NATIONAL SYSTEM OF PUBLIC LANDS

BUREAU OF LAND MANAGEMENT

Draft Clear Creek Management Area Resource Management Plan
& Environmental Impact Statement

PUBLIC COMMENT FORM

Thank you for participating in tonight's public meeting for the **Draft** Clear Creek Management Area (CCMA) Resource Management Plan (RMP) and Environmental Impact Statement (EIS). Your comments on the **Draft** Environmental Impact Statement are encouraged.

Please note that only written comments will be incorporated into the Proposed CCMA RMP and provided a formal response by BLM in the associated Final EIS.

Written public comments may be submitted by any of the following methods:

Hand: Place in drop-box during public meetings.

Mail: BLM Hollister Field Office
Attn: CCMA RMP/EIS
20 Hamilton Court
Hollister, CA 95023

Email: cahormp@ca.blm.gov

Fax: (831) 630-5055 Attn: CCMA RMP/EIS

Comments must be postmarked or received by BLM no later than March 5, 2010.

If you wish to withhold your name or street address from public review or from disclosure under the Freedom of Information Act, you must state this prominently at the beginning of your written comment. Such requests will be honored to the extent allowed by law. All submissions from organizations and businesses, and from individuals identifying themselves as representatives or officials of organizations or businesses, will be available for public inspection in their entirety.

Name (Please print): Gary V. Beck (President 2010)
Affiliation (if applicable): Salinas Valley Rock and Gem Club
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COMMENTS

I attended the January 14th and 20th public hearings on the Clear Creek RMP/EIS. I looked at the document online but could not read the whole 700 plus pages. I did notice that there was alot of redundant

COMMENTS *(Continued)*

information and language in it that could easily be condensed. What I noticed and was shocked to see was the BLM had already made up it's mind to use "it's preferred alternative" (alternative E) before any comments from the public. Alternative E's approach to recreation is and I quot "emphasizing limited opportunities for visitor use". From what I heard at the public meetings the public's preferred alternative is alternative A maintaining existing recreation opportunities before the closure.

Items for the BLM to consider.

The EPA testing methods and test conclusions are questionable. I suggest a third party non government peer group review the EPA findings. Naturally occuring chrysotile asbestos is not connected to Mesothelioma. I will submit a abstract from Current Opinion in Pulmonary Medicine to that effect. In addition the historian from the Three Rocks Project who spoke in Hollister Stated that there is no record of anyone ever living, working or recreating in Clear Creek contracting Mesothelioma.

From what I heard from the public comments and my personal feelings, a hold harmless legal waiver signed by users and filed with the BLM would nullify health related lawsuit concerns. As for BLM employees limit their access to the ACEA or provide them with personal protective equipment.

COMMENTS *(Continued)*

I heard at the Santa Clara meeting that the BLM will be meeting with other government agencies after the public hearings. This is backwards! Their input should have been given before the public sessions, so the public could have a chance to review and comment on those inputs.

In conclusion I feel the BLM Hollister field office management is not taking the publics input seriously concerning what alternative is wanted by the public. If any alternative less then A is implemented, the state BLM manager Jim Abbott should be petitioned by all user groups to fire and replace the Hollister field office management.

Thank You

Gary Beck President
George Schneider
Gina Strazza
[illegible]
[illegible]
Jeannie Nelson
Charles White
Ken Jones
Karin Salomon
Karen Jones
[illegible]
Marilyn McCown
P. Gail Lane

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Name (Please print): _____

Affiliation (if applicable): _____

Phone: _____ Email: _____

Address: _____

City, State, Zip: _____

COMMENTS

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Current Opinion in Pulmonary Medicine:

July 2007 - Volume 13 - Issue 4 - p 334-338

doi: 10.1097/MCP.0b013e328121446c

Diseases of the pleura

The risk of mesothelioma from exposure to chrysotile asbestos

Yarborough, Charles M

Abstract

Purpose of review: This review assesses the risk of developing diffuse malignant mesothelioma of the pleura from exposures to chrysotile fibers and contrasts it with the known risk of amphibole asbestos.

Recent findings: Although a rare cancer, the mortality rates of pleural mesothelioma continue to be significantly elevated because of past occupational exposures to airborne asbestos fibers. New analyses of occupational epidemiologic studies for highly exposed workers show a substantially lower potency and suggest an empiric threshold for chrysotile compared with amphibole asbestos. Important kinetic and pathological differences between chrysotile and amphiboles have been substantiated that support chrysotile's impotency in causing pleural mesothelioma.

Summary: Excess risk of pleural mesothelioma from past exposures to asbestos, as evidenced by a trend of high incidence rates during the last half century, appears to be the result of nonchrysotile asbestiform fibers. Although scientific efforts and legal arguments continue, the risk of pleural mesothelioma in human populations is probably negligible for exposures to airborne chrysotile asbestos that is not known to be contaminated by amphibole. This distinction for asbestos fiber types is pivotal for understanding hazards and characterizing risks of continued use of natural chrysotile asbestos today and also new nanofibers.

Asbestos related diseases : true and false

It was declared by anti-asbestos activists that asbestos is the most important single factor causing **100 000 deaths** worldwide per year.

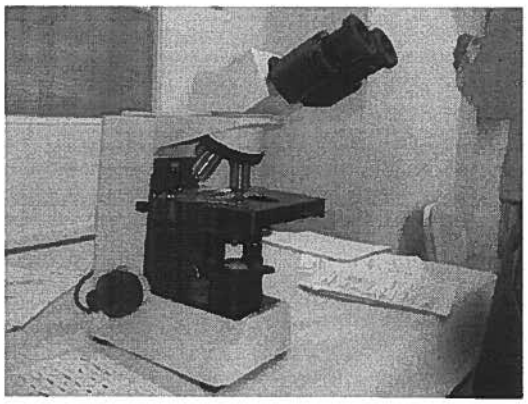
The figure about 100 000 deaths is far from truth. The aforementioned authors used a simple estimation of asbestos-related diseases. This is not correct approach because it was based on data collected from some of European countries and extrapolated to the rest world. This approach is not taking into account differences in use of fiber type, structure of consumption by industry, past uncontrolled heavy exposure of mixing type of asbestos. Hence direct extrapolation is not correct and it could lead to considerable overestimation.

The data about 100 000 deaths was derived from papers Driscoll T et al, "The global burden of disease due to occupational carcinogens", 2005 and reference "Preliminary estimate calculated from table 21.16, p.1682-1683 in Concha-Barrientos et al., 2004 (3). We would like to mention that these authors also admit huge differences between chrysotile and amphiboles.

When the two mineral types serpentine (chrysotile) and amphibole are considered separately in the WHO report by Concha-Barrientos et al., 2004 (3) the authors state in the section on asbestos on page 1687 that:
http://www.who.int/publications/cra/chapters/volume2/1651-1802.pdf
In six cohort studies of nearly 6000 asbestosis patients, the standardized mortality rate ranged from 3.5 to 9.1, with a combined relative risk of 5.9. In 20 studies of over 100000 asbestos workers, the standardized mortality rate ranged from 1.04 for chrysotile workers to 4.97 for amosite workers, with a combined relative risk of 2.00. It is difficult to determine the exposures involved because few of the studies reported measurements, and because it is a problem to convert historical asbestos measurements in millions of dust particles per cubic foot to gravimetric units. ***Nevertheless, little excess lung cancer is expected from low exposure levels.***

The WHO SMR estimate of 1.04 for chrysotile alone is based upon exposures as they occurred 30 to 50 years ago. As the WHO report states, at the controlled low level exposure conditions such as exist today "little excess lung cancer is expected from low exposure levels". It should be noted as well that this is the only time in the text of WHO's Concha-Barrientos et al., 2004 report that the SMR for chrysotile is mentioned. This is very important today, as only chrysotile is used commercially.

"Risks were calculated for malignant mesothelioma on the assumption that exposure commenced some time between the ages of 20 and 45 years and ceased at age 65 years. Assuming a mixed fibre type, the lifetime risk of death from malignant mesothelioma is approximately 100 per 100 000/fibre.year per ml. (This combined estimate is based on best estimates of risk of 400 per 100 000/fibre.year per ml for crocidolite, 65 per 100 000/fibre.year per ml for amosite and 2 per 100 000/fibre.year per ml for chrysotile, and the changing mixture of amphiboles and chrysotile that has characterised exposure 20 and 50 years ago [Hodgson and Darnton, 2000].)."(Driscoll T et al, "The global burden of disease due to occupational carcinogens", 2005, page 7)
http://www.who.int/quantifying_ehimpacts/global/2carcinogens.pdf



Asbestosis.

"Asbestotic changes are common following prolonged exposures of 5 to 20 f/ml. The risk at lower exposure levels is not known but the Task Group found no reason to doubt that, although there may be subclinical changes induced by chrysotile at levels of occupational exposure under well-controlled conditions, even if fibrotic changes in the lungs occur, they are unlikely to progress to the point of clinical manifestation."(IPCS, EHC 203, 1998)

The available data indicate that it is possible to substantially decrease exposure level and keep it on the very low level by implementing control measures.

"Based on data mainly from North America, Europe and Japan, in most production sectors workplace exposures in the early 1930s were very high. Levels dropped considerably to the late 1970s and have declined substantially to present day values. In the mining and milling industry in Quebec, the average fibre concentrations in air often exceeded 20 fibres/ml (f/ml) in the 1970s, while they are now generally well below 1 f/ml. In the production of asbestos-cement in Japan, typical mean concentrations were 2.5-9.5 f/ml in 1970s, while mean concentrations of 0.05-0.45 f/ml were reported in 1992. In asbestos textile manufacture in Japan, mean concentrations were between 2.6 and 12.8 f/ml in the period between 1970 and 1975, and 0.1-0.2 f/ml in the period between 1984 and 1986. Trends have been similar in the production of friction materials: based on data available from the same country, mean concentrations of 10-35 f/ml were measured in the period between 1970 and 1975, while levels

Concerning mesothelioma it should be known that almost all cases of mesothelioma are attributed to the amphibole asbestos.

"Amphibole is estimated as being about four times as potent as chrysotile for lung cancer (although the difference is not significant) and about 800 times as potent as chrysotile for mesothelioma (a highly significant difference). Moreover, the data are consistent with the hypothesis that chrysotile has zero potency toward the induction of mesothelioma..(FINAL DRAFT: TECHNICAL SUPPORT DOCUMENT FOR A PROTOCOL TO ASSESS ASBESTOS-RELATED RISK, EPA, 2003. page 7.50 http://www.aeolusinc.com/Protocol_TBD_2003.pdf *)*

"There has been a longstanding debate about the potential contribution of chrysotile asbestos fibers to mesothelioma risk." "Although epidemiological studies have confirmed amphibole asbestos fibers as a cause of mesothelioma, the link with chrysotile remains unsettled. An extensive review of the epidemiological cohort studies was undertaken to evaluate the extent of the evidence related to free chrysotile fibers, with particular attention to confounding by other fiber types, job exposure concentrations, and consistency of findings. The review of 71 asbestos cohorts exposed to free asbestos fibers does not support the hypothesis that chrysotile, uncontaminated by amphibolic substances, causes mesothelioma. Today, decisions about risk of chrysotile for mesothelioma in most regulatory contexts reflect public policies, not the application of the scientific method as applied to epidemiological cohort studies."(Charles M. Yarborough, "Chrysotile as a Cause of Mesothelioma: An Assessment Based on Epidemiology",2006, page 1)

"Results: The US male mesothelioma incidence data indicate that after two decades of increasing incidence, a likely decline has been observed since the early 1990s, when a highly significant change in the upward course occurred.
Conclusions: Increasing male mesothelioma incidence for many years was undoubtedly the result of exposure to asbestos. The high mesothelioma risk was prominently influenced by exposure to ***amphibole asbestos (crocidolite and amosite),*** *which reached its peak usage in the 1960s and thereafter declined. A differing pattern in some other countries (continuing rise in incidence) may be related to their greater and later amphibole use, particularly crocidolite. The known latency period for the development of this tumour provides biological plausibility for the recent decline in mesothelioma incidence in the USA. This favourable finding is contrary to a widespread fear that asbestos related health effects will show an inevitable increase in coming years, or even decades."(H Weill, J M Hughes and A M Churg, "Changing trends in US mesothelioma incidences", Occup Environ Med 2004;61:438:41. doi: 10.1136/oem.2003.010165, page 1)*

0.2-5.5 f/ml were reported in the period between 1984 and 1986. In a plant in the United Kingdom in which a large mortality study was conducted, concentrations were generally above 20 f/ml in the period before 1931 and generally below 1 f/ml during 1970-1979". (IPCS, EHC 203, 1998, 1.3 Occupational and environmental exposure levels)