- non-urban and remote urban airborne asbestos concentrations are $<10^{-9}$ g/m^3, urban airborne concentrations are $<30.10^{-9}$ g/m^3, except in heavily industrialized areas around construction sites, and toll booths;
- the OSHA standard (2 fibres/ml, >5μ) is equivalent to $25.000.10^{-9}$ g/m^3, which corresponds to 25.10^{-6} g/m^3, for continuous (168 hour/week) exposure of general public in ambient air; the proposed air quality standard of 30.10^{-9} g/m^3 is approximately $\frac{1}{1000}$ of the converted OSHA-standard. However, recently a standard of 0.5 f/ml has been proposed in the USA; (see Chapter XI.)

However, Plumlee (1975) summed up many deficiencies in the proposal by Bruckman et al, inter alia:

- the authors' own data do not suggest a dose-response relationship between exposure and the frequency of mesothelioma; this might be due to the concurrent mortality by other cancers or asbestosis, so hiding a possible mesothelioma inducing effect of high exposure intensities;
- the incidence is underreported, because many physicians and pathologists do not recognize the diagnosis;
- there are only 12 points on the graph; more data may be expected to lower the minimum and raise the maximum level;
- extrapolation from occupation to public health does not take into account a possible increased risk for exposure of children, who carry an asbestos lung burden for a longer period of time;
- transportation mishaps may be regarded by the population as unavoidable; it is not allowed to suggest the same acceptance of asbestos exposure risks, because such exposure may not be regarded as essential;
- conversion of fibre >5μ to total fibres is based upon an educated guess, and not adequately reliable to introduce in extrapolation; equivalents which apply to the workplace may not apply to ambient air level.

Plumlee concluded with the justified remark "that the exposure level data from occupational studies, as well as present analytical methodology, are so unreliable as to make the results of this exercise meaningless".

Both approaches should be regarded as highly deficient:

- they are based upon a deficient number of well controlled basic data
- they rely too much on average concentrations and not on the unknown maybe more relevant peak exposures in the past

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