August 9, 2018

Tala R. Henry, Acting Director Office of Pollution Prevention and Toxics
Document Control Office (7407M)
Office of Pollution Prevention and Toxics
Environmental Protection Agency
1200 Pennsylvania Ave. NW
Washington, DC 20460–0001

Dear Acting Director Henry:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I write in response to the proposed rule titled, “Asbestos; Significant New Use Rule” as published by the Environmental Protection Agency (EPA) in the June 11, 2018 Federal Register.

Any form of asbestos exposure is a threat to health; there is no safe form of asbestos, nor is there a safe level of asbestos exposure. It can cause both cancerous and non-malignant diseases. Asbestosis and pleural disease are both non-malignant diseases associated with asbestos exposure and lead to poor lung function. Asbestos exposure can also cause cancers of the lung, larynx, and ovaries, as well as mesothelioma. Pharynx, stomach and colorectal cancers are also associated with asbestos exposure. Many of these cancers are very aggressive and, on average, individuals die approximately one year post asbestos related cancer diagnosis. Deaths due to asbestos exposure have continually increased by nearly 5% between 1999 and 2015. Approximately half of all occupational cancer deaths are due to asbestos. It is clear asbestos exposure in any form and at any level is extremely unsafe, harmful to health and can be prevented with a complete ban on asbestos.

The effects of asbestos are expensive; from healthcare costs to remediation and litigation fees. In the United States, the estimated annual healthcare costs from asbestos-related mesothelioma alone is nearly $2 billion, while remediation efforts cost an estimated $3 billion. This does not include loss of productivity or asbestos litigation costs, which are estimated at $2.3 billion annually. These estimates may be even higher, as asbestos-caused cancers are often not reported and recorded accordingly. Banning asbestos for all future use will, over time, eliminate these costs due to non-naturally occurring asbestos exposure.

The AAFP is therefore very concerned that the EPA proposes a rule that could potentially allow the manufacture, processing or import of new asbestos products for significant new use. It is AAFP’s mission to improve and protect the health of patients, families and communities. Asbestos exposure is extremely detrimental to health and entirely preventable. The AAFP calls upon the EPA to implement a complete ban on all uses of asbestos and asbestos products. No form of asbestos
should be considered for a new significant use. Failing to completely ban asbestos will be detrimental to the health of patients, families and communities.

The EPA should deliberately weigh the negative health effects and significant costs associated with asbestos. Safer alternatives to asbestos exist which are used in nations with asbestos bans. Allowing the processing, importation or manufacturing of any asbestos product poses a significant risk to the health of those exposed to asbestos. Comprehensive bans are the most effective measure to prevent disease and mortality due to asbestos exposure. The AAFP strongly urges EPA to implement a complete ban on all uses of asbestos and asbestos products and to not consider any applications for significant new use of asbestos in any form to protect the health of the public.

We appreciate the opportunity to provide these comments. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org with any questions or concerns.

Sincerely,

John Meigs, Jr., MD, FAAFP
Board Chair

About Family Medicine
Family physicians conduct approximately one in five of the total medical office visits in the United States per year – more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families and communities. Family medicine’s cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient’s integrated care team. More Americans depend on family physicians than on any other medical specialty.