#### Department of Veterans Affairs M21-1, Part IV, Subpart ii

**Veterans Benefits Administration October 23, 2015**

**Washington, DC 20420**

2. SC for Disabilities Resulting From Exposure to Asbestos

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| Introduction | This topic contains information on SC for disabilities resulting from exposure to asbestos, including   * the definition of ***asbestos*** * the general effects of asbestos exposure * prevalence of specific diseases resulting from exposure to asbestos * occupational exposure to asbestos * exposure to asbestos during World War II (WWII) in insulation and shipyard workers to include Navy Veterans * the latent period for development of disease due to exposure to asbestos * the diagnostic indicators of asbestosis * considering SC for disabilities claimed to result from exposure to asbestos during service, and * determining the diagnostic code (DC) when rating disabilities caused by exposure to asbestos. |

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| Change Date | August 7, 2015 |

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| a. Definition: Asbestos | ***Asbestos*** is a fibrous form of silicate mineral of varied chemical composition and physical configuration, derived from serpentine and amphibole ore bodies.  Common materials that may contain asbestos include   * steam pipes for heating units and boilers * ceiling tiles * roofing shingles * wallboard * fire-proofing materials, and * thermal insulation.   ***Note***: Due to concerns about the safety of asbestos, the use of materials containing asbestos has declined in the U.S. since the 1970s. |

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| b. General Effects of Asbestos Exposure | Asbestos fiber masses have a tendency to break easily into tiny dust particles that can float in the air, stick to clothes, and may be inhaled or swallowed.  Inhalation of asbestos fibers can produce   * fibrosis, the most commonly occurring of which is interstitial pulmonary fibrosis, or asbestosis * tumors * pleural effusions and fibrosis * pleural plaques (scars of the lining that surrounds the lungs) * mesotheliomas of pleura and peritoneum, and * cancers of the * lung * bronchus * gastrointestinal tract * larynx * pharynx, and * urogenital system, except the prostate.   ***Note***: The biological actions of the various fibers differ in some respects, in that   * chrysotile products * have their initial effects on the small airways of the lung * cause asbestosis more slowly, and * result in lung cancer more often, and * crocidolite and amosite * have more initial effects on the small blood vessels of the lung, alveolar walls, and pleura, and * result more often in mesothelioma. |

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| c. Prevalence of Specific Diseases Resulting From Exposure to Asbestos | Specific diseases that may result from exposure to asbestos include   * lung cancer that * originates in the lung parenchyma rather than the bronchi, and * eventually develops in about 50 percent of persons with asbestosis * gastrointestinal cancer that develops in 10 percent of persons with asbestosis * urogenital cancer that develops in 10 percent of persons with asbestosis, and * mesothelioma that develops in 17 percent of persons with asbestosis.   ***Important***:   * All persons with significant asbestosis develop cor pulmonale (enlargement of the right ventricle of the heart) and heart disease secondary to disease of the lung or its blood vessels. Those persons who do not die from cancer often die from heart failure secondary to cor pulmonale. * Disease-causing exposure to asbestos may be * brief, and/or * indirect.   ***Notes***:   * Current smokers who have been exposed to asbestos face an increased risk of developing bronchial cancer. * Mesotheliomas are not associated with cigarette smoking. |

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| **d. Occupational Exposures to Asbestos** | Some of the major occupations involving exposure to asbestos include   * mining * milling * work in shipyards * insulation work * demolition of old buildings * carpentry and construction * manufacture and servicing of friction products, such as clutch facings and brake linings, and * manufacture and installation of products, such as * roofing and flooring materials * asbestos cement sheet and pipe products, and * military equipment.   ***Note***: Exposure to any simple type of asbestos is unusual except in mines and mills where the raw materials are produced.  ***Reference***: For a list of Military Occupational Specialties (MOSs) with their probability of asbestos exposure, see M21-1, Part IV, Subpart ii, 1.I.3.c. |

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| **e. Exposure to Asbestos During WWII in Insulation and Shipyard Workers to Include Navy Veterans** | High exposure to asbestos and a high prevalence of disease have been noted in insulation and shipyard workers.  During World War II (WWII), several million people employed in U.S. shipyards and U.S. Navy Veterans were exposed to chrysotile products as well as amosite and crocidolite since these varieties were used extensively in military ship construction.  ***Important***: Many of these people have only recently come to medical attention because of the potentially long latent period between first exposure and development of disease. |

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| f. Latent Period for Development of Disease Due to Exposure to Asbestos | Many people with asbestos-related diseases have only recently come to medical attention because the latent period for development of disease due to exposure to asbestos ranges from 10 to 45 or more years between first exposure and development of disease.  ***Note***: The exposure may have been direct or indirect; the extent and duration of exposure is not a factor. |

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| g. Diagnostic Indicators of Asbestosis | A clinical diagnosis of asbestosis requires a history of exposure and radiographic evidence of parenchymal lung disease. Diagnostic indicators include   * dyspnea on exertion * end-respiratory rales over the lower lobes * compensatory emphysema * clubbing of the fingers at late stages, and * pulmonary function impairment and cor pulmonale that can be demonstrated by instrumental methods. |

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| h. Considering SC for Disabilities Claimed to Result From Exposure to Asbestos During Service | When deciding a claim for SC for a disability claimed to result from exposure to asbestos during service, the rating activity should   * determine whether or not service records demonstrate the Veteran was exposed to asbestos during service * ensure that development is accomplished to determine whether or not the Veteran was exposed to asbestos either before or after service, and * determine whether or not a relationship exists between exposure to asbestos and the claimed disease, keeping in mind latency and exposure factors.   ***Notes***:   * As always, resolve reasonable doubt in the claimant’s favor. * If assistance in deciding a case is needed, contact the Compensation Service Policy Staff (211).   ***References***: For more information on   * development procedures to be performed in claims based on asbestos exposure, see M21-1, Part IV, Subpart ii, 1.I.3, and * need for a medical nexus to service in asbestos-related claims, see [VAOPGCPREC 4-2000](http://www.va.gov/ogc/opinions/2000precedentopinions.asp), and * requesting assistance from Compensation Service, see M21-1, Part III, Subpart vi, 1.A. |

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| i. Determining the DC When Rating Disabilities Caused by Exposure to Asbestos | Use the information below to determine the diagnostic code (DC) to assign when rating disabilities caused by exposure to asbestos. |

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| If the condition is … | Then rate … |
| asbestosis | under DC 6833. |
| * pleural effusions * fibrosis, or * pleural plaques | analogous to asbestosis under DC 6833. |
| cancer | under the DC for the appropriate body system. |
| mesothelioma of pleura | analogous to DC 6819. |
| mesothelioma of peritoneum | analogous to DC 7343. |