Letters

Asbestos Removal

Philip H. Abelson's editorial "The asbestos removal fiasco" (2 Mar., p. 1017), argues that huge sums of money have been wasted on the removal of asbestos from buildings due to "puzzling defect[s] in federal legislation and regulations." Abelson blames the policies and programs of the Environmental Protection Agency (EPA). Yet contrary to the premise of his editorial, if there is an "asbestos removal fiasco" in the United States, it is happening *in spite* of EPA's efforts.

Our agency only requires asbestos removal when building demolition or renovation activities threaten to release significant amounts of asbestos fibers into the air. Clearly, asbestos removal before the wrecking ball swings into action is a straightforward measure to protect public health.

Although EPA regulations rarely require asbestos removal, the agency is aware and concerned that a number of building owners are removing asbestos from their buildings—often due to forces (for example, concerns about property devaluation, insurance, and liability) that may be unrelated to actual health risks. As a result, EPA strongly recommends that, if asbestos-containing material is in good condition and is unlikely to be disturbed, it is generally preferable to contain that material where it is rather than remove it. EPA also warns building owners that an ill-conceived or poorly conducted removal can actually *increase* rather than decrease risk.

Abelson writes that there are several "defects" in EPA policies that contribute to the proliferation of asbestos removals. We at EPA and others in the scientific community see the matter quite differently. First, Abelson suggests that EPA has no scientific basis for treating the serpentine variety of asbestos, chrysotile, as equally hazardous to human health as the amphibole group, which includes crocidolite and amosite. Although available evidence suggests that exposure to chrysotile asbestos may be less likely to cause some asbestos-related diseases, a number of scientific organizations, including the National Academy of Sciences, maintain that chrysotile is a human carcinogen and that breathing airborne chrysotile fibers can cause all of the asbestos-related diseases. In drawing our conclusions, EPA listened to the National Academy of Sciences and other distinguished scientists. We took note of, but did not embrace the important, yet

inconclusive, data referenced by Abelson.

Second, Abelson chides EPA for a "lack of concern about determining the facts of exposure," adding "one would think that in a $50 to $150 billion program the first priority would be an accurate assessment of the problem." I would agree if this were the situation. It isn't. EPA has *not* instituted the multibillion-dollar program that Abelson criticizes. EPA is doing essentially what he recommends—assessing the actual exposure levels in buildings through a major research effort by means of the Health Effects Institute (HEI).

Finally, Abelson argues that decisions concerning what to do about asbestos in buildings "should be based on actual measurements of types and amounts of [airborne] fibers" rather than on visual inspection and bulk sampling of material, as EPA recommends. Although EPA agrees that air monitoring can be a useful supplement to physical inspection, it cannot replace physical inspection as a means of assessing the asbestos hazard in buildings. Air monitoring, no matter how sophisticated the method, still only offers a snapshot of airborne asbestos at that moment and cannot predict the potential for future fiber releases caused by inadvertent or deliberate disturbances of the building's asbestos-containing material.

Would that the asbestos-in-buildings issue were as easy to manage as Abelson suggests, that is, that we can simply set up air monitors in buildings to determine if they have significant airborne concentrations of amphibole fibers. Unfortunately, as many in the scientific community recognize, assessing and controlling the potential asbestos hazard in buildings is a more complex undertaking.

It is our mandate at EPA to protect the health of those who live and work in our nation's buildings. We are presently taking several major steps to help ensure that our asbestos policies and programs are adequate to achieve that goal. We are concluding a year-long policy dialogue with various affected groups on how best to address asbestos in public and commercial buildings, conducting a thorough evaluation of the asbestos-in-schools program (due in early 1991), completing an important guidance document on managing asbestos in place, and sponsoring the HEI research noted above. These and other activities will help us improve our asbestos policies and programs and, as a result, better protect public health.

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