

Thursday, May 23, 2019

Ms. Alexandra Dapolito Dunn
Assistant Administrator, Office of Chemical Safety and Pollution Prevention
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue NW
Washington, DC 20460

Re: *Concerns About Narrow and Limited TSCA Asbestos Risk Evaluation*

Dear Assistant Administrator Dunn:

We are independent scientists, physicians, and experts who have devoted our careers to the prevention and treatment of asbestos-related diseases. For decades, we have supported a comprehensive and immediate ban of asbestos imports and use.¹

There is scientific consensus that “All forms of asbestos are carcinogenic to humans. Exposure to asbestos, including chrysotile, causes cancer of the lung, larynx, and ovaries, and also mesothelioma (a cancer of the pleural and peritoneal linings). Asbestos exposure is also responsible for other diseases such as asbestosis (fibrosis of the lungs), and plaques, thickening and effusion in the pleura.”²

More than 60 countries, including Canada, have banned asbestos; however, the U.S. allows for continued imports and use. Each year, nearly 40,000 Americans die from preventable asbestos-caused diseases.³

The ongoing EPA risk evaluation on asbestos provides an important opportunity for EPA to underscore the serious risks posed by the continuing use of asbestos in the U.S. We strongly urge that EPA base this evaluation on the long-standing scientific consensus that there is no safe level of use or exposure to asbestos, as noted by other government agencies such as the Occupational Safety and Health Administration (OSHA).

We are deeply concerned when we hear defenders of asbestos argue their processes are highly controlled and comply with occupational exposure limits and other requirements for the handling of asbestos. While these requirements perform an important function, they do not eliminate the risk of harm. For example, when OSHA last strengthened its workplace standard in 1994, it recognized that workers would develop cancer even at the new, lower exposure limit.

The largest ongoing use of asbestos in the U.S. is in the chlor-alkali industry, which produces chlorine and caustic soda. In a recently issued report, the U.S. Geological Survey (USGS) reported that in 2018, this industry imported 750 metric tons of raw chrysotile asbestos.⁴ There are numerous pathways of exposure from importing, transporting, manufacturing, and disposing of asbestos in this industry.

¹ <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/23/13/09/elimination-of-asbestos>

² <https://www.who.int/news-room/fact-sheets/detail/asbestos-elimination-of-asbestos-related-diseases>

³ <https://www.asbestosdiseaseawareness.org/archives/51172>

⁴ <https://prd-wret.s3-us-west-2.amazonaws.com/assets/palladium/production/s3fs-public/atoms/files/mcs-2019-asbes.pdf>

There are proven alternatives to the asbestos diaphragm process used in the industry. Furthermore, many plants in the US and globally produce chlorine and caustic soda using asbestos-free processes. With the availability of safer asbestos-free alternatives, the continued importation, transport, use and disposal of asbestos for chlor-alkali production represents an unnecessary and preventable public health threat.

Internal emails provided to the Asbestos Disease Awareness Organization (ADAO) show that seventeen career EPA experts have expressed to EPA Headquarters deep concerns about EPA's weak and limited efforts to reduce asbestos exposure and risk. These individuals recommended stronger actions—including a complete ban—that EPA management has rejected.⁵

We strongly agree with EPA career staff that the EPA risk evaluation, as designed, will be incomplete and inadequate because it:

- Excludes the ongoing and future use and disposal of “legacy” asbestos in residences, schools, commercial building and infrastructure—a pervasive source of exposure and risk for millions of workers and consumers throughout the U.S.
- Excludes the Libby Amphibole, whose presence in the environment because of historical mining activities and in attic insulation installed in millions of homes, poses a serious threat to health.
- Only considers the asbestos contribution to lung cancer and mesothelioma and, in the words of the career staff, ignores “other significant lethal and non-lethal harms from asbestos [that]. . . should be included if there is to be a comprehensive evaluation of the risks from exposure to asbestos.”

Until these exclusions are eliminated from the asbestos risk evaluation being conducted by EPA, the risks of asbestos to public health will be seriously flawed and dangerously understated. We urge you to reevaluate the concerns of these dedicated civil servants and our comments as you continue your risk evaluation on asbestos. We would also be happy to follow up with you or your staff to discuss these points in greater depth.

Sincerely,

Eduardo Algranti, MD, FUNDACENTRO, Brazil

Sam Armato, Ph.D., The University of Chicago

Barry Castleman, ScD, Environmental Consultant

Mark Catlin, BS, BA, Self

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Arthur L. Frank MD, PhD, Professor of Medicine and Professor of Public Health, Drexel University

⁵ <https://www.asbestosdiseaseawareness.org/epa-region-10-all-docs>

Fernanda Giannasi, Engineer, Rede Virtual-Cidadã pelo Banimento do Amianto na América Latina (Virtual-Citizen Network for the Ban of Asbestos in Latin America)

Eudice Goldberg, MD, FRCPC, Canadian Mesothelioma Foundation

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Philip J. Landrigan, MD, MSc, FAAP, Director, Global Public Health Program, Schiller Institute for Integrated
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