



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH
ROBERT A. TAFT LABORATORIES
4676 COLUMBIA PARKWAY, CINCINNATI, OHIO 45226

January 26, 1977

Walt Platteborge
Burlington Free Press
Burlington, Vermont 05401

Dear Mr. Platteborge:

We wish to protest the biased and inaccurate way in which the Vermont Talc Study was presented in your article.

Our comments will be in the order in which the items appeared:

1) Mr. Miller states that NIOSH "ignored related factors such as the smoking habits of mine workers, the abnormally high respiratory disease rate for the entire state population, and dust control improvements in the mines and plants." As to smoking, we have obtained smoking information on most of the men who died of non-malignant respiratory disease or respiratory cancer. A majority of these men did smoke at some time during their lives; however, since we have no information on the smoking habits of the underlying population, no comparison can be made. It seems unlikely that the observed excess of non-malignant respiratory disease deaths is associated with unusual smoking patterns and then only among Talc millers and those with mixed exposures. Eleven deaths were observed and only 1.79 expected (U.S. Rates) resulting in a number over 6 times the expected.

Deaths in the study group were also compared with those expected on the basis of Vermont rates, as Mr. Miller must certainly have been aware. Indeed, on November 19, 1976, we mailed Mr. Miller a detailed table comparing the observed and expected deaths using both U.S. and Vermont rates. The expected number of non-malignant respiratory disease deaths using Vermont rates was 2.57, thus resulting in a four-fold excessive risk. (The difference is statistically significant at $p < 0.002$).

As for the excess of respiratory cancers in talc miners: at this time this excess is not thought to be associated solely with the talc exposure itself. These miners may well be exposed to agents in addition to the talc, i.e. radon daughters.

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Additional support for a talc-related etiology among millers is provided by chest x-rays taken by the Vermont Department of Health as a part of its annual surveillance of workers in the dusty trades. Copies of the most recent x-rays were made available for reading by a member of the panel of Radiology Consultants of NIOSH with the UICC/Cincinnati classification of radiographic appearances of pneumoconiosis. These x-rays were read blind, and readings of 1/0 or higher are considered to be consistent with pneumoconiosis. The Health Department had readable x-rays on 8 of the 11 men who died of respiratory disease. Of these eight, six (75%) had readings of 2/1 or greater. Only one of the six was known to have prior exposure. These x-rays were taken while the worker was employed and "relatively" healthy, that is, healthy enough to be actively employed.

As to the dust control improvements: the idea of a historic study is to study the long term effects. We have stated repeatedly that we cannot associate the effects observed with a particular dust level, but rather with an inherent problem of the material itself.

(Mr. Miller talks of the "dramatic improvement" in the work environment in the last two decades. A subordinate of his, Mr. Zeitz, a chemist employed by Windsor Minerals, informed me that their previous efforts to clean the workplace up were not made until the late 60's and early 70's, when they were required by the Bureau of Mines.)

2) While I do "concede that (the) mortality study does not establish a clear relationship between talc mining and respiratory ailments," at no time have I conceded an absence of an association among talc millers. The quote you attributed to me was, while true, taken out of context lends itself to misrepresentation concerning this respiratory disease hazard among millers.

3) As to your reference that talc is a "nuisance dust" - if you will recall, Ms. Selevan stated that Mr. John Dement, the NIOSH industrial hygienist on this study, was the proper individual to contact concerning exact status of the talc standard. Ms. Selevan subsequently verified to you that talc is not considered a nuisance dust, as did Mr. Dement. Nevertheless, you persisted in calling talc a nuisance dust in your article.

Journalistic responsibility dictates that a factual and balanced view of the subject be displayed. However, this was not done in this case. We were not given the opportunity to respond to the criticisms Mr. Miller made of the NIOSH study. Since the complaints are either not true or inappropriate, this also unfairly attacks our credibility and professionalism, and hinders our effectiveness in carrying out our mandated duties.

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We are disappointed with the distorted manner in which you reported on an agent (talc) having adverse effects on workers in your state. To insure no excuses for further misrepresentation, upon completion of our report, we will forward a copy to you.

Sincerely yours,

Sherry G. Selevan

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