

## **APPENDIX A**

## **Asbestos Overview**

Asbestos is a general name applied to a group of silicate minerals consisting of thin, separable fibers in a parallel arrangement. Asbestos minerals fall into two classes, serpentine and amphibole. Serpentine asbestos has relatively long and flexible crystalline fibers; this class includes chrysotile, the predominant type of asbestos used commercially. Amphibole asbestos minerals are brittle and have a rod- or needle-like shape. Amphibole minerals regulated as asbestos by OSHA include five classes: fibrous tremolite, actinolite, anthophyllite, crocidolite, and amosite. However, other amphibole minerals, including winchite, richterite, and others, can exhibit fibrous asbestiform properties [1].

Asbestos fibers do not have any detectable odor or taste. They do not dissolve in water or evaporate and are resistant to heat, fire, and chemical and biological degradation.

The vermiculite mined at Libby contains amphibole asbestos, with a characteristic composition including tremolite, actinolite, richterite, and winchite; this material will be referred to as Libby asbestos. The raw vermiculite ore was estimated to contain up to 26% Libby asbestos as it was mined [2]. For most of the mine's operation, Libby asbestos was considered a by-product of little value and was not used commercially. The mined vermiculite ore was processed to remove unwanted materials and then sorted into various grades or sizes of vermiculite that were then shipped to sites across the nation for expansion (exfoliation) or use as a raw material in manufactured products. Samples of the various grades of unexpanded vermiculite shipped from the Libby mine contained 0.3%–7% fibrous tremolite-actinolite (by mass) [2].

The following sections provide an overview of several concepts relevant to the evaluation of asbestos exposure, including analytical techniques, toxicity and health effects, and the current regulations concerning asbestos in the environment. A more detailed discussion of these topics will also be provided in ATSDR's upcoming summary report for the national review of vermiculite sites.

### ***Methods for Measuring Asbestos Content***

A number of different analytical methods are used to evaluate asbestos content in air, soil, and other bulk materials. Each method varies in its ability to measure fiber characteristics such as length, width, and mineral type. For air samples, fiber quantification is traditionally done through phase contrast microscopy (PCM) by counting fibers with lengths greater than 5 micrometers ( $>5 \mu\text{m}$ ) and with an aspect ratio (length to width) greater than 3:1. This is the standard method by which regulatory limits were developed. Disadvantages of this method include the inability to detect fibers less than  $0.25 (<0.25) \mu\text{m}$  in diameter and the inability to distinguish between asbestos and nonasbestos fibers [1].

Asbestos content in soil and bulk material samples is commonly determined using polarized light microscopy (PLM), a method which uses polarized light to compare refractive indices of minerals and can distinguish between asbestos and nonasbestos fibers and between different types of asbestos. The PLM method can detect fibers with lengths greater than  $\sim 1 \mu\text{m}$ , widths

greater than ~0.25  $\mu\text{m}$ , and aspect ratios (length to width ratios) greater than 3. Detection limits for PLM methods are typically 0.25%–1% asbestos.

Scanning electron microscopy (SEM) and, more commonly, transmission electron microscopy (TEM) are more sensitive methods that can detect smaller fibers than light microscopic techniques. TEM allows the use of electron diffraction and energy-dispersive x-ray methods, which give information on crystal structure and elemental composition, respectively. This information can be used to determine the elemental composition of the visualized fibers. SEM does not allow measurement of electron diffraction patterns. One disadvantage of electron microscopic methods is that determining asbestos concentration in soil and other bulk material is difficult [1].

For risk assessment purposes, TEM measurements are sometimes multiplied by conversion factors to give PCM equivalent fiber concentrations. The correlation between PCM fiber counts and TEM mass measurements is very poor. A conversion between TEM mass and PCM fiber count of 30 micrograms per cubic meter per fiber per cubic centimeter ( $\mu\text{g}/\text{m}^3/(\text{f}/\text{cc})$ ) was adopted as a conversion factor, but this value is highly uncertain because it represents an average of conversions ranging from 5 to 150 ( $\mu\text{g}/\text{m}^3/(\text{f}/\text{cc})$ ) [3]. The correlation between PCM fiber counts and TEM fiber counts is also very uncertain, and no generally applicable conversion factor exists for these two measurements [3]. Generally, a combination of PCM and TEM is used to describe the fiber population in a particular air sample.

EPA is currently working with several contract laboratories and other organizations to develop, refine, and test a number of methods for screening bulk soil samples. The methods under investigation include PLM, infrared (IR), and SEM (personal communication, Jim Christiansen, EPA, November 2002).

### ***Asbestos Health Effects and Toxicity***

Breathing any type of asbestos increases the risk of the following health effects:

*Malignant mesothelioma*—cancer of the membrane (pleura) that encases the lungs and lines the chest cavity. This cancer can spread to tissues surrounding the lungs or other organs. The great majority of mesothelioma cases are attributable to asbestos exposure [1].

*Lung cancer*—cancer of the lung tissue, also known as bronchogenic carcinoma. The exact mechanism relating asbestos exposure with lung cancer is not completely understood. The combination of tobacco smoking and asbestos exposure greatly increases the risk of developing lung cancer [1].

*Noncancer health effects*—these include asbestosis, scarring, and reduced lung function caused by asbestos fibers lodged in the lung; pleural plaques, localized or diffuse areas of thickening of the pleura; pleural thickening, extensive thickening of the pleura which may restrict breathing; pleural calcification, calcium deposition on pleural areas thickened from chronic inflammation and scarring; and pleural effusions, fluid buildup in the pleural space between the lungs and the chest cavity [1].

Not enough evidence is available to determine whether inhalation of asbestos increases the risk of cancer at sites other than the lungs, pleura, and abdominal cavity [1].

Ingestion of asbestos causes little or no risk of noncancer effects. However, some evidence indicates that acute oral exposure might induce precursor lesions of colon cancer and that chronic oral exposure might lead to an increased risk of gastrointestinal tumors [1].

ATSDR considers the inhalation route of exposure to be the most significant in the current evaluation of sites that received Libby vermiculite. Exposure scenarios that are protective of the inhalation route of exposure should be protective of dermal and oral exposures.

The scientific community generally accepts the correlations of asbestos toxicity with fiber length as well as fiber mineralogy. Fiber length may play an important role in clearing the materials from the body, and mineralogy may affect both biopersistence and surface chemistry.

ATSDR, responding to concerns about asbestos fiber toxicity from the World Trade Center disaster, held an expert panel meeting to review fiber size and its role in fiber toxicity in December 2002 [4]. The panel concluded that fiber length plays an important role in toxicity. Fibers with lengths  $<5 \mu\text{m}$  are essentially nontoxic in terms of association with mesothelioma or lung cancer promotion. However, fibers with lengths  $<5 \mu\text{m}$  may play a role in asbestosis when exposure duration is long and fiber concentrations are high. More information is needed to definitively reach this conclusion.

In accordance with these concepts, it has been suggested that amphibole asbestos is more toxic than chrysotile asbestos, mainly because physical differences allow chrysotile to break down and to be cleared from the lung, whereas amphibole is not removed and builds up to high levels in lung tissue [5]. Some researchers believe the resulting increased duration of exposure to amphibole asbestos significantly increases the risk of mesothelioma and, to a lesser extent, asbestosis and lung cancer [5]. However, OSHA continues to regulate chrysotile and amphibole asbestos as one substance, as both types increase the risk of disease [6]. EPA's Integrated Risk Information System (IRIS) assessment of asbestos also treats mineralogy (and fiber length) as equipotent.

Evidence suggesting that the different types of asbestos fibers vary in carcinogenic potency and site specificity is limited by the lack of information on fiber exposure by mineral type. Other data indicate that differences in fiber size distribution and other process differences can contribute at least as much as fiber type to the observed variation in risk [7].

Counting fibers using the regulatory definitions (see below) does not adequately describe risk of health effects. Fiber size, shape, and composition contribute collectively to risk in ways that are still being elucidated. For example, shorter fibers appear to deposit preferentially in the deep lung, but longer fibers may disproportionately increase the risk of mesothelioma [1,7]. Some of the unregulated amphibole minerals, such as the winchite present in Libby asbestos, can exhibit asbestiform characteristics and contribute to risk. Fiber diameters greater than  $2 \mu\text{m}$ – $5 \mu\text{m}$  are considered above the upper limit of respirability (that is, too large to inhale), and thus do not

contribute significantly to risk. Methods to assess the risks posed by varying types of asbestos are being developed and are currently awaiting peer review [7].

### ***Current Standards, Regulations, and Recommendations for Asbestos***

In industrial applications, asbestos-containing materials are defined as any material with >1% bulk concentration of asbestos [8]. It is important to note that 1% is not a health-based level, but instead represents the practical detection limit in the 1970s when OSHA regulations were created. Studies have shown that disturbing soil containing <1% amphibole asbestos, however, can suspend fibers at levels of health concern [9].

Friable asbestos (asbestos which is crumbly and can be broken down to suspendible fibers) is listed as a hazardous air pollutant on EPA's Toxic Release Inventory [10]. This classification requires companies that release friable asbestos at concentrations >0.1% to report the release under Section 313 of the Emergency Planning and Community Right-to-Know Act.

OSHA's permissible exposure limit (PEL) is 0.1 f/cc for asbestos fibers with lengths >5  $\mu\text{m}$  and with an aspect ratio (length:width) >3:1, as determined by PCM [6]. This value represents a time-weighted average (TWA) exposure level based on 8 hours per day for a 40-hour work week. In addition, OSHA has defined an "excursion limit," which stipulates that no worker should be exposed in excess of 1 f/cc as averaged over a sampling period of 30 minutes [6]. Historically, the OSHA PEL has steadily decreased from an initial standard of 12 f/cc established in 1971. The PEL levels prior to 1983 were determined on the basis of empirical worker health observations, while the levels set from 1983 forward employed some form of quantitative risk assessment. ATSDR has used the current OSHA PEL of 0.1 f/cc as a reference point for evaluating asbestos inhalation exposure for past workers. ATSDR does not, however, support using the PEL for evaluating exposure for community members, because the PEL is based on an unacceptable health risk level.

In response to the World Trade Center disaster in 2001 and an immediate concern about asbestos levels in buildings in the area, the Department of Health and Human Services, EPA, and the Department of Labor formed the Environmental Assessment Working Group. This work group was made up of ATSDR, EPA, CDC's National Center for Environmental Health, the National Institute of Occupational Safety and Health (NIOSH), the New York City Department of Health and Mental Hygiene, the New York State Department of Health, OSHA, and other state, local, and private entities. The work group set a re-occupation level of 0.01 f/cc after cleanup. Continued monitoring was also recommended to limit long-term exposure at this level [11]. In 2002, a multiagency task force headed by EPA was formed specifically to evaluate indoor environments for the presence of contaminants that might pose long-term health risks to residents in Lower Manhattan. The task force, which included staff from ATSDR, developed a health-based benchmark of 0.0009 f/cc for indoor air. This benchmark was developed to be protective under long-term exposure scenarios, and it is based on risk-based criteria that include conservative exposure assumptions and the current EPA cancer slope factor. The 0.0009 f/cc benchmark for indoor air was formulated on the basis of chrysotile fibers and is therefore most appropriately applied to airborne chrysotile fibers [12].

NIOSH set a recommended exposure limit of 0.1 f/cc for asbestos fibers longer than 5  $\mu\text{m}$ . This limit is a TWA for up to a 10-hour workday in a 40-hour work week [13]. The American Conference of Government Industrial Hygienists has also adopted a TWA of 0.1 f/cc as its threshold limit value [14].

EPA has set a maximum contaminant level (MCL) for asbestos fibers in water of 7,000,000 fibers longer than 10  $\mu\text{m}$  per liter, on the basis of an increased risk of developing benign intestinal polyps [15]. Many states use the same value as a human health water quality standard for surface water and groundwater.

Asbestos is a known human carcinogen. Historically, EPA has calculated an inhalation unit risk for cancer (cancer slope factor) of 0.23 per f/cc of asbestos [3]. This value estimates additive risk of lung cancer and mesothelioma using a relative risk model for lung cancer and an absolute risk model for mesothelioma.

This quantitative risk model has significant limitations. First, the unit risks were based on measurements with phase contrast microscopy and therefore cannot be applied directly to measurements made with other analytical techniques. Second, the unit risk should not be used if the air concentration exceeds 0.04 f/cc because the slope factor above this concentration might differ from that stated [3]. Perhaps the most significant limitation is that the model does not consider mineralogy, fiber-size distribution, or other physical aspects of asbestos toxicity. EPA is in the process of updating their asbestos quantitative risk methodology given the limitations of the method currently used and the knowledge gained since it was implemented in 1986.

## References

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## **APPENDIX B**



**Exposure pathways for Zonolite/W.R. Grace site which received asbestos contaminated vermiculite from Libby, Montana**

<b>PATHWAY</b>	<b>ENVIRONMENTAL MEDIA &amp; TRANSPORT MECHANISMS</b>	<b>POINT OF EXPOSURE</b>	<b>ROUTE OF EXPOSURE</b>	<b>EXPOSURE POPULATION</b>	<b>TIME</b>
Occupational	Suspension of asbestos fibers into air during materials transport, handling and processing operations	Onsite	Inhalation	Former and/or current workers	Past, present and future
Household Contact	Suspension of asbestos fibers into air from dirty clothing of workers after work	Workers' homes	Inhalation	Former and/or current workers' families and other household contacts	Past, present and future
Waste Piles	Suspension of asbestos fibers into air by playing in or otherwise disturbing piles of vermiculite or waste rock	Onsite at waste piles	Inhalation	Neighborhood children and adult workers	Past
Residential Outdoor	Suspension of asbestos fibers into air by disturbing contaminated vermiculite brought offsite for personal uses (gardening, traction, fill)	Residential yards or driveways	Inhalation	Neighborhood residents, workers' families and household contacts	Past, present and future
Residential Indoor	Suspension of household dust containing asbestos fibers from plant emissions or worker clothing into air	Residences	Inhalation	Neighborhood residents, workers' families and household contacts	Past, present and future
Ambient Air	Stack emissions and fugitive dust from plant operations into neighborhood air	Neighbor-hood around site	Inhalation	Neighborhood residents	Past
Onsite	Suspension of asbestos fibers into air from disturbing contaminated vermiculite, waste, or soil remaining on site	At areas of remaining contamination at or around the site	Inhalation	Cleanup workers, neighborhood residents, current workers and trespassers	Past, present and future
Consumer Products	Suspension of asbestos fibers into air from using or disturbing insulation or other consumer products containing Libby vermiculite	At homes where LA-contaminated products were/are present	Inhalation	Household residents and contractors	Past, present and future

## **APPENDIX C**

## Summary of ATSDR Conclusion Categories

Category	Definition
Urgent Public Health Hazard	Applies to sites that have certain physical hazards or evidence of short-term (less than 1 year), site-related exposure to hazardous substances that could result in adverse health effects and require quick intervention to stop people from being exposed.
Public Health Hazard	Applies to sites that have certain physical hazards or evidence of chronic, site-related exposure to hazardous substances that could result in adverse health effects.
Indeterminate Public Health Hazard	Applies to sites where critical information is lacking (missing or has not yet been gathered) to support a judgment regarding the level of public health hazard.
No Apparent Public Health Hazard	Applies to sites where exposure to site-related chemicals might have occurred in the past or is still occurring, but the exposures are not at levels expected to cause adverse health effects.
No Public Health Hazard	Applies to sites where no exposure to site-related hazardous substances exists.