

AOEC NEWS

Newsletter of the Association of Occupational and Environmental Clinics

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PRESIDENTIAL COLUMN ■ DENNY DOBBIN, CIH, MSC-OH

Greetings,

We are amid an eventful year with persistently cold wet weather, primaries for the upcoming national election and advancements in our field. Thanks to the staff for all their hard work in this challenging period. Please find news and highlights of AOEC's progress in the following account.

Adult lead panel: In the summer of 2002 we were approached by colleagues from the National Institute for Occupational Safety and Health (NIOSH) sponsored Adult Blood Lead Exposure Surveillance (ABLES) Program about convening a workshop to develop guidance for clinicians regarding lead exposed adults. We did so with support from NIOSH and the National Center for Environmental Health (NCEH). Under the able chairmanship of Dr. Richard Wedeen, the panel has worked hard to develop a draft document for the AOEC board. The panel is now near a completed document. The document, near completion will be submitted for publication and used to develop an AOEC policy statement yet to be developed. The panel consists of clinic members, state health department staff and lead industry representatives. We thank the panel for its hard work and good will in striving for meaningful public health protection. There have been animated discussions on the panel about how protective the guidance should be and to what degree practical real-world situations should be considered. We are grateful to Dr. Wedeen and the panel for their contribution in advancing the clinical practice. The frank and lively proceedings remind me of the built-in tension between NIOSH criteria documents, which were produced with the premise that the best science would drive the recommendations to the most

protective level without consideration of feasibility, and OSHA who was constrained by law to develop standards that were both protective and feasible. In this case we salute those highly principled experts who contributed to the upcoming adult lead guidance for their sincere efforts to produce the most meaningful health protections. We thank you on behalf of our association and those patients who will benefit from better guidance.

Mold workshops: In another area of improving practice, AOEC has joined with the Society for Occupational and Environmental Health (SOEH) and others to develop guidance for clinical practice, case management, worker protection and training related to mold-remediation work. With support from NIOSH, NCEH, the National Institute of Environmental Health Sciences (NIEHS) and with partners from Johns Hopkins Bloomberg School of Public Health (JHBSPH), Hunter College, and the University of Medicine and Dentistry of NJ - School of Public Health (UMDNJ-SPH), we are convening a series of workshops and a concluding conference to create and disseminate guidance to occupational and environmental health practitioners. Thanks to Cliff Mitchell, JHBSPH for chairing the clinical practice workshop in Baltimore in December and to Susan Klitzman, Hunter College for chairing the worker protection workshop in New York City in January. The next step is to complete draft guidance to be presented in a forum in a June 28-29 conference in Washington, DC.

World Trade Center exams: Member clinics outside of the New York City metropolitan area continue to see patients who were involved with the WTC disaster. AOEC joined Mt. Sinai in the
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Denny Dobbin, CIH, MSC-OH
Chapel Hill, NC
919-968-6073
rdobbin@worldnet.att.net

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212-241-0176 FAX 212-996-0407
marie.stelutti@mssm.edu

Cile Buckley, CIH
Cook County Hospital
312-864-5520 FAX 312-864-9701
cilbuck@aol.com

Mary Cook, Managing Director
Occ. Health Clinics for Ontario Workers
416-443-7669 FAX 416-443-6323
mcook@ohcow.on.ca

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Occupational and Environmental Clinics, 1010 Vermont
Ave., NW, Suite 513, Washington, DC 20005.*

Editor: Katherine Kirkland, Executive Director.

*Comments and questions should be directed to the AOEC
office at 888-347-AOEC, FAX 202-347-4950,*

e-mail kkirkland@aoec.org; internet: www.aoec.org

IN MEMORY

One of the world's leading epidemiologists, Professor Emeritus Olav Axelson, MD died suddenly March 1, after a short period of illness. He was 66 years old.

In 1969, he began his research career at the newly established Clinic of Occupational Medicine in Örebro, Sweden where he completed the first Swedish epidemiological study concerning the connection between radon exposure in mines and miners lung cancer. In 1977, he moved to the University Hospital in Linköping where he became the first Professor in Occupational Medicine in Sweden. Later, he published a ground-breaking study on health effects from radon exposure in homes. During his career, he continuously studied health effects of exposure to radon, background radiation, solvents and pesticides, but his focus was mostly in occupational epidemiology.

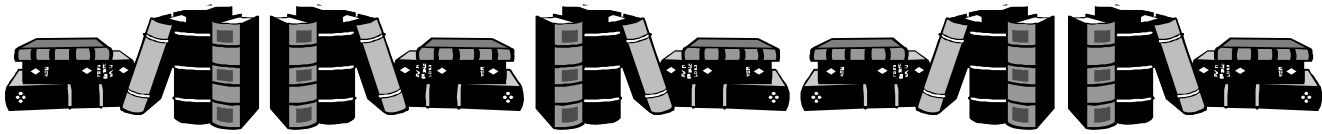
Author and co-author of more than 300 articles and book chapters, he collaborated with numerous researchers in different disciplines from all over the world and was internationally recognized for his methodological skills. He was a member of many World Health Organization (WHO) working groups and contributed to eight WHO monographs. He also made significant contributions as an expert in many advisory committees, as reviewer for several international journals and as a member of critical research funding committees.

AOEC AT AOHC

All AOEC members and potential members are invited to join us for coffee and pastries on Monday, May 3, 2004, 7:30-9:00 am., Westport Room of the Westin Crown Center.

AOEC will again co-sponsor with the Committee on Research of the American College of Occupational and Environmental Medicine (ACOEM) the session, "Current Research in Occupational and Environmental Health" (Session 2301: 10:30am-5:30pm, May 4, 2004). This program coordinated by AOEC Board member, John Meyer, MD, MPH provides investigators in occupational and environmental health with a forum for presentation of their current research. The program combines two formats for presentation: standard research presentations in which researchers present and discuss findings; and presentations by established investigators to provide a more in-depth exploration of selected current topics in occupational health research. Questions and comments from members of the audience and other researchers will be solicited and discussion encouraged.

Make sure to stop by the AOEC booth (#842) in the exhibit hall. There will be information available about a number of AOEC activities. *Hope to see you there!*



Environmental Health and Nursing Practice, edited by Barbara Sattler, RN, DrPH and Jane Lipscomb, RN, PhD, FAAN. New York: Springer Publishing Company. 380 pages, 2003.

➤*Book review by Tracey S. Roth, RN, BSN, University of Maryland School of Medicine, Occupational Health Program, Baltimore, MD.*

This informative book has been written at a time when nurses are becoming increasingly attuned to environmental and workplace hazards. It is now clear that such hazards affect patients, the health care workplace and the larger environment. This book is clearly written and well organized. It is appropriately divided into four sections covering the environment and the workplace, environmental health basics, chemicals in our environment and environmental health risks in specific populations and settings.

The Environment and the Health Care Workplace enlightens the reader to many hazards posed by the health care industry to patients, the local community, and the larger environment. There is useful information highlighting potential hazardous exposures to the health care worker. The section details various risks including latex, chemical and biological hazards as well as repetitive motion injuries, mechanical injuries and consequent psychosocial/organizational effects.

Within this section the reader will find reader-friendly tables and graphs. The authors make recommendations for reducing hazardous exposures in the health care setting and propose goals for readers interested in developing a workplace safety initiative. Specifically, this section will be of interest to occupational health nurses responsible for implementing workplace safety protocols in various settings.

The section concludes with an introduction to the history and development of Health Care without Harm: The Campaign for Environmentally Responsible Health Care. A clear and coherent discussion of this socially activist organization is presented.

Environmental Health Basics begins with a straightforward introduction to toxicology. The section then reviews the Food Quality Protection Act of 1996, without complication introduces the “precautionary principle” to the reader then gives an uncomplicated overview of environmental epidemiology. The section provides the reader with a resource guide to enable the reader to effectively locate information relating to chemical agents and to other potential environmental exposure risks. The text explores the importance of the “right to know” for those who are at risk for exposures to potentially hazardous agents. Risk assessment, management and the subsequent importance of effective organizational communication is reviewed. Finally, the authors review several important environmental health concerns including water, air, waste sites, environmental tobacco smoke, pesticide exposure, and food production practices. The section discusses the importance of nursing input and advocacy in improving environmental and occupational health.

Environmental Health Risks in Specific Populations and Settings describes the hazards faced in the home, schools and work settings. An excellent chapter highlights the vulnerability of children to environmental exposures. The section also presents a cross-cultural analysis of environmental health exposures in the Mexican population. This specific chapter emphasizes the importance of including a cultural assessment by the environmental health nurse. Recognition and assessment of sentinel events in the workplace is also reviewed.

The final section, Integrating Environmental Health into Nursing Practice, is practical, resourceful and informative. It provides the reader with a comprehensive environmental health history form, and brief explanations of environmental laws. These two, well written chapters provide valuable insights for the nurse interested in patient and environmental advocacy.

This practical yet comprehensive book will serve the interested reader well as an effective reference for integrating environmental health assessment into their nursing practice.

NEW ONLINE TOOL WILL HELP HEALTH CARE PROVIDERS DIAGNOSE AND REPORT PESTICIDE POISONINGS



Pesticide Action Network (PAN), together with the Northwest Regional Primary Care Association (NWRPCA) recently launched a new **Online Pesticide Poisoning Diagnostic Tool**, designed to help health care professionals and others recognize, diagnose and report pesticide-related illnesses.

The web site provides symptom, first aid and treatment-related information for about 1,900 pesticides. This new tool allows users to search for possible pesticide poisoning agents by entering not just observed symptom information, but also pesticide active ingredient or product name, pesticide use type, crop or application site, and/or geographic location. This online resource also provides reporting information (legal requirement, reporting instructions and official reporting contacts) for all 50 states. The site integrates pesticide poisoning information from US EPA, US National Toxicology Program and International Chemical Safety Cards and provides direct links to original information sources.

The **Online Pesticide Poisoning Diagnostic Tool** is accessible from the home page of the PAN Pesticide Database at www.pesticideinfo.org and is linked to the extensive collection of information on chemical properties, toxicity, ecotoxicity, regulatory status, and pesticide use information presented there.

The **Online Pesticide Poisoning Diagnostic Tool** has undergone a thorough review by the project's advisory committee of physicians, as well as numerous external reviewers, including health care professionals, researchers, regulatory agency staff and lay users. PAN continues to receive comments as the online tool is put to the test and users send in their suggestions.

Outreach and training opportunities to bring the tool to health care providers, especially those serving migrant and seasonal farmworker communities, have been offered by NWRPCA at various professional conferences in 2003 and will continue throughout 2004. Visit www.nwrpca.org to find out about the next training opportunity.

Please visit the site and send any comments or suggestions to: Margaret Reeves, PhD, Senior Scientist, Pesticide Action Network North America, San Francisco, CA, mreeves@panna.org, (415) 981-1771. For information about upcoming trainings on this tool, or to schedule a training at your event, please contact: Anne Powell, MES, Resource Specialist - Farmworker Health, Northwest Regional Primary Care Association, Seattle, WA, apowell@nwrpca.org, 206-783-3004.

This project was made possible through funding from EPA Region 9, the Northwest Regional Primary Care Association (NWRPCA, through a grant from the Health Resources and Services Administration), and the David B. Gold Foundation.



PESTICIDE EXPOSURE AMONG MIGRANT FARMWORKERS

by Shelley Davis, Co-Executive Director, Farmworker Justice Fund, Inc.

For farmworkers, overexposure to pesticides is a fact of life. These exposures are due to direct spray, drift, spills, splashes and pesticide residues on crops and foliage. An analysis of California incident data showed that 51% of reported occupational incidents, from 1998 to 2000, were caused by drift and 25% were due to pesticide residues on crops. (Reeves et al. 2002).

Agricultural workers suffer the highest rate of chemical-related illness of any occupational group. (U.S. Department of Labor 1987). The U.S. Environmental Protection Agency (EPA) estimates that there are 10,000 to 20,000 physician-diagnosed cases of pesticide poisoning of farmworkers each year. (EPA 1992; GAO 1992). A study of 468 cases of on-the-job pesticide exposures in agriculture in 1998-99 found an incidence rate of 18.2 cases per 100,000 full time equivalent employees. (Calvert 2004).

An analysis of workers compensation claims in Washington State, from 1987 and 1990, farmworkers had a rate of systemic poisoning that was 3.2 times higher than that of all workers and a rate of toxic disease which was 2.2 times the rate for all workers. (Demers 1991).

There is no national pesticide incident reporting system; consequently the actual number of work-related pesticide poisonings among farmworkers nationwide is unknown: In addition, farmworkers do not always seek medical treatment for these conditions because of limited access to health care or fear of employer retaliation. Many pesticide-related illnesses are also improperly diagnosed and even recognized cases frequently are not reported to existing state registries. Moreover, scientific data is usually insufficient to link chronic health effects to specific pesticide exposures. (Moses 1989). Nonetheless, in six focus groups conducted by the Washington Department of Health, three-quarters of the workers reported experiencing acute symptoms which are consistent with pesticide exposure (Washington State Department of Health 2003). Similarly, a Colorado study (Jackson 2002) found that after working in the fields,

- Forty-nine percent of farm workers reported experiencing skin irritation, headaches, or inflamed eyes.
- Forty-seven percent reported irritation of the nose or throat.
- Twenty-six percent stated that they had experienced dizziness or weakness.
- Twenty-two percent reported difficulty breathing.

Acute effects of pesticide exposure range from nausea, dizziness, increased salivation, blurred vision, diarrhea, headaches, weakness, and skin rashes to respiratory failure, paralysis, convulsions, coma, and even death. (Moses 1998, Reigart 2000). Chronic exposure to pesticides may lead to birth defects, neurological disorders, infertility, kidney or liver damage, Parkinson's disease, or cancer. (Moses 1998, Zahm 1993, CDC 1993, Congress 1990). The EPA has classified scores of pesticides as possible or probable human carcinogens (e.g., chlorothalonil and captan), teratogens (e.g., cyanazine, and methyl bromide) or likely endocrine disruptors (e.g., carbaryl and ziram), based on animal studies. (Moses 1998, Benbrook 1996). Farmworkers have an elevated rate of non-Hodgkin's lymphoma, multiple myeloma, and leukemia, and cancer of the stomach, prostate, testis, brain, and liver. (Zahm 1993). Some of these cancer cases may be associated with excessive pesticide exposure. An epidemiological study of members and retirees of the United Farm Workers of America (UFW), utilizing California's cancer registry, found that UFW members had elevated rates of leukemia and brain cancer, compared to all Latinos living in California. (Mills 2001). Many of these cancer cases were likely caused by occupational exposure to pesticides.

Physician reporting of pesticide-related illnesses can make a difference, uncovering pesticide practices and products which cause high rates of injury. Based on these reports highly toxic products have been removed from the market (e.g., phosdrin), restricted in use (e.g., guthion) or had additional safety measures required. (CDC 1993).

(Pesticides, Cont'd p. 6)

(Pesticides, Cont'd from p. 5)

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Washington Department of Health, September 2003 http://www.doh.wa.gov/ehp/oehas/EHA_publications.htm

NATIONAL MEETING ON MOLD-RELATED HEALTH EFFECTS: CLINICAL, REMEDIATION WORKER PROTECTION, AND SCIENTIFIC ISSUES

The Society for Occupational and Environmental Health (SOEH), the Association of Occupational and Environmental Clinics (AOEC), Johns Hopkins University Bloomberg School of Public Health, Hunter College, UMDNJ – School of Public Health, the National Institute of Environmental Health Sciences, National Institutes of Health and other partners, are pleased to convene a national meeting on mold-related health effects on June 28-29, 2004 in Washington, DC.

The meeting will focus on the following three topic areas: clinical issues, remediation worker protection, and scientific issues. Findings from two recent technical workshops will serve as the basis of this meeting. The first workshop focused on the clinical aspects and case management of mold-related health effects. The second, based on the findings regarding health effect from the first workshop, developed recommendations for remediation worker health and safety protection and training.

Grounded in these practical workshop findings, this meeting will address the state of science aimed at deeper understanding of mold-related health effects, prevention strategies and further research needs. The goals of the meeting are to: 1) improve clinical practice and case management, 2) more effectively protect remediation workers and 3) further a national research agenda to explore and answer questions that will enhance mold-related health protection policy. For more information and to register, visit the SOEH website or call: 703-556-9222.

There is an old saying that I'm never sure is meant to be a blessing or a curse, "May you live in interesting times". We are indeed in interesting times.

Rumors are flying faster than a speeding bullet. CDC is in the midst of their *Futures Initiative* but no one is yet clear on what that means. Some say it means that CDC will be following the NIH model and going towards doing much more research. Others are saying it will move more towards being a "public" public health entity with new divisions broken down by "life stage". Once the CDC announcement is made, we'll know if there will be further changes to the consolidation of the Agency for Toxic Substances and Disease Registry and the National Center for Environmental Health. In addition, NIOSH has just begun their new initiative *Research to Practice (R2P)* focused on putting research into use.



When you toss election year politics into the mix, it indeed makes for interesting times for those of us who are CDC grantees.

On a different front, I recently heard a great talk (does he give any other kind?) by Howard Frumkin, MD, DrPH where he discussed the fact that the environmental movement and the public health movement seemed to have been separated at birth. While he was feeling optimistic that the two were coming back together, we received news from the American Medical Students Association (AMSA) that not everyone is getting the message. AMSA has dropped occupational medicine in favor of the Global Environment Section. While the first newsletter does mention human health costs of pollution, the emphasis is definitely on cleaning the environment. However, they plan to publish a bi-weekly e-mail newsletter including occupational health and labor issues. The good news on this is that the pendulum may swing back sooner rather than later. Ingrid Denis staffed the AOEC booth at the AMSA conference in Kansas City on behalf of over a dozen occupational residency programs. She reports considerable interest among the pre-med students and at least some interest among the medical students.

AOEC will again be hosting a breakfast at AOHC. You will find coffee, danish and conversation in the Westport Room of the Westin Crown Center from 7:30am-9:00 am on Monday, May 3, 2004. Members, potential members and those just curious about AOEC are welcome.

PEHSU PROGRAM ANNUAL MEETING
– *Sharing the Experiences*

The staff from the 13 Pediatric Environmental Health Specialty Units (PEHSU) sites across the United States, Canada and Mexico will gather in Washington, DC, April 21-23, 2004, to share their experiences in providing PEHSU clinical and educational services. The objectives of this 2 ½ day meeting will include exploring new ideas/strategies for enhancing the promotion and outreach activities of the PEHSU Program. Also the meeting will examine the latest information on best practices, research and emerging science in pediatric environmental health.

In addition to information sharing sessions and networking events, the agenda includes presentations by key officials from the Agency for Toxic Substances and Disease Registry and United States Environmental Protection Agency (US EPA) including William Sanders, MD, Acting Director of the Office of Children's Health Protection at the US EPA. The keynote speaker for the evening event will be Dr. Richard Jackson, MD, MPH, Senior Advisor to the Director at the Centers for Disease Control and Prevention who will present "The Built Environment." For more information on the PEHSU program, visit: <http://www.aoec.org/pesu.htm>.

OPPORTUNITIES

► Comprehensive Occupational Medicine for Business & Industry (COMBI), owned and operated by InPhyNet Hospital Services is seeking:

- A part-time **Occupational Medicine physician** to work half days on Monday & Wednesday.
- A **Certified Medical Review Officer** to provide on-call support.

COMBI has been providing occupational medicine services for more than 15 years to Tampa bay area businesses and municipalities. Whether it's DOT physicals, executive examinations, asbestos screenings or hazardous materials physicals, COMBI provides job specific physical examinations and occupational medicine services to over 300 businesses. COMBI's ancillary services include Drug Free Workplace Programs, Vision and Audiometric exams, EKG and PFT testing, as well as laboratory and radiology services.

Qualifications: Board certification in Occupational Medicine and/or be certified as a Medical Review Officer, valid Florida license. Compensation for on-site physician services is \$70.00 an hour. Compensation for MRO services is \$10.00 per positive drug screen. It is anticipated that the Medical Review Officer will work \pm 30-days a year. MRO services can be performed off-site. Contact Linda Hamilton at (800) 345-3170 ext. 5909, fax your CV to (813) 259-0390 or e-mail Linda_Hamilton@TeamHealth.com

►The Department of Community Medicine, Faculty of Medicine and Health Sciences in Al Ain, UAE is currently recruiting **Professors/Associate Professors/ Assistant Professors in Community Medicine**.

The Faculty (recognized by the UK General Medical Council) is a developing and progressive medical school located in a purpose built state-of-the-art facility. English is the medium of instruction.

The appointees will contribute to the programs of graduate and professional training which are being developed, and will also develop research projects relevant to health of communities in the UAE, in collaboration with colleagues in the Faculty of Medicine and other institutions in the University and in the community.

Familiarity with USMLE and Canadian Qualifying Examinations and the operation/accreditation of graduate medical programs and certification/fellowship in North America, Australia and Europe and by the Arab Board would be desirable.

Specialists must hold a medical degree and should have a higher degree, PhD, MD or equivalent, in an area of Community or Public Health Medicine and certification by the American or Arab Board, MFPHM (RCP, UK) or equivalent from Europe, Australasia or North America. Applicants should have experience in teaching the components of Community Medicine to medical students and graduates.

Faculty receive tax-free salary, generous leave, and support for accommodation/furnishings, annual airfares, educational assistance for up to three children, and international conferences.

Information may be obtained from the web site at <http://www.fmhs.uaeu.ac.ae> or by contacting Dr A.G. Nicol, Dept. Chair, at +971 3 7672000 (tel), +971 3 7672022 (fax) or email Andrew.Nicol@uaeu.ac.ae

Applications should include a letter indicating depth of interest, experience, and suitability for the position sought, full CV/publication list and four references to: Chair – Department of Community Medicine, Faculty of Medicine and Health Sciences, United Arab Emirates University, PO Box 17666, Al Ain, United Arab Emirates, Fax: +971-3-767-2022.

► **Clinical Track Faculty Position.** Combine teaching, research and clinical care with the Greatest Snow on Earth in a full time clinical track faculty position at the University of Utah, School of Medicine at the Assistant Professor level or higher. Applicants must be certified by the American Board of Preventive Medicine in occupational medicine. Demonstrated research ability is desirable. Duties include teaching, research, clinical care, and some consulting. Please send a CV and names of three references to: Karen Bradakis, Occupational Medicine Program, 391 Chipeta Way, Suite C, Salt Lake City, UT 84108. The University of Utah is an equal opportunity/affirmative action employer and encourages applications from women and minorities.

► **Occupational Medicine Practice Opportunity.** Arnot Medical Services is a 60-provider multispecialty group of health care professionals that is associated with Arnot Ogden Medical Center (a tertiary care center) and provides primary, emergency and specialty medical care to communities across Southern New York and Northern Pennsylvania. Currently, seeking a qualified physician to join the Center for Occupational & Environmental Medicine (COEM) on a full-time basis. COEM participates in the NYS Occupational Health Clinic Network as a funded satellite of Finger Lakes Occupational Health Services at the University of Rochester. Principally responsible for providing a diverse mix of clinical and preventive medicine services, including: preplacement and medical surveillance physicals, substance abuse testing, diagnosis/treatment of work-related injuries and illnesses, independent medical examination, disability assessments and consultative services such as indoor air quality evaluations, workplace wellness programs and preventive health screenings. In addition, we provide an array of highly successful training programs in health care ergonomics and waterborne disease that are funded by OSHA's Susan Harwood Training Grant

program and the United State Environmental Protection Agency. Preferred candidate will be fellowship trained and Board Eligible/Certified in Occupational Medicine with strong interests and skills in the provision of clinical medicine services including the diagnosis and treatment of musculoskeletal disorders and other occupational injuries and illnesses. Residency training in Internal Medicine or Family Practice and experience and/or certification in the provision of Medical Review Officer services would be viewed favorably.

The picturesque, economically stable community offers outstanding lifestyle amenities, including excellent public, private and Montessori school options, first class cultural, entertainment and dining opportunities and easy access to exceptional outdoor activities such as skiing, sailing, hiking, hunting and fishing. Contact: David Shafer, MBA at (800) 295-4555 or email to: dshafer@aomc.org.

► **Fellowship Available 7/1/04.** The University of Illinois at Chicago Occupational Medicine Residency Program and the Chicago Area VA/West Side Division announce the creation of a new Occupational Health Services Research Fellowship. The fellowship is available to physicians who have completed an occupational medicine residency and who are interested in a one year program designed to provide additional skills in health services research. The program includes courses at the UIC School of Public Health, analysis of primary and secondary national datasets under the mentorship of senior VA and UIC faculty and the expectation that the fellow will conduct research leading to national presentations and to peer-reviewed publication. Interested physicians should submit a letter of interest with CV and three references to: Dr. Linda Forst, UIC SPH Division of Environmental and Occupational Health Sciences, MC 684, 835 S. Wolcott, MC 684, Chicago, IL 60612. For additional information, contact Forst-L@uic.edu.

COURSES & UPCOMING EVENTS

April 2004

▶ April 28-30, 2004, Tampa, FL. Mercury: Medical and Public Health Issues. For more information, visit: www.epa.gov/pbt/mercurysymposium.htm or call 202/564-8481.

▶ April 29-30, 2004, Baltimore, MD. Long Working Hours, Safety, and Health: Toward a National Research Agenda National Conference. For more information, visit www.nursing.umaryland.edu/longworkhours.

▶ April 30-May 7, 2004, Kansas City, MO. 2004 American Occupational Health Conference. For more information, visit: www.acoem.org/education/aohc2004/conference.asp or call 847/818-1800.

May 2004

▶ May 18-20, 2004, Richmond, BC. 11th Annual Occupational Hazards to Health Care Workers. Conference brochure is available at: www.soeh.ubc.ca or depts.washington.edu/ehce or call 604/822-9599.

▶ May 26-27, 2004, Minneapolis, MN. 2004 Symposium National Occupational Research Agenda (NORA): Health and Safety Priorities for the 21st Century. For more information, visit www.cpheo.umn.edu/NORA/ or call 612/626-4515

June 2004

▶ June 7-8, 2004, Albany, NY. AOEC Regional Meeting and NY State Occupational Health Clinic Network Annual Meeting. For more information, contact AOEC office: 888/347-2632.

▶ June 7-8, 2004, Boston, MA. Harvard School of Public Health Symposium: The Impact of Mold on Human Health. For more information visit: www.hsph.harvard.edu/ccpe/programs/Mold1.html, call: 617/384-8690 or email: contedu@hsph.harvard.edu.

▶ June 8, 2004. Seattle, WA. Puget Sound Occupational & Environmental Medicine Grand Rounds: Opioids in Management of Chronic Pain in the Occupational Medicine Setting: Practical Principles and Current Controversies. For more information, visit depts.washington.edu/ehce/NWcenter/course/OMGR-02.html or call 206-543-1069.

▶ June 28-29, 2004, Washington, DC. Mold Related Health Effects: Clinical, Remediation Worker Protection, and Scientific Issues. For more information, call the Society for Occupational and Environmental Health: 703/556-9222 or visit www.soeh.org.

October 2004

▶ Oct 13-16 2004. Melbourne, Australia. EPICOH 2004, the 17th International Symposium on Epidemiology in Occupational Health. For further information about the conference, registration visit www.med.monash.edu.au/epicoh2004.

Ongoing

▶ Your Master's in Public Health with an Occupational Health Nursing concentration via distance education from The University of North Carolina @ Chapel Hill is only a click away. You can attend classes on-line anytime of the day or night. Tuition assistance is available. For more information contact Judy Ostendorf, (judy_ostendorf@unc.edu) or Bonnie Rogers (rogersb@email.unc.edu) and visit our website: <http://www.sph.unc.edu/phlp/academic/>

▶ The North Carolina Occupational Safety and Health Education and Research Center (NC OSHERC) is located at the University of North Carolina at Chapel Hill. We offer graduate academic programs in occupational health nursing, industrial hygiene, safety and ergonomics, health services research, and epidemiology. The Center also offers quality continuing education courses in occupational and environmental safety and health. Selected courses are available online. Visit www.sph.unc.edu/osherc/ or call 888-235-3320 for information.

(President's Column, cont'd from p.1)

initial NIOSH sponsored program, which is coming to an administrative end. We are pleased to note that AOEC member clinics at Mount Sinai, Bellevue/New York University, and the Environmental and Occupational Health Sciences Institute as well as the City University of New York's Queens College and the Long Island Occupational and Environmental Health Center have been newly funded to complete follow-up exams. No one has yet been funded to provide national follow-up.

NEETF Environmental Health Education: We recently were asked to sign on to a statement of support of environmental education among all health care providers by the National Environmental Education and Training Foundation, (NEETF). A document for support of this idea came from a workshop that AOEC participated in and the premise is one we endorse. However, we are disappointed that the document fails to mention occupational environments. The board now is discussing to what extent we should make clear that as the Institute of Medicine said in their 1995 report entitled: Nursing, Health and the Environment, "Environmental health hazards, including those in the work environment, are ubiquitous, often insidious, and generally poorly understood. It strikes me that we have to think about both and that on some level they are inseparable. Perhaps this is best illustrated in our association's name as well in the naming of other societies and journals.

NIEHS Directorship: As this is written, the position announcement for the next NIEHS director has been closed but no announcement made. While we did not submit names, we did send a letter to the director of NIH asking that the search consider those, not only with strong scientific ability, but equally those that had demonstrated public health leadership. We pointed out that NIEHS is unique in its scope of research and public health activities in its parallel National Toxicology Program strongly affecting the regulatory activities in other federal agencies that set standards based on the best available science. The process for selecting chemicals to which significant numbers of people are exposed for toxicological testing and the Biannual Report on Carcinogens are examples of public health programs with high political attention. The NIEHS's director has to not only conduct sound and timely scientific programs to increase our knowledge but also to have the integrity and courage to translate findings into public health information. We should watch the selection process with interest.

NIOSH/ATSDR/NCEH 2004 Appropriations: When the dust settled from the recent appropriation enactments, our CDC agencies came away bruised but intact. They will have even a greater struggle in the next budget cycle. We should watch these proceedings closely and, along with our colleagues in other related organizations, weigh-in with the appropriation committees this spring to let them know of the strong need to keep up the pace of research and service activities for occupational and environmental health in this country.

NIOSH received \$277 million for research, tracking, and prevention programs. The funding includes a \$3 million increase for the National Personal Protective Technologies Laboratory. Resources will continue to support Education and Research Centers and research activities within the National Occupational Research Agenda.

ATSDR received \$73 million for FY 2004. This is a major cut from the \$82.8 million they received in FY 2003. When an additional CDC overhead charge is included, the ATSDR budget has been reduced by over 15%. ATSDR will continue its critical health assessment work at hazardous waste sites around the nation but its extramural program will have to be deeply reduced. Its work with state partners and national organizations will continue but on a much more limited basis. The president's budget proposal for 2005 has an increase back to \$76.6 but most of that earmarked for sites affected by the tremolite asbestos mined in Libby, Montana, and shipped to many other U.S. fabrication facilities and for the World Trade Center Registry.

NCEH received \$183 million. Funding will support the expanded development and implementation of a nationwide health-tracking network. Further resources will sustain CDC's Environmental Health Laboratory, which assesses exposure of the U.S. population to environmental chemicals. Also included are continued funds for asthma control and prevention of childhood lead poisoning.

As I say in the beginning of this piece these are only highlights since the last newsletter. As you can see the AOEC staff continues to do high quality and timely work to keep up with these and the multiplicity of other on-going projects. Please feel free to comment on any of these observations. ♦


NEW MATERIALS IN THE AOEC-ERL

Video

Livestock Safety for Kids, 2000. Carolynn T. MacAllister, DVM, Raymond L. Huhnke, PhD, PE, Charles B. Cox, EdD, Joe H. Hughes, PhD. Oklahoma State University. Highlights safety precautions around livestock, and provides injury prevention tips. Designed for students to view before taking field trips to petting zoos, fairs or farms. Also available in Spanish. 11 minutes.

Respirators: Your TB Defense and TB Respiratory Protection: Administrator's Review, NIOSH 2002. Your TB Defense is designed to educate health care workers on proper respiratory protection. Administrator's Review takes you step-by-step through developing a respiratory protection program for tuberculosis. Hosted by Loretta Swit. 48 minutes.

Working With Stress, 2002. NIOSH. A TV production committed to educating the public on how the nature of work is changing, and the threat stress poses to the well-being of workers and organizations. 17 minutes.

 *The following new programs in the AOEC-ERL are donations. We appreciate the generosity. These are not peer-reviewed but with that caveat, we are pleased to add them to our library. These presentations can be requested via e-mail.*

Back Pain: Management Issues. Richard E. Sall, MD, Business Health Network Occupational Health Center.

Chronic Disability Syndrome. Richard E. Sall, MD, Business Health Network Occupational Health Center.

Preventing Hearing Loss Among Migrant Farm Workers. Christa L. Themann, MA, CCC-A, NIOSH, Cincinnati, OH

AOEC

ASSOCIATION OF OCCUPATIONAL AND ENVIRONMENTAL CLINICS

1010 Vermont Ave., NW

Suite 513

Washington, DC 20005