press releases of November 10, 1982, the company indicated the report had been completed in November 1981, 11 months before it was given to the workers.

The situation at CGE shows that the internal responsibility system as it exists only works when the company and the union are equally committed to making it work. Otherwise, management can ignore the concerns, even when the situation is as serious as the one I just commented on.

In this instance the Ministry of Labour was informed in December 1980 of a potentially serious situation, yet it took two full years for the union to receive vital information from the company and almost three years for a proper epidemiological study to be undertaken in this plant. Surely it must be said that both the company and the ministry have failed to make internal responsibility work.

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<http://www.cpsso.on.ca/public-register/doctor-details.aspx?view=1&id=%2021406>

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