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16. Abstract (Limit: 200 words) This testimony concerned the findings of a joint NIOSH/OSHA Work Group which reviewed recent scientific information about the health effects of asbestos (1332214). The study group reconfirmed that there is no safe exposure limit for asbestos and that all commercial and several noncommercial forms of asbestos cause disease. The report served to recommend to the Department of Labor that it promulgate a safer standard for workers exposed to asbestos and that it eliminate from the workplace all exposures from new nonessential uses of asbestos. The group asked that the new standard set a maximum workplace exposure limit of 100,000 fibers per cubic meter of air, the lowest level which can be accurately measured. The present level is two million fibers per cubic meter of air. Asbestos has been found to cause asbestosis, lung cancer and mesothelioma. Exposure to asbestos has also been related to significant increases in the incidence of laryngeal and gastrointestinal cancers. The group concluded that substitutes for asbestos be used whenever possible. Medical testing procedures for asbestos exposed workers should include chest x-rays, pulmonary function tests, and observations of respiratory and other clinical symptoms. Results of medical examinations should be reported directly to the employee, and asbestos workers showing respiratory problems should be afforded the opportunity to transfer to jobs where there is no asbestos exposure. Regulations should protect all workers who are possibly exposed to asbestos.

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HEW NEWS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

CONTACT: NIOSH Information Office (301) 443-2140

FOR RELEASE: 1:00 P.M., EST
Thursday, April 17, 1980

REMARKS BY NIOSH DIRECTOR ANTHONY ROBBINS ON
THE NEED FOR A NEW ASBESTOS STANDARD

Good afternoon, I am Dr. Anthony Robbins, Director of HEW's National Institute for Occupational Safety and Health, NIOSH. With me are Dr. Eula Bingham, the Assistant Secretary of Labor for Occupational Safety and Health; Dr. Bailus Walker, Jr., Director of Health Standards for OSHA; and two NIOSH scientists, Mr. Richard Lemen and Mr. John Dement.

We are here to announce the findings of a joint NIOSH/OSHA Work Group that has reviewed recent scientific information about the health effects of asbestos.

The Group reconfirmed that--

- o There is no safe exposure limit for asbestos.

- o All commercial and several non-commercial forms of asbestos cause disease.

On the basis of the Work Group's findings and recommendations, which we endorse, we are today recommending to the Department of Labor that it

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promulgate a safer standard for workers exposed to asbestos and that it eliminate from the workplace all exposure from new non-essential uses of asbestos.

We have asked that the new standard set a maximum workplace exposure limit of 100,000 fibers per cubic meter of air, the lowest level which can be accurately measured. The present level, set in 1972, is two million fibers per cubic meter of air.

Asbestos poses a grave danger in the workplace. At least 1.4 million workers are exposed to asbestos in the United States. In conducting a National Occupational Hazard Survey from 1972-74, NIOSH found that 45 percent of the occupations observed involve exposure to the substance. Nearly three quarters of a million tons are used annually in this country in a wide range of products including floor tiles, cements, acoustical products, brake linings, and roof coatings. Between 8 and 11 million workers have been exposed to asbestos since World War II.

Asbestos is ubiquitous and its effects, measured in disease and death, are staggering. Asbestos causes a very serious form of lung fibrosis known as asbestosis. It also causes lung cancer and mesothelioma, a cancer of the membrane that lines the chest and abdominal cavities. Exposure to asbestos has also been related to significant increases in lung, laryngeal, and gastrointestinal cancers.

In 1972, OSHA promulgated a workplace asbestos standard setting the maximum exposure level at 2,000,000 fibers per cubic meter of air. Since then both NIOSH and OSHA have monitored asbestos health effects research and the development of asbestos substitutes. In 1975, OSHA proposed lowering the

standard to 500,000 fibers per cubic meter of air. In 1976, NIOSH recommended lowering the standard to 100,000 fibers.

NIOSH and OSHA established an Asbestos Work Group in the fall of 1979. Its charge was to review all health effects data since the 1976 NIOSH recommended standard was transmitted to OSHA and to determine whether any changes to that recommendation were warranted. Was there health damage occurring at the level of the current standard? The Work Group consisted of four experts from NIOSH and three from OSHA.

The Work Group has completed its report and NIOSH has formally recommended that OSHA adopt the Work Group's findings. A copy of the report is in your press kit.

The Group reconfirmed that there is no safe exposure level for asbestos. Although data suggest that lower exposures result in lower risks of developing cancer, there is no known level below which asbestos-related diseases do not occur.

The Group reconfirmed that all commercial and several non-commercial forms of asbestos cause disease. There has at times been debate over which types of asbestos fibers cause disease. The Group found strong evidence that all forms are dangerous, including chrysotile; crocidolite; and fibrous cummingtonite-grunerite including amosite, fibrous tremolite, fibrous actinolite, and fibrous anthophyllite. The Work Group found no basis for regulating one type of fiber and not another.

With these two premises in mind, let me enumerate some of the specific findings of the Work Group:

- Optical microscopy continues to be the most reliable and economically feasible method for determining airborne levels of

asbestos. Its lowest reliable detection limit is 100,000 fibers per cubic meter.

- Substitutes for asbestos should be used whenever possible so that non-essential uses of the carcinogenic fiber are eliminated.

- The report contains recommendations for medical testing procedures including chest X-rays, pulmonary function tests, observation of respiratory and other clinical symptoms. The Group also recommends that sputum cytology be evaluated as a surveillance technique.

- Results of medical examinations should be reported directly to the employee, and aggregate medical information--without individual identifiers--should be reported to an employer's entire workforce.

- Asbestos workers showing respiratory problems should be afforded the opportunity to transfer to jobs where there is no asbestos exposure. They should suffer no cut in pay or benefits to do so. The Group suggests that this program should be similar to the one now enforced by OSHA for lead workers.

- Regulations should protect all workers exposed to asbestos, including those in the construction, shipbuilding, and maritime industries, where high exposures have historically occurred.

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- Asbestos product manufacturers should perform air sampling in all possible processes involving their products to determine probable airborne asbestos levels. This information should be passed on to the products' potential users.

Thank you for your time. I would now like to open the conference to questions.

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APR 17 1980

Dr. Eula Bingham
Assistant Secretary for
Occupational Safety and Health
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Dear Dr. Bingham:

The National Institute for Occupational Safety and Health (NIOSH) recommends that the Occupational Safety and Health Administration (OSHA) adopt a safer standard for worker exposure to asbestos. The new standard would eliminate all exposure from new non-essential uses and define a permissible limit for other exposure at the lowest level accurately measurable by optical microscopy (100,000 fibers per cubic meter of air).

For the last 6 months a group of scientists under the leadership of Mr. Richard Lemen has been reviewing information on asbestos made available since the 1976 NIOSH criteria document was transmitted to OSHA. The group reaffirmed that exposure levels below the current standard of 2 million fibers per cubic meter of air--and below the 1976 recommendation of 100,000 fibers per cubic meter of air--cause several types of cancer and other lung diseases. For this reason, the group concluded there is no safe level of asbestos exposure and that asbestos should be introduced into the human environment only if no suitable substitute exists. In other words, good occupational health practice under the Occupational Safety and Health Act of 1970 requires eliminating any avoidable worker exposure to asbestos. When exposure cannot be eliminated it must be controlled to the lowest level possible.

To further understand the problem of removing all asbestos from the work environment, NIOSH will undertake additional studies:

1. We will examine the life cycle of asbestos, from mining to fabrication, use, and disposal. This work will identify all points where workers may be exposed to asbestos and simplify enforcement of the new standard.

2. We will produce an inventory of all asbestos products likely to reach the work environment. This inventory, along with the life cycle study, will help quantify the scope of efforts required to eliminate asbestos exposure.

3. We will establish a continuing review of the development of asbestos substitutes. This should protect workers by encouraging rapid elimination of asbestos uses.

4. We will review laboratory facilities available for accurately analyzing asbestos since any new standard will require increased analytical capability.

The asbestos situation in the United States is grave enough to warrant immediate action. Between 8 and 11 million workers have already been exposed to asbestos since World War II. Tens of thousands of cancer deaths each year are attributable to asbestos. Much of the asbestos that caused these deaths remains with us today and continues to threaten the health of workers. Unless we move immediately to significantly reduce new applications of asbestos, we risk leaving behind an additional legacy of disease and death.

Promulgating a new asbestos standard, based on the Work Group's recommendations, would significantly contribute to preventing disease and loss of life from future asbestos exposure.

Sincerely yours,

Anthony Robbins

Anthony Robbins, M.D.
Director