SPRINGFIELD / NIOSH

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DEPARTMENT OF MEDICINE & ENVIRONMENTAL HEALTH

SPRINGFIELD/NIOSH: A POSITION PAPER

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SUMMARY

Recommended Action: Complete our final report which substantiates Springfield plant worker health safety, and send it to NIOSH. Our report should also be aggressively publicized.

Background: NIOSH has completed a study which says there may be a cancer health problem at our Springfield plant. We disagree with the methodology used by NIOSH and have completed our own study which indicates there is no health problem at the plant (cancer or otherwise), and which further indicates no product correlation with the death of workers.

This issue, now more than two years old, has resulted in adverse publicity (caused principally by NIOSH), and has raised questions from the underwriter of our Springfield plant insurance policy. A noted medical/environmental activist has been called in by the plant union.

Future Activity: We face the possibility of continued harassment by NIOSH and others unless we take positive steps to conclude this matter soon.

HOW IT ALL BEGAN

In 1975, a Massachusetts activist group and a Massachusetts State Occupational Hygiene physician reported that their examination of 86 death certificates indicated an excess of all cancer—and more specifically, cancer of the pancreas—at our Springfield (Indian Orchard) plant.

NIOSH CONCLUSIONS

Because of these reports, the National Institute of Occupational Safety and Health (NIOSH) began, with our cooperation, a proportionate mortality study of former Springfield plant employees, using 465 death certificates collected and supplied by Monsanto.

Late in 1977, NIOSH announced publicly—without prior consultation with Monsanto—that their study demonstrated "significant elevated proportions for cancer of the digestive organs and peritoneum, and cancer of the genital-urinary tract [confirming] evidence of one or more occupationally related health problems at Springfield."

MONSANTO CONCLUSIONS

Soon after the NIOSH study was released, Monsanto completed and announced its own proportionate mortality study, using 593 death certificates.* The Monsanto study does

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* The Monsanto study used the 465 death certificates supplied to NIOSH plus an additional 128 certificates offered to—but refused by—NIOSH.

not show statistically significant increases for any of 18 major causes of death studied. The Monsanto study did indicate, however, marginal increases in two cancer subcategories: genital and digestive.

We therefore followed up with case history studies of workers who died from genital and digestive cancer. These studies—which have been completed but not yet announced—show that the 60 deceased employees had worked in a wide variety of locations within the plant, with no apparent concentration in any one area or department. Our proportionate mortality study and our case history studies indicate the increases in genital and digestive cancer deaths are not statistically significant and do not appear to be occupationally related.

WHY WE DISAGREE

There is one basic procedural difference between the NIOSH study and the Monsanto study which accounts for the differing conclusions: NIOSH compared plant deaths from cancer to U.S. cancer death rates. Monsanto used Hampden County, Mass., cancer death rates for comparisons. Hampden County has a higher incidence of death due to genital and digestive cancer than does the U.S. as a whole. We believe a comparison with the local area is more meaningful and precise than a comparison with the entire nation.

PUBLICITY *VS.* SCIENCE

Despite the fact that the NIOSH study began as a cooperative effort between the Institute and Monsanto, NIOSH has announced results unilaterally, primarily in the popular press, but also at one scientific meeting. NIOSH statements consistently have appeared in the press before they have been made available to Monsanto. An activist-oriented freelance writer for the Boston *Globe* has acerbated the situation. Resulting publicity has caused considerable concern about alleged hazards among Springfield plant employees, and our requests to discuss the situation with NIOSH on an informal scientific basis have met with no success.

INSURANCE QUESTIONS

Representatives from the Travelers Insurance Companies have discussed legal risk factors with us. Travelers reported less concern after our discussions, but no formal discussions are expected until normal policy renegotiations in April, 1978.

COMMENTS FROM EXPERTS

The international office of the union at the plant (IUE AFL-CIO Local 288) has sent draft versions of the NIOSH and Monsanto proportionate mortality studies to Dr. Irving Selikoff, head of the Environmental Sciences Laboratory at Mt. Sinai School of Medicine, a consultant to the union, and a supporter of activist causes. Dr. Selikoff has responded to the union and to NIOSH, but not to Monsanto.

Meanwhile, our university consulting epidemiologist, one of the most respected experts in his field, has commented to us in our favor, but is unwilling to be quoted publicly, possibly because he fears adverse reactions which could jeopardize government research grants. Similar reactions have come from other academic experts.

FUTURE ACTIVITY

The following events are yet to happen, and some or all of them may result in additional publicity:

- The NIOSH final report (issue date uncertain).
- NIOSH recommendations, probably for case history studies like we have already conducted, or for specific product related studies (PVC, styrene, etc.).
- Monsanto final report (March 1).

- Dr. Selikoff's report (if any, date uncertain).
- Formal opinion from Travelers Insurance Companies (April, 1978).

RECOMMENDATION AND ALTERNATIVES

Recommendation

We should complete our final report, including worker case history studies for genital and digestive cancers, as soon as possible. This report should be hand carried to NIOSH. In all likelihood we will publicize our report in the popular and trade press, but this decision should await NIOSH's reception of our report. We should also announce that we consider the matter closed and refuse any further cooperation with NIOSH.

Advantages: Puts us on the offensive; forces NIOSH to respond; clearly states our position for employees and others.

Disadvantages: Opens up the possibility of requests by NIOSH for more disclosures; exposes our study to criticism by NIOSH and others; the original favorable publicity we may receive could be offset by later announcements by NIOSH which has inherently more credibility with the public than we do.

Alternatives not Recommended

- Using our completed final report as a springboard, arrange a public meeting of all concerned parties, including NIOSH, the union, consultants, the press, and others, to discuss findings openly and completely, thus ending our involvement in the matter except for possible court action originated by others.

  Rejected because this would open up an uncontrolled public dialogue in which activists and press would have a field day.

- Supply additional raw data (personnel and work history records, etc.) to NIOSH so they can conduct more detailed studies based on worker case histories or products.

  Rejected because continuing study of detailed data by NIOSH–given their biases–will lead only to additional unsupported allegations of health problems.

- There is a new NIOSH director. There has been no recent activity by NIOSH regarding our Springfield plant, and no recent publicity. We could, therefore, do nothing and consider the matter closed.

  Rejected because we do not believe NIOSH will drop the Springfield issue, thereby incurring criticism from the union, activist groups, and the public.