

# AOEC NEWS

Newsletter of the Association of Occupational and Environmental Clinics

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*'Fifty years as miner and forty-five of them underground.' And I anyway I am pretty tough, apart from my legs. You see, I've been soaked with water down in the workings that it has got under my skin...He was cut short by another fit of coughing. 'And that is what makes you cough as well?' said Etienne. "No, no. I caught a cold last month. I never used to cough, and now I can't shake it off. And the funny thing is that I spit and I spit.' He hawked again and spat black. Blood?' by now Etienne felt he could make bold to ask. Bonnemort slowly wiped his mouth with the back of his hand. 'No, coal. I've got enough in my carcass to keep me warm for the rest of my days. And I haven't set foot down there for five years.'*

The above paragraph from Emile Zola's book, *Germinal*, published in 1885 describes the lives of miners and their families in northern France in the 1860s. The literary description holds true in the 1880s for what miners face when they develop black lung as it does today. And although the overall rate of black lung in the United States has decreased in the last 35 years, the most recent NIOSH Work Related Lung Disease (WoRLD) Surveillance Report still records over 1,000 deaths per year from coal workers' pneumoconiosis.

In *Germinal* Zola describes a life of severe poverty and oppression among miners, as the working and living conditions continue to worsen throughout the novel; eventually pushing the miners to a breaking point and a strike is called. The history of mining in the United States has been no less oppressive, and although the gallant struggle of miners has improved the health and safety conditions since the passage of the Federal Coal Mine Health and Safety Act of 1969, recent events of an explosion at the Sago mine and a fire at the Aracoma Alma mine in West Virginia have focused attention on the health and safety of miners in the national media. These two stories that made headlines and captured the attention of the media only tells part of the story. Since the start of 2006 nine other coal miners and six metal/nonmetal miners have lost their lives in mining accidents. They did not make the national news since

## PRESIDENTIAL COLUMN



**Karen Mulloy,  
DO, MSCH**

their deaths were in single accidents but the tragedy of the loss for their family, friends and co-workers is no less acute. West Virginia may be the best known mining state but the deceased miners were from every section of the United States (KY, AZ, OR, TN, MI, TX, UT, PA) making this a national problem.

The problems of health and safety among miners are multiplied throughout the United States as we continue to struggle to lessen the burden of injury, illness and death for workers in a vast variety of occupations and industries. But against that backdrop we have continued budget cuts in NIOSH and OSHA and a roll back of many successes in the field of occupational health and safety. For many of us at university centers, NIOSH's budget cuts have rolled down hill and grants have been reduced. Work planned in the start of the grant cycles is being reduced or severely hampered by this fact. AOEC has also taken a hit in the funding from NIOSH. The financial crunch is certainly not how our colleagues at NIOSH had anticipated the first decade of the 21<sup>st</sup> Century. They have been extremely responsive to the national needs and have tried to mitigate the effects of the national budget shortfalls. In addition, NIOSH's effort to involve people at local levels in the NORA II project has been important. Many AOEC members have taken advantage of the NORA II process to present to NIOSH the wide range of perspectives and knowledge that is so rich among our members.

The commitment of individuals in the field of occupational safety and health has also not diminished. The AOEC continues to grow with an addition of 3 new clinics in the last year, the addition of the associate clinic level that added a clinic in Montana to the AOEC roster, and many new individual (*cont'd p.7*)

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**FORMER AOEC PRESIDENT LEADS ACOEM**

Tee L. Guidotti, MD, MPH, FACOEM has been named the president of the American College of Occupational and Environmental Medicine (ACOEM). Dr. Guidotti will begin his presidential tenure at ACOEM's 91<sup>st</sup> annual membership meeting in Los Angeles, CA.

Dr. Guidotti is Professor and Chair in the Department of Environmental and Occupational Health at the School of Public Health and Health Services, and Director, Division of Occupational Medicine and Toxicology, School of Medicine and Health Sciences, at The George Washington University (GWU) Medical Center. He is also Director for the Center for Risk Science and Public Health at GWU and Co-director of the Mid-Atlantic Center for Children's Health and the Environment. A member of ACOEM since 1977, Dr. Guidotti was elevated to Fellowship in 1982. He has served the College as a member of the Board of Directors. Dr. Guidotti served as AOEC Board President in 2000-2001.

**LANDRIGAN AWARDED EPA CEH CHAMPION AWARD**

The EPA awarded the 2006 Children's Environmental Health Champion Award to Philip J. Landrigan, MD, MSc, Director of the Mount Sinai Pediatric Environmental Health Specialty Unit. A longtime advocate for children's environmental health, Dr. Landrigan has among his many achievements service as Senior Advisor on Children's Health to the Administrator of the EPA and helping in the establishment of the EPA's Office of Children's Health Protection. In recent years, Dr. Landrigan's work has focused on the National Children's Study, an epidemiological study that plans to follow 100,000 children from conception to age 21 to reveal the factors in their environment that influence their health.

**KNUDSEN AWARD TO AOEC'S MICHAEL GREENBERG**

ACOEM's Board voted to award AOEC member, Michael I. Greenberg, MD, MPH, FACOEM, the 2006 William S. Knudsen Award. The Knudsen Award is named for William S. Knudsen (1879-1948) who immigrated from Denmark to the US when he was 20 years old. In 1938, as president of General Motors (1937-1940), Mr. Knudsen attended the College's annual meeting in Chicago. It was at that meeting that Mr. Knudsen announced the creation of the annual Knudsen Award to be given to the industrial physician making the most outstanding contribution to industrial medicine.

**MID ATLANTIC CENTER FOR CHILDREN'S HEALTH AND THE ENVIRONMENT (MACCHE) PEHSU EARNS EPA RECOGNITION**

Congratulations to MACCHE for receiving the 2006 EPA Children's Environmental Health Recognition Award, for excellence in educational activities in issues involving children's environmental health. MACCHE was given the award in recognition of its success in reaching out to healthcare providers in Region III and for innovation in health risk communication for parents and the community. The award is one of 30 given out this year. It is a reflection of MACCHE's dedication and ongoing commitment to protecting children from environmental health risks.

- ▶ A mother called the UCSF PEHSU line about her four year old son. The parents at their pre-school had just been informed that there were elevated soil gas levels of perchloroethylene (PCE) in the playground. The pre-school was located next door to a closed wafer fabrication facility that is now a Superfund site. The mother wanted to know whether to pull her son from the pre-school, what the health risks might be, and specifically how to interpret the findings of soil and air monitoring.
- ▶ An 18 month old boy was brought in to the UCSF PEHSU clinic by his parents. They had built a vacation home two years ago, where they stayed frequently during the latter half of the mother's pregnancy and the early months of the child's life. The heating system was run on methanol, and required frequent refills. Recently the family discovered that a faulty valve was allowing leakage of methanol directly into their drinking water system. The child had been having episodes of vomiting. The family wanted to know whether the exposure could cause any permanent health effects in the baby.
- ▶ A scientist from ATSDR and the California Department of Health Services requested that a physician from the UCSF PEHSU travel to a town in Northern California to give Grand Rounds at local hospitals and meet with community members. The town had been the site of a major chrome plating facility, now closed and undergoing remediation. The health risk assessment suggested an excess cancer risk as high as 1/100 from historic airborne Chromium VI emissions in the areas nearest to the facility. Community residents requested medical monitoring, whereas local physicians were skeptical and reluctant to become involved. The PEHSU was brought in as an independent voice to help resolve the local conflict.

The University of California, San Francisco PEHSU is unusual because we are one of two PEHSU sites serving Region 9, which encompasses Arizona, California, Hawaii, Nevada, the Pacific Territories and Tribal Nations. Our site is located at the University of California, San Francisco. The PEHSU works in partnership with the departments of pediatrics, occupational/environmental health, and the Northern California Poison Center, where our offices are now based. The other site serving Region 9 is in Southern California at the University of California, Irvine. Our structure is similar to that of the other PEHSUs, in that our staff includes Pediatricians, Pediatric Clinical Toxicologists, Occupational & Environmental Medicine Physicians, Poison Specialists, and an Industrial Hygienist. Our three-pronged approach to serving the needs of our region includes telephone consultations, a specialty teaching clinic, and educational outreach.

Our clinic staff has been particularly successful in designing and implementing outreach to the health community, especially in California. We have put together Grand Rounds presentations on topics such as mercury, pesticides, contaminants in breastmilk, asthma and air pollution, tobacco and child health, neurotoxicants in child development, persistent organic pollutants, risk communication, and "Pediatric Environmental Health 101". We have worked with Physicians for Social Responsibility (PSR) to develop a "Toolkit for Pediatric Environmental Health" to make integrating environmental health topics into preventive care simple and less time consuming for practicing physicians. In the coming year we will be collaborating with PSR on a national series of seminars funded by a

grant from US EPA to introduce the toolkit to a broad audience. Our staff has given over one hundred Grand Rounds and other conference presentations to audiences including pediatricians, family practitioners, nurses, and community health outreach workers. In September 2005 we co-sponsored with the American Academy of Pediatrics a well received daylong seminar on pediatric environmental health in San Francisco attended by nearly 100 pediatricians and pediatric providers. This outreach has enabled us to attract a steady stream of residents and students with interests in pediatric environmental health. We have had numerous pediatrics residents and fellows, preventive medicine fellows, occupational and environmental medicine residents, and some nursing students rotating with us or doing research projects with us. We believe that our efforts are important in helping to train the next generation of leaders in children's environmental health.

Our PEHSU initially focused on asthma and the environment, designing a brochure on this topic, writing a review article for Clinical Pediatrics, and focusing our conference presentations around this issue. More recently, we have also focused efforts on the issue of persistent organic pollutants. For example, we have done some research into the effects of the California ban on lindane for use in the treatment of head lice and scabies. We conducted a survey of California pediatricians to learn whether the ban may have had any unintended effects on children's health, and are now preparing our results for publication. We have also reviewed the science on the health effects of lindane and other persistent chemicals for several upcoming publications.

*(cont'd p. 6)*



I want to apologize for the delay in getting a newsletter to all our members. One problem with a small organization like ours is that each employee is working to near maximum capacity and if anything occurs to disrupt the routine, there is a need to re-prioritize. Although AOEC has been participating in the American Red Cross Liberty Fund

grant since June, in early March we coordinated with Mount Sinai and the National American Red Cross offices to conduct a major outreach initiative. In the seven weeks since that began the AOEC staff (all 3.5 of us) have fielded over 400 WTC related calls from responders and subsequent coordination with member clinics. We currently have over half of the AOEC member clinics evaluating and providing treatment and/or referrals for many of these callers. In addition to the volume, the WTC callers are one of the nicest cohorts of patients I've ever had the privilege of working with and try as we might to be clipped professionals; all of us on the staff find ourselves spending time just talking with these wonderful people.

I also can't say enough positive things about our member clinics who are participating in this program. One requirement of the Red Cross Liberty Fund has been to send each patient seen a patient satisfaction survey. The response has been overwhelmingly positive on all aspects of clinical care and the professionalism and caring attitudes of our clinics (OK, a couple of you need to work on the parking issues). We've also had WTC responders call us after their visits to tell us how well they were treated. One goal of the AOEC Board of Directors when I started with AOEC back in 1990 was the establishment of a clinical organization capable of responding as a network to resolve

public health problems. This project has demonstrated that goal has been achieved.

As Karen Mulloy notes in her *President's Column*, funding for NIOSH grants took an across the board cut and we don't know yet what the budget impact will be on our ATSDR grant. Given the rise in occupational deaths for 2004, the need for increased public health response to both natural disasters and infectious disease, this does not bode well for our nation's priorities. One CDC employee was only half joking when he suggested that the next step for CDC would be to have employees out on the street corners with fund raising buckets.

Our members can and should teach our elected officials about the problems of occupational and environmental health and how it affects their constituents. As OEH professionals, our voices can provide the evidence based information about the negative impacts of each occupational and/or environmental injury, illness or death and how most of these could have been prevented. Take a moment when there is a preventable incident in your area to let your representatives know what happened and how it might have been avoided. Copy the letter to your local newspaper or media outlet. Stir up the priorities towards public health initiatives. Jordan Barab wrote a wonderful article on Worker's Memorial Day on his blog going into more detail as to what steps can be taken to awaken our public officials to the problems of OEH.

<http://spewingforth.blogspot.com/2006/04/workers-memorial-day-2006.html>

For those of you who feel that one voice doesn't make a difference, I leave you with a quote from Jordan's blog:

*As flawed as many of our institutions are, we still live in a democracy. Squeaky wheels eventually get greased – if they squeak enough.*

*Go forth and squeak.*



Howard Frumkin, MD, DrPH., Editor. *Environmental Health: from global to local*. Josey Bass Press. 1108 pages, 2005. ➤Book Review by Dana Headapohl, MD, MPH, St. Patrick's Hospital, Missoula, MT

*Environmental Health: from global to local*, edited by Dr. Howard Frumkin and with contributions from an impressive collection of authors, will become a classic textbook for the “dynamic, evolving field” of environmental health. The book covers not only the traditional fields of science, toxicology, ecology, epidemiology, and industrial hygiene, but also extends into more recently articulated topics of psychological, sociocultural and religious responses and determinants of environmental health. The book challenges our conventionally narrow definition of environmental health and encourages us to reconsider, balance, and ultimately act.

*The text is divided into five sections:*

➤ Part One: Methods and Paradigms

This section provides general scientific framework for an understanding of basic ecology, toxicology, epidemiology, exposure assessment, industrial hygiene and environmental management. The section contains chapters exploring the effect of psychology and religion on our perceptions of and interactions with the environment. Addressing issues of environmental health ethics and environmental justice, authors Charles Lee and Daniel Schwartz write eloquently about the need for diverse groups to transcend ethnic, religious, generational, and ownership boundaries to protect the most vulnerable populations. Charles Lee further describes the evolution of the environmental justice movement as a “community-driven process whose essential core is a transformative public discourse”. The movement initially promoted the idea of “environmental racism”, but has matured to address more generally the disproportionate health burden of environmental impacts born by developing countries. A subsequent section of the book further explores the environmental impact of globalization on developing countries. This concept is becoming increasingly significant as developing countries inherit industrialized countries’ hazardous industries and waste. After facing this industrial imposition, developing countries will potentially face the health impacts left behind by asbestos, lead and other environmental toxicants.

➤ Part Two: Environmental Health on the Global Scale

This section of the text explores the global environmental health issues of population, carrying capacity, climate change, poverty, war, and the new concept of “environmental distress syndrome.”

➤ Part Three: Environmental Health on the Regional Level and

➤ Part Four: Environmental Health on the Local Level

These sections address the traditional areas of environmental health – air, water and soil pollution, the effects of pesticide use, urbanization and energy production on environment, food safety, radiation and injury prevention. The last chapter of Part Four explores the evolution of pediatric disease over the last century. This development reflects changes in chemical exposures, diet and lifestyle, and the importance of applying a preventive approach, the “Precautionary Principle”, to this uniquely vulnerable group.

➤ Part Five: The Practice of Environmental Health

The final section of the text discuss “upstream” preventive strategies, the use of GIS in mapping exposure, risk assessment principles and limitations, and the importance of clear, careful and compassionate risk communication. Final chapters explore the significant challenges facing the clinical, health policy and legal systems in the prevention and management of environmental hazards.

*Environmental Health: from global to local* is thoughtful, well written, well balanced and referenced, and provides an excellent overview of a multifaceted approach to environmental health. Each chapter is capped by a series of questions encouraging further exploration of issues. Readers and students of environmental health already recognize Howard Frumkin as a superb and enthusiastic teacher, who challenges us all to use our knowledge and skills for advancement of the field. Dr. Frumkin’s introduction to this text is as engaging, thorough, challenging and enthusiastic as his well-known lectures. He has honored his mentors and family by this effort, which will certainly inspire others to pursue careers promoting “a safer, healthier, and more sustainable world”.

## UPCOMING EVENTS

### June 2006

▶ Council of State and Territorial Epidemiologists 2006 Annual Conference: *Translating Data into Knowledge*, Anaheim, CA: June 4-8, 2006. For more information, visit [www.cste.org](http://www.cste.org) or call 770/458-3811.

▶ The 1<sup>st</sup> American Conference on Human Vibration to be held June 5-7, 2006 in Morgantown, WV. The conference will provide a unique opportunity for participants to exchange information on all aspects of human responses to hand-transmitted vibration and whole-body vibration. Information on the conference can be found at <http://www.cdc.gov/niosh/conferences/Vibration/>.

▶ NIOSH-Approved Spirometry co-sponsored by UPMC Health System and M.C. Townsend Associates LLC, June 5-7, 2006, Pittsburgh, PA. Contact: Dr. Mary Townsend, 412-343-9946, Fax: 412-343-9947, email: [mary.townsend4@verizon.net](mailto:mary.townsend4@verizon.net). Visit the web site at [www.mctownsend.com](http://www.mctownsend.com).

▶ Center for Research on Occupational and Environmental Toxicology (CROET) sponsor the symposium: *Safety and Health for the Limited English Speaking Workforce: Challenges and Successes*. Portland, OR: June 9, 2006.

▶ Occupational and Environmental Medical Association of Canada sponsor *The Impact of Chronic Disease on Business and Industry – A Crisis Unfolding*. 24<sup>th</sup> Annual Scientific Conference. Visit [www.oemac.org](http://www.oemac.org) or call 866/513-9925.

▶ The Second American Congress of Epidemiology 2006. Seattle, WA: Westin Seattle Hotel from June 21-24, 2006. For more information, visit: [www.epicongress2006.org/](http://www.epicongress2006.org/).

### July 2006

▶ Center for Occupational and Environmental Health at the University of California, Berkeley. 19<sup>th</sup> Annual Occupational Safety & Health Institute. Oakland, CA: July 31-August 4, 2006. For more information visit: [www.coehce.org](http://www.coehce.org) or call 510-643-7277.

### August 2006

▶ The 13<sup>th</sup> International Respiratory Protection of Healthcare Workers and Emergency Responders Conference will be held August 27-September 1, 2006, in Toronto. Additional information on the conference can be found at <http://www.isrp.com/au>.

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### (PEHSU Showcase, cont'd from p. 3)

The case vignettes presented at the beginning of this article are just a few examples of occasions when our staff was able to provide important information and assistance. The call about the PCE contamination triggered an ongoing investigation by our clinic. Subsequent air sampling revealed higher levels of PCE in the indoor air of the pre-school compared to outdoors, but did not reveal levels that would be likely to cause a significant health risk after relatively short-term exposures. Remediation activities had apparently ruptured a tank causing the spill. We were able to answer the family's questions and assure the parents that current remediation activities and ongoing monitoring should protect their children's health and that we would continue to follow the monitoring results with them. In the case of the methanol exposure, we conducted a careful evaluation, including an ophthalmology assessment, and calculated the likely methanol exposures to the family members. Based on this assessment, we were able to reassure the family that there was not likely to be any health threat from this exposure, even though it did occur during a sensitive time of fetal and early childhood development. The community with elevated cancer risks related to airborne chromium VI exposure was another example of a useful role for the PEHSU. We met with local physicians, presented health information, and helped to explain the seriousness of the potential health issues, particularly among children who had attended the school adjacent to the plating facility. We were also able to validate some of the concerns of community members, while reassuring them about the current status of the site. We candidly discussed the serious difficulties and downsides of doing medical surveillance for cancers of the lungs and upper airways, and suggested other ways that the community might use available funding to promote health.

For more information about the UCSF PEHSU, visit <http://www.ucsf.edu/ucpehsu/index.html>, or call 1-866-UCPEHSU

▶ The Dept. of Community Health Systems at the University of California, San Francisco (UCSF), School of Nursing has an immediate opening for a tenure-eligible **associate or full nursing professor** to direct and teach in the School's Occupational and Environmental Health Nursing (OEHN) Program and conduct related research on occupational health topics. Qualifications: doctoral preparation in nursing or allied health field; eligibility for RN licensure in CA; evidence of funded research and national and/or international research reputation in occupational health nursing research or related fields; teaching excellence at graduate levels. Send letter of interest and CV to: Cindy Muzio, Dept. of Community Health Systems, Box 0608, UCSF, San Francisco, CA 94143-0608, [Cindy.Muzio@nursing.ucsf.edu](mailto:Cindy.Muzio@nursing.ucsf.edu). UCSF is an AA/EOE.

▶ **Industrial Hygienist/Assistant Director:** Bellevue/ NYU OEM Clinic. Manage occupational health projects and grants, including supervision of clinic and research staff, and preparation of grant reports and budgets. Provide exposure assessment and industrial hygiene expertise for clinic patients and research projects. Assist in development of grant proposals and new projects. Minimum Requirements: Masters in OEH, public health, IH, occupational health nursing, or related field preferred. Minimum of 2 years supervisory and administrative experience, with experience in project and grant management and budget preparation preferred. Experience

in workplace/environmental exposure assessments and writing reports preferred. Experience using a statistical analysis package very helpful. Contact George Friedman-Jimenez, MD, NYU School of Medicine, Bellevue Hospital (212) 562-4572 or [george.friedman.jimenez@nyu.edu](mailto:george.friedman.jimenez@nyu.edu).

▶ Community Health Partners in Lorain, OH is seeking a **BE/BC Occupational Medicine physician** to join their busy Occupational Health program. The program includes 2 clinical sites, comprehensive industrial rehabilitation services and on-site nursing staff with a wide range of client industries. We provide teaching to medical students and residents. For more information: contact Dr. Kathleen Fagan at 440-233-1068 or [kathleen.fagan@hmis.org](mailto:kathleen.fagan@hmis.org).

▶ **Occupational Medicine Physician:** Mount Sinai Center for OEM World Trade Center (WTC)Health Effects Treatment Program, a program providing occupational health, social work and mental health services to WTC responders with persistent WTC-related health problems. Strong preference given to candidates with both Internal and Occupational Medicine training. Ability to speak Spanish, experience in occupational pulmonary medicine and/or disability management a plus. Full-time position. Direct inquiries and applications to: Robin Herbert, MD, Mount Sinai Center for OEM, Mount Sinai School of Medicine, One Gustave L. Levy Place, Box 1057, NY, NY 10029. Email: [robin.herbert@mssm.edu](mailto:robin.herbert@mssm.edu), Telephone: 212-241-5664.

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

members. The new clinic member in Germany truly makes us international (not just North American) with the ability to have a broader perspective and to learn from our European colleagues.

Although funding for the organization is a concern through great efforts of the AOEC staff and executive director, alternate financial sources have been sought and there have been some success as shown by the Red Cross/WTC funding. The news from ATSDR, another important funding source for AOEC, is good for this year with no anticipated cut from last year's level. The PEHSU program remains a large part of the budget and has received continued favorable comments from both ATSDR and EPA. The staff and faculty at these sites should receive a large round of applause from all of us for their excellent work. In addition, the PEHSU model is being explored by other countries (currently a unit in Canada working on the proverbial shoe string, and one in Mexico - funded by EPA) in South America and Europe.

The database project funded by NIOSH continues to be an important part of national AOEC program. I would encourage all clinic members to continue to support this effort. I thank those clinics who have sent in data and challenge those clinics not currently sending in data to do so. The database fills in the gaps in data that are not currently available either through the state worker compensation systems, BLS, or the state based surveillance systems. Without a more complete picture of the incidence and prevalence of occupational illnesses we have a difficulty in knowing what our national priorities should be.

I am privileged to serve as the association's president this year and look forward to seeing many of you at the AOEC board meeting (members welcome to sit in on the meeting) and the breakfast get together at APHA in Boston this year.



### MPH via Distance Education

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](mailto:judy_ostendorf@unc.edu)) or Bonnie Rogers ([rogersb@email.unc.edu](mailto:rogersb@email.unc.edu)) and visit: [www.sph.unc.edu/phlp/distance/ohn.htm](http://www.sph.unc.edu/phlp/distance/ohn.htm).

### EPA Mold Web Course

*Introduction to Mold and Mold Remediation for Environmental and Public Health Professionals.* This web course contains information on mold prevention and remediation. It is designed primarily for environmental and public health professionals.

The Mold Course has nine chapters; these chapters are further divided into smaller lessons. At the end of each chapter there is a voluntary quiz to test your understanding of the material covered. Each chapter may be accessed at any point in the course using the menu on the left side of the page. You can also print a text version of this course, <http://www.epa.gov/mold/moldcourse/moldremediation.pdf>.

➤ For general information on mold, flooding, EPA mold brochures, and other mold and moisture control related resources see [www.epa.gov/mold](http://www.epa.gov/mold).

## AOEC

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