

# AOEC NEWS

Newsletter of the Association of Occupational and Environmental Clinics

Summer  
2004  
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## PRESIDENTIAL COLUMN

  
**Denny Dobbin,  
CIH, MSC-OH**

### *Quo Vadis NIOSH*

In the Center for Disease Control and Prevention's (CDC) recently announced reorganization the National Institute for Occupational

Safety and Health (NIOSH) is bundled into a 'cluster' along with the National Center for Environmental Health, the National Center for Injury Control and Prevention, and the Agency for Toxic Substances and Disease Registry. The verbiage there justifies the reorganization in terms of 'efficiency' and matching 'new' public health priorities for the nation. It is intended to allow CDC to be more efficient in meeting priorities and reduce the number of programs reporting to the CDC director. The reorganization, named 'Futures Initiative' can be seen at the CDC web site. Many have supported these changes as inevitable and within the rights of management.

Yet there is uproar among others, especially in occupational safety and health (OSH), who oppose any reorganization that further demotes NIOSH organizationally. Why are we so concerned? Simply put, I believe that any reorganization that merges NIOSH with unrelated programs would reduce its independence, its visibility, and ultimately, its effectiveness. Under this reorganization, Cluster Directors report to the CDC Director but other Directors e.g. John Howard of NIOSH, do not.

Even though CDC boasts of having taken an "outside in" approach to the reorganization, little attention was paid to the NIOSH constituency. The scripted call to AOEC's headquarters to get our advice was completed in about five minutes. I know of only a few other occupational and environmental health organizations that were contacted and many more

that were not. No one to my knowledge was asked whether NIOSH should be demoted and grouped with other CDC programs.

The new CDC organizational chart is clearly insensitive to the nearly 150 million US workers and their families. It is cleverly inverted to show CDC's generic "customers" at the top of the organization and the director at the bottom. None of these customers, however, are identified as workers. The new CDC paradigm, in fact, completely ignores work as being related to health. Most adults are at a workplace about 8 hours a day, 40 days a week, 200 days a year. And whether they work in an office, a hospital, a factory, or a coal mine, they are subject to exposures that affect their health.

To understand our concern we must briefly return to 1970 to understand what Congress intended when NIOSH and the Occupational Safety and Health Administration (OSHA) were created. President Richard Nixon and the Democratic Congress hammered out a pragmatic compromise to come up with a workable, if imperfect, system for reducing work-related injury and illness.

OSHA was new. There had been state health and safety programs but never a comprehensive national system for addressing occupational safety and health hazards. OSHA was established in the US Department of Labor (DOL) with a politically appointed Assistant Secretary for Occupational Safety and Health to promulgate and enforce safety and health standards. Later the position of Assistant Secretary for Mine Safety and Health was created to serve a similar function for mining.

*(cont'd p.11)*

#### IN THE ISSUE

Rebuilding Iraqi Universities.....	3
Response to Pesticides Article.....	4
OSH Internship Program.....	6
View from Vermont Ave.....	7

AOEC Seeks Candidates for the Board.....	3
PEHSU Spotlight.....	5
Drinking Water Update.....	6
Upcoming Events.....	9

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**MEMBER NEWS**

**Kathleen Rest, PhD, MPA** was appointed Executive Director of the Union of Concerned Scientists (UCS). Dr. Rest is a founding member of the AOEC and has also served as the Chairperson of the National Advisory Committee on Occupational Safety and Health (NACOSH). Dr. Rest went to UCS from the National Institute for Occupational Safety and Health (NIOSH), where she was the Deputy Director for Program. Throughout her tenure at NIOSH, she held several leadership positions, including serving as the Institute's Acting Director over the period of September 11, 2001 and the anthrax events that followed.

As part of AOEC's ongoing outreach to health professionals, AOEC sponsored two workshops on how to take an occupational/environmental exposure history at the annual convention of the National Student Nurses' Association in April 2004 in Nashville, TN. **Barbara Coyle, RN, COHN-S** presented both sessions. Ms. Coyle was selected from a group of applicants who responded to the Request for Proposal posted last winter.

**Marilyn Howarth, MD, MPH**, University of Pennsylvania, presented to staff at the Southern Jersey Migrant Health Center in Hammonton, NJ on pesticide exposure and illness. Dr. Howarth's presentation was funded by the section of the NIOSH cooperative agreement which is earmarked for outreach to underserved populations.

**Matt London, MS** formerly of the New York State Department of Health, is now the Project Coordinator for the violence program at the New York State Public Employees Federation, a CDC-funded violence prevention research project.

In April 2004, **Karen Mulloy, DO, MPH** and **Anthony Suruda, MD, MPH** presented at the Occupational Health Conference in Chinle, AZ. Attendees at the conference received a packet of educational CDs from the AOEC educational resource library and other texts.

**Greg Wagner, MD, MPH** has accepted a teaching position at Harvard University School of Public Health and will continue to assist NIOSH by leading the Steps to Healthier US Workforce symposium October 26-28, 2004 in Washington, DC.

**Geoffrey Calvert, MD, MPH** received the Physician Researcher of the Year Award from the Physicians Professional Advisory Committee of the US Public Health Service for his work on the SENSOR Pesticides Program. The award was presented on May 18 by the Assistant Secretary of Health, Cristina Beato and the Surgeon General, Richard Carmona at the annual meeting of the Commissioned Officers Association.

The US Agency for International Development (USAID) Higher Education and Development Program (HEAD) in Iraq awarded funding to Stony Brook University to help rebuild Iraqi Universities in the field of environmental health. The Principal Investigator, Dr. Wajdy Hailoo, Head of the Division of Occupational & Environmental Medicine, in the School of Medicine, indicates that war damage to Iraq's environment and public health infrastructure began in the 1980s. Toxicants from heavy industries and chemical weapons still contaminate soil in many areas in Iraq. The 1991 Gulf War, 12-year embargo and the latest war in 2003 all contributed to the bad environmental conditions and related diseases prevalent now in Iraq, especially cancer, reproductive problems and chronic respiratory disorders. Meanwhile, the isolation and the bad economic conditions have simply pushed Iraq into a very precarious situation regarding the health delivery and higher education systems to deal with these problems.

The SBU/USAID HEAD-EH program is focused on three national Environmental Health Education and Resource Centers (EHERC) created in partnership with major medical schools in the central, northern, and southern regions of Iraq for the purpose of training, research and interventions to help address these issues throughout the country. Paramount to having the EHERCs fully operational is developing specialized libraries within each center to provide access to environmental health books, journals and databases.

The Stony Brook University program is currently collecting books to fulfill this segment of the program. Dr. Hailoo is appealing to all AOEC clinics and individual members to consider donating books to further this cause. Book Donations may be sent to Dr. Wajdy Hailoo, Division of Occupational & Environmental Medicine, School of Medicine, Stony Brook University, Stony Brook, NY 11794-8036. Please call Susanne Torjussen at 631-444-2154 for more information or to coordinate books collection.

### EPIDEMIC INTELLIGENCE SERVICE (EIS)

The application deadline for the Epidemic Intelligence Service (EIS) is quickly approaching. While most of the publicity for the EIS deals with their infectious disease work, there are great opportunities for occupational health professionals as well. EIS officers who choose to work with NIOSH can be involved in health hazard evaluations, surveillance, and/or epidemiologic field studies. NIOSH currently has assignments for EIS officers in Cincinnati, OH, Morgantown, WV, Denver, CO, and Anchorage, AK, with the potential for travel to investigation sites throughout the US, and occasionally abroad. The program is open to physicians, dentists, RNs with MPH or equivalent degrees, industrial hygienists with MPH or equivalent degrees, professionals with doctoral-level degrees in health-related fields (e.g. epidemiology, toxicology, biostatistics, etc.), and veterinarians with MPH or equivalent degrees.

This is a particularly great opportunity for those interested in pursuing an academic career. It provides hands-on experience with the opportunity for publication of original research and findings. It also provides a great opportunity to work with colleagues in other government agencies such as EPA, DOE, OSHA, MSHA, and the state and local health departments.

EIS Officers serve a two-year assignment. US citizenship is not required to join EIS. The application process is completed through the Centers for Disease Control and Prevention (CDC). The deadline for applying is September 15, 2004 for assignments beginning in July 2005. Application information can be found at the CDC web site at <http://www.cdc.gov/eis/>. Questions about the NIOSH EIS assignments should be directed to Sally Brown at 404-498-2566, e-mail [STB9@cdc.gov](mailto:STB9@cdc.gov).

### AOEC SEEKS BOARD MEMBERS

Elections will be held this September, so like the national politicians, it is not too early to throw your hat into the ring. Three board positions will be open: two for clinic members and one for a non-physician individual member. Members serve three year terms and attend two Board meetings per year. The remaining communication is conducted via e-mail or conference calls.

☞ If you are interested in running, please contact Kathy Kirkland for further information or contact one of the current Board members to ask their view of serving on the AOEC Board of Directors (contact information is on p.2 ).

**RESPONSE TO:  
PESTICIDE  
EXPOSURE  
AMONG  
MIGRANT  
FARMWORKERS**

Contrary to Shelly Davis' (Co-Executive Director, Farmworker Justice Fund, Inc.) recent statement in her discussion titled: "Pesticide Exposure Among Migrant Farmworkers" (Davis, 2004), exposure to pesticides is a fact of life, not overexposure.

Farmworkers are, by virtue of their employment, exposed to pesticides to a greater degree than the general population; but does this exposure create significant additional health risks? Except for their greater accessibility as agents for self-harm, the answer is: probably not. This may not be a politically popular position, and proving a negative, scientifically, is difficult, but let us consider a few points.

As reported in Calvert's 2004 article on pesticide illness in SENSOR states, most pesticide related health effects (>70%) are "minimally bothersome and generally resolve rapidly"; 30% are non-life-threatening but more pronounced or prolonged than those of low severity; and a handful (7 episodes in 7 states in 2 years) were "life-threatening" (Calvert, 2004). In addition, only 10% of cases reported in the article were considered "definite", 26% were "probably related" to pesticide exposure, 54% were "possibly related," and 11% were "suspicious." The only fatalities in this study (3 in 2 years) were related to liberation of sulfur dioxide in the hold of a fishing vessel when a preservative (sodium metabisulfite) was mixed with water—not at all related to an agricultural pesticide exposure. These rare episodes of pesticide-related health effects in farmworkers are consistent with our more than 25 years of data on emergency department and hospital stays for pesticide-related illness (Simpson, 2004). There have been no documented occupationally-related deaths from pesticide exposure in more than ten years in South Carolina. The portion of emergency room visits and hospitalizations for occupationally-related pesticide exposures has declined from almost 40% in the early

1970's to 2% or less in our latest data collection (1997-2001).

What about long term health effects? Mills study of United Farmworker (UFW) members' cancer incidence from 1987-1997 (Mills, 2001) shows mildly elevated risks for leukemia and cancers of the stomach, cervix and uterus and no change or decreased risks for all other cancers. This is most likely an association with union membership and not causation. There are obviously many other kinds of exposures and events that predispose members of a farmworkers union besides presumed pesticide exposure which might increase or decrease various types of cancer. The only pesticides classified by the IARC (the World Health Organization's International Agency for Research on Cancer) as having sufficient evidence of carcinogenicity in humans are arsenic and arsenical compounds. These are rarely used today except in vineyards and are used with strong personal protective equipment. Phenoxy and triazine herbicides have been associated with a small increased risk of non-Hodgkin's lymphoma and soft tissue sarcoma in some series, but not in others. (Hardell, 1988; Une, 1987; Sperati, 1999) In tumors of these rare types, variations in rates are more likely due to chance than due to specific chemical carcinogens.

This is not to suggest that persons in occupations such as farm work using concentrated agrichemicals should be discounted. On the contrary, we must protect our potentially vulnerable populations. Let us continue to look carefully, with good science, for excess risks associated with occupations with the best tools available. But, let us also remember that the overwhelming majority of increased risk for premature death and morbidity is due to lifestyle or personal behaviors (smoking, driving under the influence of alcohol, domestic violence, dietary and exercise choices, overexposure to sunlight, etc.) rather than occupational exposure.

*William M. Simpson, Jr., MD  
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Medical University of South Carolina  
Medical Director, South Carolina Agromedicine Program*

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Sperati A et al. Mortality among male licensed pesticide users and their wives. *Am J Indust Med* 1999; 36(1): 142-6

Une H et al. Agricultural life-style: a mortality study among male farmers in South Carolina, 1983-4. *J Southern Med Assn* 1987; 80(9): 1137-40

The Pediatric Environmental Health Specialty Unit (PEHSU) Program is now in the sixth year of existence! It has been six years of great evolution. In 1996, the program was set forth in a Child Health Initiative to address the environmental health of children and the need for clinical based programs to evaluate their potential adverse environmental health effects. In 1998, AOEC through its cooperative agreement with Agency for Toxic Substances and Disease Registry (ATSDR) formulated the PEHSU Program. Two PEHSU sites were initially funded. They were Cambridge Hospital in Cambridge, Massachusetts (with the Children's Hospital of Boston) and the University of Washington, Harborview Medical Center in Seattle, Washington (the Mount Sinai Medical Center started a program at the same time under funding through ATSDR and American College of Preventive Medicine). Today there are 11 PEHSU sites in the United States covering the ten EPA regions. With continued support of the ATSDR and US Environmental Protection Agency (EPA), especially Dr. Henry Falk, the program continues to thrive. The following spotlight features one of the initial PEHSU sites – The Pediatric Environmental Health Center at Children's Hospital Boston/Occupational and Environmental Health Center at Cambridge Hospital.



The Boston Pediatric Environmental Health Specialty Unit, a collaboration between the Pediatric Environmental Health Clinic at Children's Hospital Boston, and the Occupational & Environmental Health Center at Cambridge Hospital, was one of the two initial PEHSU sites started in 1998. The Cambridge Hospital Occupational and Environmental Health Center, which opened in 1981, is one of the founding clinics of the AOEC. Cambridge Hospital, an affiliated institution of Harvard Medical School, is recognized for its service to the underserved community and leadership in community oriented health care. The Pediatric Environmental Health Center at Children's Hospital has been a leading site for pediatric environmental health and also collaborates closely with the Massachusetts/Rhode Island Poison Control System, which is located on-site at Children's Hospital. For 15 years, Children's Hospital has been recognized as one of the top pediatric hospitals in the nation according to *US News and World Report*.



**Pediatric  
Environmental  
Health Center at  
Children's Hospital  
Boston/Occupational  
& Environmental  
Health Center at  
Cambridge  
Hospital  
Boston, MA  
1-888-CHILD14 EPA  
Region I: ME, NH,  
VT MA RI CT**

The Boston PEHSU addresses environmental health issues for children through direct clinical service, training of health professions, development and distribution of educational materials, collaboration with colleagues at EPA and ATSDR along with advocacy for policies that protect children's health. The Pediatric Environmental Health Center at Children's Hospital provides medical care for about 600-700 children each year. Most of the children (>90%) are evaluated and treated for lead poisoning. Other children are evaluated for complaints relevant to indoor air quality, exposures from nearby toxic waste sites, mercury exposure, etc. More recently, the clinic has been seeing children with lead poisoning who are adoptees, or immigrants from a wide range of countries. Adults in the families are evaluated and treated at the Cambridge Hospital Occupational and Environmental Medicine clinic. The PEHSU at Boston fielded almost 300 phone calls regarding pediatric environmental health in 2003 through the dedicated phone line.

Education is a high priority: there is an active 3-year Pediatric Environmental Health Fellowship that provides training in toxicology, risk analysis, community planning, environmental laws and regulations as well as research. In addition, fellows from the Harvard School of Public Health, as well as students and residents on the Environmental Occupational Medicine (EOM) elective participate in Pediatric Environmental Health Clinics at Children's Hospital-which included 4 EOM fellows, 3 primary care residents, and 5 medical students in 2003. Faculty in the Boston/Cambridge PEHSU have developed teaching materials and publications on variety of topics, including: overview of pediatric environmental health, lead poisoning, mercury, arsenic, dietary supplements, mold, and toxic exposure surveillance.

In a more recent initiative, PEHSU staff are now meeting regularly with regional ATSDR/EPA representatives in order to facilitate and increase our collaborations on a variety of regional environmental health issues.

The Region 1 PEHSU provides a 24 hour, toll-free number: 1-888-Child14, [www.childrenshospital.org/pehc](http://www.childrenshospital.org/pehc).

AOEC is helping launch a new summer internship program for medical, nursing and public health students. The Occupational Health Internship Program, called "OHIP," fills a unique niche in the various programs that seek to recruit and train OSH professionals by assigning them to work directly with workers and their organizations on mutually defined projects using a participatory action research model. Our goal is to recruit, train, mentor, and inspire a new generation of occupational safety and health professionals who are dedicated to preventing job injury and disease through a partnership with workers. Students of occupational health need direct experience talking to workers and seeing the workplace setting to fully understand the complexity of health and safety concerns and the different ways to prevent workplace injuries and illnesses. OHIP is a national program, with centers at the University of California San Francisco under the direction of Robert Harrison, MD, MPH and Hunter College in New York City, under the direction of David Kotelchuck, PhD, MPH. We are currently funded by NIOSH and the California Department of Health Services.



This summer we have nine graduate and undergraduate level students, five in the San Francisco Bay Area and four in the New York City area working on eight week projects in teams. Of the graduate students, three are studying medicine, one is studying nursing and the remaining two are studying industrial hygiene. The remaining three students are undergraduates. The graduate level students are helping to mentor the undergraduates and encourage

them to apply to graduate programs in occupational health. Projects are picked in consultation with a host local union, joint labor-management committee, or community-based health center. Student interns are assigned to work in interdisciplinary teams to promote better understanding of how the different professions interact to identify, assess, and resolve occupational hazards.

In addition, the OHIP works to recruit students that reflect the diversity of the current working population, which is increasingly non-union, immigrant, and non-native English speaking workers. All three undergraduates participating this summer come from immigrant families; they are fluent in either Spanish or Vietnamese. They bring the cultural knowledge and insights needed to effectively serve these communities. One project involves surveying janitors about the use of cleaning agents and to aid in identifying safer alternatives. While all the students on this project are bilingual (the work population is 80-90% Spanish-speaking), the native speaker from the community is able to elicit much great detailed information because of the rapid development of trust. OHIP interns are also working on projects that involve construction safety issues of overhead drilling and fall protection, train maintenance yards, noise exposure at a plastics plant, and restaurant safety issues. There will be a videoconference of the OHIP program on July 30th. In addition to having the students share their experiences, NIOSH director, John Howard, MD, MPH, will address the interns. Dr. Howard will be joined by other OSH health professionals from the OHIP Advisory Board. For more information on the program, contact OHIP Program Coordinator, Gail Bateson at [batesong@pacbell.net](mailto:batesong@pacbell.net).

**DRINKING WATER RISK COMMUNICATION: INPUT FROM AOEC MEMBER CLINICIANS**

In the event of a typical drinking water emergency, Water Utility personnel detect a problem through their routine monitoring process. The local health department is informed and determines whether the situation requires a public health alert due to potential health effects. In that case, the network of local physicians is contacted. A three-way communication process has developed.

AOEC is collaborating with The George Washington University (GWU) School of Public Health and Health Services, which is the lead agency for a project to identify the experience and barriers related to this vital communication mechanism. The project is funded by the AWWA Research Foundation.

Early this year, 30 AOEC member clinicians participated in a telephone interview providing their experience and views about communication with water utility and public health personnel regarding drinking water issues. Almost half of the AOEC member participants had 20 years or more clinical experience which attests to the wealth of

(cont'd p. 8)



“The AOEC Breakfast was THE place to be at AOHC. I met everyone I needed to talk to there.” With those kind words, Nancy Sprince guaranteed the AOEC Breakfast at AOHC will continue. The cooperation between ACOEM and AOEC will also continue. John Meyer and Michael McGrail have already agreed to organize next year’s joint research session. Both AOEC and ACOEM, along with AAOHN, have submitted comments about how the reorganization of CDC will affect NIOSH. The common sentiment in all three letters is concern that the reorganization diminishes NIOSH visibility at a time when workplace health and safety should be getting more visibility. The letter AOEC sent was e-mailed to all members but if you didn’t see it, please contact the office. When we sent the letter, I also provided members with the names of the Congressional delegates and committees with jurisdiction over NIOSH. This led to a number of inquiries focusing on two issues: Is this considered lobbying by AOEC and how the heck are things organized on Capitol Hill?

AOEC as a non-profit is allowed to express its opinions on topics related to our organization. We are not allowed to spend federal dollars doing so. We are allowed to educate on the Hill. There is a fine line between lobbying and education and AOEC is probably more conservative than many other groups in how we interpret these rules. We don’t go on the Hill and tell members to fund NIOSH or ATSDR at a specific level. We do tell them how valuable they are to our constituents. We inform staffers about especially valuable programs such as the PEHSU program, HHEs, EIS, etc. Although members, especially clinic members, have usually been consulted prior to the release of any statement, I inform all members about letters from the Board regarding matters of interest. I provide our members with the list of committees and committee members which falls under educating our members. However, we don’t require or even ask our members to write their own letters.

For those interested in such things, here is a brief civics and history lesson. Congressional jurisdiction for NIOSH, CDC and all of HHS is under the Energy and Commerce Committee. This goes back to 1789 when the first public health hospital for merchant mariners was funded, basically the start of the public health system in the US. Because it was for commercial mariners and concerned mostly international commerce, it was placed under that committee and there it has stayed. There is actually a Labor, Health and Human Services Sub-Committee in the Senate and a Sub-Committee on Health in the House of Representatives but it takes some searching to find them. Much the same logic applies to ATSDR which again is administratively in CDC but was started under Superfund/EPA legislation. In the Senate it falls under the jurisdiction of the Veterans Affairs, Housing and Urban Development and Independent Agencies Sub-Committee. Naturally, with a name this long, it usually gets shortened in references to the VA-HUD Sub-Committee and why would anyone expect to find ATSDR there? All in all, an analogy to sausage making is not inappropriate.

Don’t know if we can make the AOEC ‘Get Acquainted’ Breakfast THE place to be at APHA , but we can try so mark your calendars now. The breakfast will be Sunday, November 7, 2004 at 8:00am-9:30am at the Washington Convention Center, Rm. 158B. For those of you attending the OHS Business Meeting, this year AOEC worked with the OHS section to avoid any time conflicts...so stop by before going to the meeting. As usual, AOEC will also be holding a Board of Directors Meeting and all AOEC members are invited to attend. The meeting will be held on Saturday, November 6, 2004, 8:00am-5:00pm in Rm. 157 of the Washington Convention Center.

**AOEC NORTHEAST REGIONAL MEETING**

Last month, AOEC hosted a Northeast Regional Meeting in Albany, NY. The meeting was held in conjunction with the New York State Occupational Health Clinic Network annual meeting. The day began with informal introductions and included a variety of presentations from investigation of a large outbreak of hypersensitivity pneumonitis to working with migrant workers. Special thanks to presenters: Amy Liebman, MPA (Migrant Clinicians Network), Nancy Sahakian, MD, MPH (NIOSH), Paula Schenck, MPH (University of Connecticut), and Greg Siwinski, MS, CIH (Central New York Occupational Health Clinical Center) for sharing their knowledge with meeting attendees.

***(Drinking Water, cont'd from p. 6)***

experience and knowledge they contributed to this project. 23% of the clinicians surveyed did not know how many water utilities served their patient population, but the remaining clinicians stated that there were multiple utilities in their area.

Therefore, it may be difficult for clinicians to know which utility to contact if a health link is suspected. Regarding their communication with water utility personnel and public health personnel, one third of the participants stated they had communicated with public health personnel, but 90% had never interacted with the water utility personnel. However, all participants were willing to collaborate with water utility personnel to address either ongoing or emergency issues.

The project team also conducted focus groups with the targeted groups including clinicians (non-AOEC members) from a range of specialties and defined geographic areas as determined by the project design. The results of the clinician focus group were similar to that of the AOEC member clinicians. The next step for the project team is to analyze the results and disseminate them through published articles and other mechanisms such as poster presentations. To enhance the three way collaboration process, representatives from each target group will meet to conduct a tabletop exercise that will potentially result in the formation of a formal communication process within their defined geographic areas.

The AOEC staff along with The GWU project team would like to thank the AOEC participants for their time and interest. This is an important issue that benefited from your input.

## **OPPORTUNITIES**

### **► Clinical Occupational Medicine in an Academic Setting**

The University of California, San Francisco (UCSF) School of Medicine in partnership with UCSF Medical Center is pleased to announce the availability of a fulltime clinical faculty position in Occupational Medicine. The faculty member will serve as medical director of one of the nations' largest university-based employee and occupational health services, and will lead our multidisciplinary occupational medicine teaching practice. In addition to these clinical responsibilities, there are multiple opportunities for collaborative teaching, consulting, and clinical research within the UCSF Division of Occupational and Environmental Medicine. The incumbent must be board certified in Occupational Medicine, and three to five years of clinical and/or occupational health management experience is preferred. An academic appointment is anticipated in the clinical series at UCSF (Division of Occupational and Environmental Medicine, Department of Medicine).

UCSF is recognized as one of the most distinguished healthcare institutions in the world, renowned for its integration of medical research and clinical care for the benefit of patients. We offer comprehensive resources for career development, competitive salaries, and a comprehensive benefit package that starts on the first day of hire and includes generous vacation and

lucrative retirement plan. For immediate consideration, email CV to: [Janice.Schwartz@ucsfmedctr.org](mailto:Janice.Schwartz@ucsfmedctr.org) or mail CV to UCSF Medical Center Human Resources, 2233 Post Street, Suite 302, Attn. Janice Schwartz, San Francisco, CA 94115. UCSF is an AA/EOE. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for Vietnam-era veterans.

### **► Tenure-track Research Faculty Epidemiology/ Health Services Research**

Duke University is seeking tenure-track faculty members to join the established research teams in the Department of Community and Family Medicine. Candidates who enjoy working in a multidisciplinary environment, and those with a broad background in public health or health services research, family medicine, occupational medicine or physiotherapy, epidemiology or medical informatics are encouraged to apply.

Qualifications include an MD or PhD in an appropriate health science discipline, and preference will be given to candidates with a strong record of research supported by external funding and publications in peer reviewed journals. Salary depends on faculty rank and experience. Duke University is an EOE. Applicants should submit a letter of interest and CV to: Katrina Krause, Department of Community and Family Medicine, Box 2914, Duke University Medical Center, Durham, NC 27710, ([Katrina.krause@duke.edu](mailto:Katrina.krause@duke.edu)).

## **COURSES & UPCOMING EVENTS**

### **September 2004**

▶Spirometry Update/Refresher Course. September 10, 2004. Sponsored by UPMC Health System and M.C. Townsend Associates, 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 website at [www.mctownsend.com](http://www.mctownsend.com).

▶2<sup>nd</sup> Annual Conference on Children's Health and the Environment, September 11, 2004, Washington, DC. Sponsored by The Mid-Atlantic Center for Children's Health and the Environment. For conference and registration information, visit [www.health-e-kids.org](http://www.health-e-kids.org). For more information, contact Nonye Harvey at 202/994-1166 or email [ehceu@gwumc.edu](mailto:ehceu@gwumc.edu).

▶NIOSH-Approved Spirometry, September 13-15, 2004. Sponsored by UPMC Health System and M.C. Townsend Associates, Pittsburgh, PA. Contact: Dr. Mary Townsend, 412/343-9946, Fax: 412/343-9947, email: [mary.townsend4@verizon.net](mailto:mary.townsend4@verizon.net) or visit website at [www.mctownsend.com](http://www.mctownsend.com).

▶Western Occupational Health Conference. September 15-18, 2004, Las Vegas, NV. For more information or to register online visit: <http://www.woema.org/WOHC2004/2004index.htm>.

▶Central Oregon Occupational Safety & Health Conference. September 21-24, 2004. Eagle Crest Resort, Redmond, Oregon. <http://www.orosha.org/conferences/index.html#health> or call OR-OSHA: (888) 292-5247, option 1.

▶Ergonomics and Human Factors: Applications in Occupational Safety and Health. September 28 - October 1, 2004, Boston, MA. Harvard School of Public Health. To register or other information, visit: <http://www.hsph.harvard.edu/ccpe/programs/IE.shtml>.

### **October 2004**

▶EPICOH 2004, the 17th International Symposium on Epidemiology in Occupational Health. October 13-16, 2004, Melbourne, Australia. For further information visit [www.med.monash.edu.au/epicoh2004](http://www.med.monash.edu.au/epicoh2004).

▶Occupational and Environmental Medical Association (OEMAC) 22nd Annual Scientific Conference and Annual General Meeting, October 2-5, 2004,

Vancouver, BC, Canada. Visit the OEMAC website for the conference program brochure, [www.oemac.org](http://www.oemac.org).

▶3rd Annual Musculoskeletal Conference at the University of Texas Health Center at Tyler, October 15, 2004, Tyler, TX. 7 hours CME/8 hours CNE/7 hours CEU credit. Great topics! Visit the beautiful piney woods of East Texas. For more information, contact J. McPherson, 903/877-7251.

▶Association of Canadian Ergonomists (ACE) 35th Annual Conference: "Bridging the Gap," October 18 - 21, 2004, Windsor, Ontario, Canada. Contact: Brenda Mallat, ACE Conference Co-Chair, Phone (519)727-6032, email: [ace2004info@aceconf.ca](mailto:ace2004info@aceconf.ca), website: <http://ace2004.aceconf.ca>.

▶Steps to a Healthier US Workforce Symposium. October 26-28, 2004, Morris and Gwendolyn Cafritz Foundation Conference Center, George Washington University, Washington, DC. Details on the initiative are available at: <http://www.cdc.gov/niosh/steps/2004/default.html>, Abstracts are being accepted through August 27, 2004 for more information, visit <http://www.cdc.gov/niosh/steps/2004/abstract.html> or call 202/ 205-7856.

▶The Sixth Annual ACCP Community Asthma and COPD Coalitions Symposium, October 27-28, 2004, Seattle, Washington. Sponsored by the American College of Chest Physicians (ACCP). For more information and to register, contact Joyce Bruno, MIPH at [jbruno@chestnet.org](mailto:jbruno@chestnet.org).

### **November 2004**

▶Basic Curriculum in Occupational Medicine, Segment 1, Sponsor: ACOEM. November 3- 4, 2004, 8:00AM - 5:00PM, San Antonio, TX. For more information, call: 847/818-1800, ext. 374, or visit: [www.acoem.org/education/course.asp?EVENT\\_ID=407](http://www.acoem.org/education/course.asp?EVENT_ID=407)

▶American Public Health Association, 132<sup>nd</sup> Annual Meeting and Exposition, "Public Health and the Environment," November 6-10, 2004, Washington, DC. For more information, visit: [www.apha.org](http://www.apha.org) or call 202/777-2534. For more information on the walk, contact APHA Director of Grassroots Advocacy, Lakitia Mayo by e-mail at [lakitia.mayo@apha.org](mailto:lakitia.mayo@apha.org) or 202/777-2515.



►NIOSH-Approved Spirometry, November 15-17, 2004 Pittsburgh, PA. Sponsored by UPMC Health System and M.C.Townsend Associates. Contact: Dr. Mary Townsend, 412-343-9946, Fax: 412-343-9947, email: [mary.townsend4@verizon.net](mailto:mary.townsend4@verizon.net). Visit website at [www.mctownsend.com](http://www.mctownsend.com).

## COURSES

►Obtain a Master of Public Health Degree with a concentration in Occupational Health Nursing via Distance Learning. The distance learning course of study is a combination of internet-based study, independent study, and two on-campus summer sessions, each lasting 2 weeks. Program may be completed in 2 1/2 years. For more information, contact either Bonnie Rogers, Program Director, 919/966-1765 or email: [brogers@sph.unc.edu](mailto:brogers@sph.unc.edu) or Judy Ostendorf, 919-966-2597 or email: [judy\\_ostendorf@unc.edu](mailto:judy_ostendorf@unc.edu).

►Online courses for practicing PHNs begin on August 23rd, 2004. The courses are offered through the University of Colorado Health Sciences School of Nursing. The goal of the courses is to provide easy access to skills training in all nationally approved competencies for public health professionals as well as the competencies in emergency preparedness. Academic credit and a certificate from the University of Colorado Health Sciences Center School of Nursing is issued to public health nurses who successfully complete both online courses entitled PHN1: *Understand & Managing Population-Focused Information* and PHN2: *Designing & Evaluating Population-Focused Interventions*. The courses may be

taken in any order or PHNs may choose to enroll in only one of the two courses to seek particular content. To learn more about this educational project for PHNs, you can view the web site for the project at [www.phnconnect.com](http://www.phnconnect.com). At this site you will find links to the syllabi for both courses as well as links to example units within the courses, tuition, registration form and textbook list.

►UNC-Chapel Hill School of Public Health offers a collaborative PhD Program in Health Services Research in Occupational Safety and Health (HSROSH). This program facilitates research and collaboration with faculty in the Department of Health Policy and Administration and the University's Occupational Safety and Health Education and Research Center (OSHERC), as well as in North Carolina Injury Prevention Research Center and Cecil G. Sheps Center for Health Services Research.

Students interested in the collaborative PhD program must apply to the PhD program in Health Policy and Administration, and indicate their interest in HSROSH in their personal statement. Traineeships funded by the National Institute for Occupational Safety and Health are available for full-time students admitted to the program. These traineeships are open only to citizens of the United States or those with permanent visa status.

Applications for Fall 2005 admission are due January 1, 2005. Contact Susan Randolph at [susan.randolph@unc.edu](mailto:susan.randolph@unc.edu) or 919-966-0979 for more information.

**Western Occupational Health Conference - Pre-Conference Workshop**  
***Occupational and Environmental Health -The Building Blocks***  
**September 15, 2004**  
**8:00am-5:00pm**

Through its cooperative agreement with NIOSH, AOEC is co-sponsoring a one-day "Occupational Med 101" workshop as part of the Western Occupational Health Conference, Las Vegas, NV, September 15-18, 2004. The workshop is designed for primary care providers who are interested in building their awareness and clinical skills in occupational and environmental health. The workshop consists of three session blocks. Session I is on Ergonomics and MSD, Session II will look at Occupational Hazards and Health Problems and Session III will address Environmental Issues.

For more information on the Western Occupational Health Conference, visit <http://www.woema.org/WOHC2004/2004index.htm> or call 415/927-5736.

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

NIOSH was created from the former Bureau of Occupational Safety and Health (BOSH), a small bureau that was administered along with several environmental health organizations in the Department of Health, Education and Welfare, (now Health and Human Services)—much as CDC proposes to do with NIOSH today. Congress elevated the bureau to institute status and wisely kept it separate and independent from the DOL. The NIOSH director was to be appointed by the Secretary for a six-year term. While Congress de-politicized NIOSH in this manner, it was silent about where NIOSH should be located in the Department. NIOSH eventually landed administratively in the Communicable Disease Center (now the Center for Disease Control and Prevention) located in Atlanta, GA but with the director's office in DC.

Congress intended for NIOSH to be an independent source of occupational health research. It was to conduct industry-wide studies to identify work-related illness and injury; conduct health hazard evaluations at the request of workers and employers; and develop science-based criteria for standards to be transmitted to OSHA. It was also to train health and safety professionals; develop a registry of toxic effects of chemicals; and to certify personal protective equipment, especially respirators.

NIOSH has a separate but equally important role to that of OSHA and MSHA. In developing NIOSH Recommended Exposure Levels (RELs), NIOSH makes recommendations from the public health perspective of protecting all workers without taking economics into account. The resulting RELs are reviewed by the more politically sensitive regulatory agencies, which have to consider economic, feasibility and pragmatic political factors. It has always been somewhat difficult for the NIOSH director, buried in a DHHS bureaucracy, to convince an assistant secretary to act in the best interest of workers health and safety. The resulting tension can be seen in the paltry few standards OSHA has passed in the last 25 years. Yet NIOSH generated information continues to flow into the literature and into the sunlight of public information and this alone is worth much in assisting employers and protecting workers.

Even before this latest reorganization, the visibility and independence of NIOSH have been steadily eroded within CDC. This has been the result of a conscious CDC decision to diminish the roles of the individual centers and “brand” everything with the agency logo and name. This may work for the programs that are more closely related to the original communicable disease mission of the agency and whose constituents look to CDC for guidance. It does not work for employers, workers, and occupational safety and health professionals and associations that look directly to NIOSH for research and recommendations.

It is remarkable how little credit the Institute gets outside our field for the outstanding work it has done to protect workers health and safety. NIOSH played a significant role in protecting workers at the World Trade Center but this was invisible from the outside as it was subsumed in CDC's activities there. Or on anthrax, where many of the problems were clearly work-related but from the outset treated as another infectious disease. An occupational health practitioner would have thought early on about looking upstream to the postal workers where work continued rather than focusing exclusively on the politically important Senate office building. Although NIOSH staff played an important role in the anthrax incidents, that role was largely invisible.

NIOSH has long been a round peg of prevention through hazard abatement that has never quite fit in the square hole of infectious disease epidemiology and case management. I believe the two cultures have never fit well and probably never will. So what is to be done about this serious threat, which would relegate NIOSH to the bureau status it left more than thirty years ago?

Some, including the American Society of Safety Engineers, recommend moving NIOSH to the DOL. This would be even worse than the present situation. The bright light of independent public health research would soon be extinguished in the murkier political waters of the regulatory agencies. The recent reorganization of the former Bureau of Mines placed mine health-related research in NIOSH, where it is now conducted in Pittsburgh and Spokane Laboratories. Formerly such research was always clouded by the interests of the Bureau of Mines in economic development, which came first over miner health and safety protection. ***(cont'd on back page)***

*(President's Column, cont'd from p.11)*

Alternatively, NIOSH could be moved out of CDC to report directly to the Secretary of DHHS. This would be possible without legislative change and would have the advantage of having the head of NIOSH on more equal footing with the Assistant Secretaries of OSHA and MSHA.

Even a location within the National Institutes of Health, a move that was considered in the late 1970's, would be better than the current CDC proposal. In many ways this would be ideal as NIOSH research parallels NIH institutes such as NIEHS. Yet NIOSH is "for" work-related safety and health while the NIH institutes are "of" health. NIOSH research may be too applied for NIH, which is not primarily prevention oriented. Yet this may be worth re-visiting as a home within NIH could expand research resources and opportunities for new and innovative approaches.

In the short-term, NIOSH may have to remain a round peg in the square hole of CDC. Yet for NIOSH to remain true to its mission in this case it can only do so under the following conditions:

- The NIOSH director must report to the CDC director.
- The NIOSH headquarters must remain in Washington, DC.
- The current NIOSH functions must remain intact, including the ability to communicate directly with its "customers," which are ignored by CDC.
- NIOSH must be permitted to retain its identity, use its logo (along with the CDC logo), and get credit for the work it does.

This distinction of maintaining NIOSH integrity as a distinct institute would respect the differences in legislative mandates and the separate needs workers and employers. If these conditions are not met, it is clearly time to seek another home for NIOSH.



## **AOEC**

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