

PRESS CONFERENCE

EPA DRAFT RISK EVALUATION ASBESTOS – COMMENTS

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STATEMENT

1. I am an adjunct professor at the Dalla Lana School of Public Health, University of Toronto, and a consultant in occupational and environmental medicine in Boston, where I was an associate professor at Harvard Medical School and a practicing physician in the Division of Pulmonary and Critical Care Medicine in the Department of Medicine at MGH.
2. The EPA Draft Risk Evaluation for Asbestos in its present form underestimates and understates the true risk posed by asbestos.
3. It understates the risk with its singular focus on only one of six asbestos fiber types regulated in the United States, namely *chrysotile* asbestos. The Draft Risk Evaluation ignores risk from amphiboles fibers in widespread use in the U.S. in insulation and construction materials, vermiculite, and a variety of other products.
4. It underestimates the risk by using a statistical model to define the dose-response relationship between asbestos and related disease that is less protective of the public health than the model used by the EPA and other federal regulatory agencies for decades – namely the linear model, a validated and accepted model showing no dose of asbestos below which there is no risk for related disease.
5. The Draft Risk Evaluation considers and assesses risk for only two asbestos-related diseases: lung cancer and malignant mesothelioma. Excluded from risk assessment are cancers of the ovary and larynx, and nonmalignant diseases such as asbestosis and diseases of the pleura, or lung lining.
6. Inhalation unit risk, that is risk per exposure unit defined as fiber/cc, is calculated using data from only two epidemiologic studies; whereas unit risk was previously calculated using data from multiple scientific studies.
7. The EPA's singular focus on mortality vs. incidence underestimates the health risk of asbestos for at least two important reasons. First, incident asbestos-related disease is far more prevalent than asbestos-related mortality in developed countries, particularly with regard to nonmalignant diseases such as asbestosis. Second, the EPA uses outdated survival data for lung cancer and malignant mesothelioma from 1975-2010 to characterize survival from these two cancers as short-term following diagnosis. While this was the case at one time, it is no longer as low dose chest CT (LDCT) screening for lung cancer reduces mortality and improved treatment prolongs survival for both cancers. This trend will only increase in the future.

8. Finally, and importantly, the Draft Risk Evaluation sets legacy asbestos aside for another and uncertain date. Legacy asbestos is asbestos left over from asbestos-containing materials previously- and newly-used in public, private, and commercial buildings, homes, and industrial workplaces and other settings; and in a variety of commonly-used products.
9. In failing to consider legacy asbestos in a timely way, the EPA ignores asbestos that presents the greatest risk to the greatest number of Americans. These Americans include students, teachers, and custodians in public schools; clerical workers, administrators, and maintenance personnel in commercial and government office buildings; health care workers and patients in hospitals and outpatient clinics; and workers in a variety of industrial settings.
10. The limitations of this EPA Draft Risk Evaluation for Asbestos clearly demonstrate that the only way to protect the American public from asbestos is to ban it.