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

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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 <u>all</u> 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:

- o 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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