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April 4, 2007

United States Senate
Committee on Environment and Public Works
The Honorable Barbara Boxer, Chairman
The Honorable James Inhofe, Committee Member
Washington, DC 20510-6175

Dear Senator Boxer and Senator Inhofe:

My name is Brad Black. I have been a physician and practicing medicine in Libby, Montana since July 1977. Since 1983 I have served as consulting Lincoln County Health Officer. I have a very extensive history in the background leading up to the realization of the extensive environmental exposure of asbestos to this community.

Since July 2000 I have served as medical director for the Center for Asbestos Related Disease (CARD). This is a locally developed clinic that is under the direction of a volunteer community board. The center was developed with the knowledge that there was a very extensive exposure to asbestos involving countless numbers of individuals that are both current residence as well as individuals who have left the community and relocated to other areas of the country.

The local medical community in Lincoln County recognized that there would be a need for an organized and central location for respondents who participated in the asbestos health screens done by the ATSDR to have their screening results interpreted for diagnosis, education, counseling and treatment. In December 1999 Montana Senator Max Baucus secured a grant from Health Resources and Services Administration. With these resources the clinic was formed to meet the special community-wide medical needs for those affected by exposure to asbestos.

A cooperative venture between the local Libby hospital, professional medical community, Lincoln County Health office and federal agencies created the Center for Asbestos Related Disease, Inc.. Dr. Alan Whitehouse, a practicing and board certified pulmonologist from Spokane, Washington, had been treating a large number of individuals with asbestos related disease due to the Libby Amphibole for numerous years prior, became a consultant to the CARD at the opening of the clinic. Through his dedication to his work and to the Libby community, he continues to travel to Libby monthly to provide specialty pulmonary consultation support for the CARD.

I personally have spent the last seven years entrenched in specialty pulmonary care related to ARD working alongside Dr. Whitehouse. I also have dedicated myself to continued learning, attending multiple conferences and professional meetings attended by prestigious asbestos experts, practicing physicians and researchers known both

nationally and internationally. Several of these experts have reviewed numerous cases from the CARD cohort.

During these last seven years, the amount of complications related to asbestos exposure and disease has been humbling. It has truly been an education and privilege to be involved in the evaluation and care of these individuals.

Since 1996 there have been at least ten cases of mesothelioma caused by the environmental exposure to the Libby asbestos. The total number of mesotheliomas that have occurred since I have been in Libby have totaled 29. For a population of this size that is highly unusual and further indicates the extreme toxicity of the Libby Amphibole fiber in causing these types of cancers that are specific to asbestos exposure. Additionally, there are numerous individuals that vacationed and recreated in and around the vermiculite ore piles that have developed disabling pulmonary disease.

We currently follow close to 1,800 patients with varying degrees of asbestos related abnormalities and disease. We continue to evaluate at least twenty new patients per month due to history of exposure or developing symptoms. There are a number of observations that are striking and of concern in this patient population. Of greatest concern from a public health stand point and from the superfund asbestos clean-up project, is the relative potency and toxicity of this mixture of Amphibole asbestos. The frequency of lung disease and cancer from environmental exposure is overwhelming. The numbers of cases that relate to environmental exposure out-number the individuals who were Zonolite workers or family members of workers in the past.

The cumulative time and exposure levels of non-mine related affected individuals who have rather profound lung disease demonstrate a remarkably lower level of exposure than they would be for individuals traditionally exposed occupationally to asbestos. Not infrequently, those who recreated in and around vermiculite ore or were family members of vermiculite workers ended up with more severe lung disease than the individuals who worked at the Zonolite facility. It has become obvious that with these observations of the high number of mesotheliomas due to environmental exposure to asbestos along with disabling lung disease, that the potency of the Libby Amphibole fiber needs further evaluation and scrutiny.

Basically we do not know what the exposure risk is to this type of asbestos. It has never been studied previously and the clinical observations are quite concerning. At the current time there are plans for toxicology studies that will be addressing the issues of this concern. EPA Region 8 scientists have presented me with intent of activities which would include the following important considerations:

1. Complete and comprehensive exposure assessments which are essential to gain a better understanding of exposure risk.

2. Follow up of epidemiologic work at both the Libby site as well as the Marysville, Ohio site. Extensive health data is available through the CARD including ongoing cumulative surveillance and monitoring of health status and disease progression compiled in a cohesive process. The opportunity to do extended investigation over time of the health effects from asbestos

exposure, as well as collection of tissue sampling at appropriate times, could greatly enhance the ability to understand and define the exposure risk.

3. Development of analytical and toxicology studies that are comprehensive in its analysis should be directed toward those that are set forth in the draft asbestos road map done by NIOSH and submitted for review. The important points of this study would involve development of improved sampling and analytic methods for detection of asbestos and other mineral fibers. Development of information and knowledge on exposures to asbestos and other mineral fibers and fiber-like cleavage fragments and the health outcomes of those exposures. The Libby population was highly exposed to both natural asbestos fibers as well as fiber-like cleavage fragments, which have unknown toxicity potential, which clearly need to be studied in this population. There needs to be a broader understanding of the important determinacy of toxicity for fibers and for fiber-like cleavage fragments that are in the Libby Amphibole mixture.

In summary, I would like to state from my background as a long term Libby resident, practicing physician and as an exposed member of the population. I am aware of the historic failures to help protect the public and certainly have been humbled by the occurrence of asbestos induced disease in our community. We do not need to have further failure in the area of public health. It is essential at this time that individuals in our community are reassured that both current and future residents will no longer be at health risk from asbestos for long term living in this area.

I'm certainly hopeful that the current activities in cleanup and asbestos abatement have satisfactorily provided prevention of hazardous exposure at the present and long into the future. The health outcomes observed however certainly demands that we make sure we are proceeding in the right direction to clean up asbestos in our community.

It is essential at this time that the EPA funds and executes a comprehensive Amphibole asbestos toxicity assessment to assure both myself and our community that all risk to asbestos exposure is no longer an issue. This is especially important to the younger individuals who are and will be living in the community in the future where lower level asbestos accumulated over time has to be taken in to consideration. It is only when we have completed this toxicity assessment that we can be assured and confident we have protected human health.

Libby residents no longer need to have uncertainty when their health is an issue. What we learn from the toxicity assessment will not only help our community but also serve to better define health risks for many people around the nation and world that could come in contact with Zonolite insulation products. As you may or may not know this is a much bigger health and economic concern that goes beyond the extensive issues that have been observed in Libby.

I thank you for the opportunity to give input to the committee and am most confident that you are following up to make certain that Libby is taken care of in the appropriate manner for the long term health and safety of individuals.

Sincerely,

Brad Black, MD
Lincoln County Health Officer
Medical Director, Center for Asbestos Related Disease

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(dictated but not read)