Asbestos and Health

Questions & Answers

Recent public discussion of the health implications of asbestos dust has led to a number of erroneous and misleading impressions about hazards associated with the use of asbestos. These impressions are based on the unwarranted assumption that data on occupational health risks associated with heavy, long term asbestos exposure can also be applied to the general public.

The known medical facts, supported by nearly a half century of studies and research, are that:

1. Asbestos-related health risks are basically confined to the occupational and para-occupational setting.
2. Asbestos-related diseases may develop, generally, only after the inhalation of substantial amounts of asbestos dust for a substantial period of time.
3. There is presently no evidence of hazard to the general public from exposure to the minute amounts of asbestos that may be present in community air.

Following are some questions commonly asked about asbestos and health. Answers are based on known scientific evidence and industry experience.

Q Is asbestos a major air pollutant?

A Dust counts taken in New York City and other urban areas show that asbestos levels in the community air are many times **lower** than levels considered to be safe for occupational exposure. In addition, recent evidence indicates that small quantities of asbestos fiber from natural sources may have existed in the ambient air for perhaps thousands or even millions of years. Man thus probably evolved into his present form in an atmosphere containing some asbestos.

Q Do brake linings emit much asbestos into the air?

A A United States Public Health Service study shows that only a tiny fraction of the asbestos in brake linings is released to the air in its original form when brakes are applied. The rest is converted into fosterite—a non-fibrous inert material—by the heat of friction.

Q Does the use of asbestos cause disease in the general public?

A There is no evidence, scientific or otherwise, that anyone in the general public has ever contracted any disease from exposure to the minute amounts of asbestos released into community air through the use, application, or wearing and weathering of finished asbestos products.

Q Can a little bit of asbestos kill you?

A Long-term medical studies of occupationally exposed workers show that low to moderate levels of exposure to asbestos do not lead to an increased rate of disease. In these studies, a higher than normal incidence of disease was found only among employees exposed to high concentrations of dust for long periods of time.

Q Once asbestos enters the lung, does all of it remain there forever?

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A No. The lung's normal cleansing mechanism quickly removes the majority of inhaled particles, including respirable sized asbestos fibers.

Q Should asbestos be banned until proven safe?

A Asbestos concentrations in both the workplace and in community air can be satisfactorily controlled, and there is therefore no reason to ban the use of any asbestos-containing product. From a public health standpoint, such bans are completely unnecessary and would serve only as meaningless gestures.

Q To what extent is asbestos an occupational health hazard?

A Because of the long latent period of asbestos-related disease, some cases are still developing among long-term employees whose exposure began at a time when little was known of the amount of asbestos a human being could tolerate, and when the dust control equipment in use was not as efficient or as sophisticated as it is today. With present medical knowledge and today's improved dust control measures, however, there is every reason to believe that these cases will decrease in the future and asbestos-related disease will cease to be a major occupational problem.

Q Can asbestos be used safely in the workplace?

A Asbestos fiber can be handled and used on the job with complete safety so long as certain basic precautionary measures are followed. These include careful handling of fiber bags to prevent tearing and spilling, the use of dust control exhaust hoods at all stages of in-plant handling where dust is unavoidably created, the wearing of respiratory protective equipment where necessary, and good housekeeping with regard to dust clean-up and disposal procedures.

Q Shouldn't substitutes for asbestos be used whenever possible?

A More is known about the potential health hazards of asbestos and the proper means for their control than about materials that might be used to replace asbestos. It would be unwise to substitute unproven materials whose health effects are unknown for asbestos, which has demonstrated its usefulness to society over the past century. For many essential, life-saving uses, asbestos is the only material that can do the job.

Q What is industry doing about the problem?

A The asbestos industry, starting in the late 1920's, sponsored some of the first studies of asbestos-related disease ever undertaken in the United States. These studies provided information that became the basis for dust control programs in the industry, which have been improved and expanded over the years. Tens of millions of dollars in sophisticated and efficient equipment and techniques have been devoted to preventing the inhalation of asbestos dust by workers in the mining and milling of asbestos and in the manufacture of asbestos-containing products.

Through the Institute of Occupational and Environmental Health in Montreal, the Industrial Health Foundation in Pittsburgh, and selected hospitals and universities, the industry is sponsoring or cooperating in major epidemiological and other research projects designed to identify and eliminate asbestos-related health risks within the industry, and also for fabricators and applicators of finished asbestos-containing products.

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