

AOEC NEWS

Newsletter of the Association of Occupational and Environmental Clinics

Summer 2003 ♦ Vol. 10 Issue 3

PRESIDENTIAL COLUMN + ANTHONY SURUDA, MD, MPH

In my first column as Board President, I mentioned the need to get more people involved in occupational and environmental medicine (OEM) as a career. AOEC is doing its part but we need the help and advice of our members. Our activities include funding residents to go to NIOSH for rotations, working with the American Medical Students Association Occupational and Environmental Health Interest Group, sending speakers to the National Student Nurses Association annual meeting, and generally trying to get the word out that OEM is a good area of interest for all health care professionals. If any of you have suggestions for how we can improve this outreach, we would like to hear from you.

The fact that we need to do more is sadly illustrated by the fact that the residency programs at the University of Michigan, George Washington University, Loma Linda and St. Louis University are closing or have closed this year. The good news is that the program at the University of Alabama-Birmingham has rehired Tim Key and hopes to recruit new residents for 2004. Tim is also the incoming American College of Occupational and Environmental Medicine (ACOEM) president and will have the opportunity to emphasize OEM training during his term of office. There are currently 32 residency programs in the US including the military residency. If you are interested in the details of the residency programs, go to www.aoec.org/resdncy.htm.

As I write this column federal legislation to set

up a national fund to compensate asbestos victims does not appear likely to pass this year. AOEC has not taken a position on the proposed legislation's medical criteria. What we found when we tried to organize a committee to look into the issue was that various AOEC members have provided input through professional societies such as ACOEM and American Thoracic Society. Those of you who subscribe to the OEM List have first hand knowledge of the level of disagreement about the criteria. This is definitely a situation in which the strong opinions of our members and the tradition of AOEC not taking policy stances without a reasonable level of consensus are not going to match up.

One final note. AOEC will be holding elections for three seats on the Board of Directors beginning late next month. All AOEC members are encouraged to either nominate fellow members as candidates or to run themselves.

➤Please join us in welcoming two clinics to AOEC

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913-588-6512 FAX 913-588-2715
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North Tonawanda, NY 14120
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AOEC MEMBER NEWS

➤ Together with the State of Tennessee Department of Health, AOEC member clinic, Meharry Medical College will sponsor a symposium entitled "Revisiting the Delta Project: Healthy People in a Healthy Environment." This symposium will highlight the need to revitalize the original objectives of identifying key environmental hazards of the Delta region, increasing awareness of the impact these hazards on health and providing health promotion education. The Delta region is comprised of 219 counties covering portions of Mississippi, Tennessee, Arkansas, Alabama, Illinois, Louisiana, Missouri and Kentucky. *Otis Cosby, MD, MSPH*, Meharry Medical College will serve as moderator. This event will be held in Nashville, TN on August 27, 2003. For registration information, call (615)327-5986.

➤ This year at American Occupational Health Conference in May 2003, AOEC and Committee on Research of ACOEM co-sponsored an all day session, "Current Research in Occupational and Environmental Medicine (OEM)." Organized by John Meyer, MD, MPH and Rachel Rubin, MD, MPH, this session began with presentations on current and breaking research in OEM. AOEC member contributors included: *Lora Fleming, MD, PhD; Linda Forst, MD, MPH; Robin Herbert, MD; Howard Kipen, MD, MPH; Robert J Laumbach, MD MPH*, and *Glenn Pransky, MD, MOcCH*. The afternoon session consisted of a 'Year in Review' with speakers examining recent progress in OEM research. Posters highlighting current research by a number of investigators were also highlighted during both sessions.

UPDATE: WTC WORKER & VOLUNTEER MEDICAL SCREENING PROGRAM

Expanded WTC Medical Screening Program: The WTC Worker and Volunteer Medical Screening Program has received funding to conduct additional examinations. Thanks to the AOEC participating clinics, those who do not live near NYC are able to receive the examination conducted by trained occupational physicians closer to home. Response from participating clinics has been positive and gratifying. With the extended contract, the program can expect to be able to schedule screenings through the end of December 2003, perhaps even longer. **Attention AOEC Clinics Participating in WTC Medical Screening Program:** Benefits deadlines are coming up. Workers' Compensation is September; Victims' Compensation is December. Anyone who was injured or became ill due to their WTC work is eligible to file for New York State Workers Compensation (*regardless of where they live*). Some people will be able to file both in their home state AND in New York, but they should file in New York nonetheless. Call 212-241-3444 for more information.

The momentum is high within the PEHSU program as a result of the PEHSU annual meeting held May 29-31, 2003 in Washington, DC. This was not only an opportunity to network and share experiences with PEHSU colleagues and federal agencies, but a time to discuss programmatic issues.

The agenda included informative presentations by staff from collaborative agencies such as the Children's Health Environmental Coalition (CHEC), clinical case studies presented by PEHSU staff and an open discussion of the mission and future direction of the PEHSU program. AOEC and PEHSU staff are working to refine the mission statement and goals of the PEHSU program. Also, streamlining of the quarterly reporting form will occur by the end of the year. Look forward to productive changes in the PEHSU program!

PEHSU SPOTLIGHT

When the Occupational Medicine Clinic at Cook County Hospital first opened in 1976, it was one of the first clinics in the country to provide employer-independent assessments of workers suffering from occupational diseases. Under the leadership



of AOEC members such as Drs. Stephen Hessler and Peter Orris, the clinic treated thousands of workers and in 1986 received a

Great Lakes Center for Children's Environmental Health (at John H. Stroger, Jr. Hospital of Cook County)

commendation from the US Congress for its pioneering work in the field of occupational medicine. In the 1990's the clinic changed its name to the Occupational and Environmental Medicine Clinic to reflect the expansion of the field of occupational medicine to include environmental medicine. Throughout the past quarter century, however, this clinic focused almost exclusively on diagnosing and treating adults, despite the fact that children are the highest risk group for environmental illness.

In 1999, the PEHSU program allowed the clinic to formally open its doors to pediatric patients. The Division of Occupational and Environmental Medicine, which included the Section of Clinical Toxicology, teamed up with the Department of Pediatrics to offer a comprehensive and interdisciplinary array of environmental health services to children, their families, and their health care providers. The initial team, led by Dr. Dan Hryhorczuk, included Drs. Carl Baum, Jerrold Leiken, and Ann Krantz from the occupational and environmental medicine and toxicology programs

and Drs. Jay Mayefsky and Myrtis Sullivan from the Department of Pediatrics. The team recruited Jackee Wuellner, a pediatric nurse who had recently completed her MPH at the University of Illinois School of Public Health, as the PEHSU coordinator. Ann Naughton, RN serves as the program administrator.

Our PEHSU site chose the name, Great Lakes Center for Children's Environmental Health (at John H. Stroger, Jr. Hospital of Cook County), to reflect its affiliation with the Great Lakes Centers for Occupational and Environmental Safety and Health at the University of Illinois School of Public Health. The Great Lakes Centers include a NIOSH Education and Research Center, a CDC Center of Excellence in Environmental Health, a NIH Fogarty Center for Global Environmental and Occupational Health, an Occupational Health Service Institute, and a World Health Organization Collaborating Centre in Occupational and Environmental Health. The affiliation with the Great Lakes Centers provides our PEHSU site access to faculty and students in the fields of occupational and environmental medicine, nursing, industrial hygiene, and agricultural safety and health. Our PEHSU site is also affiliated with the Toxikon Consortium, which includes Cook County Hospital, the University of Illinois, Rush-Presbyterian-St. Luke's Medical Center, and the Illinois Poison Center.

Our PEHSU site promotes the environmental health of children in Region V through training of health care professionals, serving as an information resource, assisting in community health hazard evaluations, providing clinical evaluations for children and families, promoting policies that protect children's health, and by working with our partners, who include ATSDR, USEPA Region V, and AOEC.

(cont'd p. 6)



Both intentional and unintentional contaminations of drinking water supplies are important concerns that require the attention of water utilities, public health professionals, and clinicians. Many studies have shown that the public relies on their own health care providers, particularly physicians and nurses, for reliable information about health effects related to water contamination. Both the public and professionals want better ways to address emergency and routine contamination issues. In response to these concerns, the American Water Works Association Research Foundation (AwwaRF) has awarded a contract to foster closer collaboration among professionals and thereby increase their capacities to address contamination issues and meet the public's needs. The George Washington University School of Public Health and Health Services was awarded this competitive contract in April 2003. As a key collaborator in this project along with the National Association of City and County Health Officials (NACCHO), AOEC will be providing critical input and guidance.

There are several ways AOEC members can help build new insights and an effective communication framework through this project. It involves two major components that require the participation of clinicians: brief telephone interviews and in-person activities in five specific jurisdictions. (1) As many clinicians who are interested can be accommodated in the national telephone survey. (2) The five participating water utilities are those serving Glendive, MT; Lansing, MI; New York City, NY; Redmond, WA; and Tucson, AZ.

A 2-day workshop in Washington, DC is planned for spring 2004 and a later 1-day local meeting in the participating jurisdictions. Physicians who participate in the in-person activities will be reimbursed for all travel-related expenses and will be compensated for their time; all other clinical participants will receive travel reimbursements. Please contact Paula Wilborne-Davis at AOEC (pdavis@aoec.org or 202-347-4976) if you would like to know more or want to volunteer for this cutting-edge and timely endeavor. Thank you!



AAP REPORT WARNS OF REPRODUCTIVE RISK FROM PHTHALATES IN MEDICAL DEVICES

American Association of Pediatrics (AAP) published a technical report underscoring the serious reproductive health risks of medical phthalate exposure to certain pediatric populations. "Pediatric Exposure and Potential Toxicity of Phthalate Plasticizers" (*Pediatrics*, Vol. 111, No. 6, June 2003, pp. 1467-1474, Shea, et al) addresses the conclusions reached by various research institutions and government agencies on pediatric exposures to phthalates and the reproductive and developmental toxicity associated with it.

Reviews published by the NIH National Toxicology Program expert panel convened by the Center for Evaluation of Reproductive Risk to Humans (CERHR) concluded that there is minimal concern to the general adult population from exposure to DEHP. Infant exposure to DEHP, however, specifically through medical procedures, is of concern as affirmed in the AAP report as well as recent FDA, CDC, and ATSDR documents.

The AAP report concludes that "in light of recent toxicology and exposure evidence and the concern of the CERHR expert panel for the medically exposed infant, medical institutions, including neonatal and

pediatric intensive care units and dialysis units, may find it necessary to look at the risk-benefit relationship between DEHP-containing medical devices and their alternatives."

MEDICAL MANAGEMENT GUIDELINES FOR LEAD-EXPOSED ADULTS: EXPLORING THE STATE-OF-THE-SCIENCE AND WORKER PROTECTIONS

AOEC held a panel discussion in Washington, DC on March 24-25, 2003 to review and discuss the current state-of-the-science and health-based recommendations related to adult lead exposure with special emphasis on workplace issues. Panelists included an invited cross-section of scientific experts in the fields of medicine, toxicology, nursing and industrial hygiene.

Currently, the draft *Medical Management Guidelines for Lead-Exposed Adults* is being revised, under the direction of panel chair, Richard Wedeen, MD, UMDNJ. The draft will then be distributed to other interested organizations and AOEC member clinics for review and comment. Once finalized, these voluntary guidelines will be published and distributed nationally to occupational medicine specialists, primary care providers, poison control centers, health departments, health and safety professionals and others.

I'm indulging in a bit of nostalgia with this column. I started working for AOEC on July 21, 1990. I've been asked a number of times by people unfamiliar with AOEC how I could work for the same small association for thirteen years. The answer is simple. It isn't the same small association it was when I started. While still small by some standards, AOEC has grown from 30 AOEC member clinics in 16 states and the District of Columbia to 65 clinics in 30 states, the District of Columbia, and four Canadian provinces.



However, the important things that make AOEC unique are the same. Included in the minutes for the July 27-28, 1990 Board meeting are an outline of criteria for membership which includes expertise in occupational medicine, availability, public health approach to OEM, and ethics. Also included are the long term goals of greater recognition for a public health approach to OEM, proper funding for the public health practice of OEM and for AOEC to be the vanguard of standards of OEM.

As a historical footnote, it was at that 1990 Board meeting that the Board decided that AOEC would take policy positions on clinical practice issues only with a 2/3 majority of the clinics approving. It is due to that policy that we are not taking an "official" stand on the medical criteria included in the proposed asbestos bill now being considered by Congress. One thing I've learned in thirteen years is that for a group of like minded public health professionals, AOEC members can certainly disagree on the details.

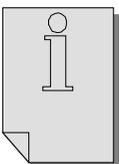
Further reading of Board minutes through the years indicate a decided change from AOEC actively disassociating itself from the American College of Occupational Medicine (it didn't add Environmental to become ACOEM until after AOEC came on the scene) and coming to a realization that we must work together to help promote good occupational and environmental health. This is probably best exemplified by the joint AOEC/ACOEM research educational session at the annual American Occupational Health Conference. It is also reflected in the leadership of both organizations. Tim Key, former AOEC Board Treasurer, is now the ACOEM President Elect. Cheryl Barbanel, long time active clinic member, will follow Tim into that position. Tee Guidotti, former AOEC Board President is running for ACOEM Vice President this fall. As I follow the rather complex rules of succession at ACOEM, that would make Tee ACOEM President after Cheryl. In hockey terminology, that would be a hat trick for AOEC. It would definitely be a plus for academic occupational medicine.

Other things have changed considerably. In 1990 there was no discussion of mold, bioterrorism, or kids. Now among our major accomplishments as an organization are the Pediatric Environmental Health Specialty Units, we are actively seeking funding for a conference on the clinical aspects of mold exposure, we have not one but two peer reviewed modules on bioterrorism, and a position statement on smallpox vaccination on our website.

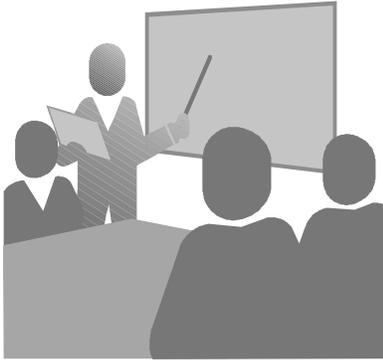
While one goal of the staff is to keep members up to date on emerging issues, we also are very aware of information overload. We need to know from you what are the new topics of interest. On page 4 of this newsletter we've included a brief description of the phthalate/DHEP situation. I don't know that this is going to be one of the next issues we need to address but would love your feed back on this and any other emerging issues you think we should be tracking.

The American College of Preventive Medicine (ACPM) has launched a new web-based feature, the *Environmental Health Resource Center*. The educational resource, now available through ACPM's web site

(<http://www.acpm.org/environmentalhealth.htm>), provides a portal for physicians and other environmental health professionals to CME offerings in environmental health, updates on conferences, workshops, and events, and links to publications, organizations, and other environmental health education and training resources.



The development of the *Resource Center* was supported by the Agency for Toxic Substances and Disease Registry (ATSDR). ACPM will continue to expand the offerings and features of the Resource Center in the coming months. For more information, please contact Jennifer K. Bretsch, MS at jkb@acpm.org.



The status of environmental health in the United States has been targeted recently as a cause for great concern. Although significant progress has been achieved over the last thirty years in our understanding of risks in the environment and cost-effective solutions to address those risks, there remains much to be accomplished. In order to address these needs, through its cooperative agreement with the Agency for Toxic Substance and Disease Registry (ATSDR), AOEC sponsored the University of Nevada Las Vegas (UNLV) Center for Health Promotion workshop, “Environmental Health Promotion Workshop 2003: Advancing Environmental Health Promotion” held in Las Vegas, NV, May 19-21, 2003.

Objectives of the workshop were to: (1) establish a leadership team of national experts in environmental health promotion; (2) create a learning environment on the “white paper” topical issues relevant to society’s needs; (3) provide an atmosphere of discussion and planning among all participants; (4) construct recommendations and strategies for the future; (5) begin early discussions regarding a national agenda for environmental health promotion; and (6) create an opportunity for publishing the revised “white paper” in a reputable journal(s), in order to influence the environmental health and health promotion professions.

The attendees of the workshop included the white paper authors, environmental health leaders in the field, health promotion experts from the United States and ATSDR, AOEC, UNLV faculty and staffs. Among the papers presented was a paper by AOEC member, Cynthia Lewis-Younger, MD, MPH and co-authors, Grace Paranzino, RN, MS, FAAOHN, CHES and Katherine Kirkland, MPH. The paper, *Challenges Faced by Health Care Professionals in Developing and Conducting Environmental Health Interventions*, will be among the papers reviewed for submission to the journal *Health Education and Behaviour* with a tentative publication date in Fall 2004.

 (cont'd from p.3)

Two community-wide exposures, in the summers of 2000 and 2001, provided the Children’s Center with the opportunity to work closely with many partners in assuring the health and safety of our region’s children. In July 2000, on a referral from the Illinois Poison Center, our PEHSU site identified the sentinel case of residential mercury exposure from a mishandled mercury gas regulator. What followed were several months of collaboration with local and state authorities identifying and assessing the elemental mercury health risk to thousands of children throughout northeast Illinois. The following summer, our PEHSU site was approached to coordinate efforts to determine the extent of arsenic exposure to over 250 children living in public and lower income housing where the soil in a playground was found to be contaminated. The Great Lakes Centers operates a collaborative health hazard evaluation program with the Illinois Department of Public Health that provides our PEHSU site with the ability to assist in investigating environmental health hazards such as these at the community level.

Our plans for the future include working with AOEC and our governmental partners to secure a stable base of funding for the PEHSU programs nationally. The PEHSU program has redefined our approach to dealing with environmental health issues. We have evolved from a program that focused exclusively on the health of workers to a multidisciplinary program that can address environmental health issues in children, families, and communities.

For more information about the Great Lakes Center for Children’s Environmental Health, call 1-800-672-3113 or visit <http://uic.edu/sph/glakes/kids>

COURSES & UPCOMING EVENTS

September 2003

▶ September 10-12, 2003, Saratoga Springs, NY. 5th International Conference on Bioaerosols, Fungi, Bacteria, Mycotoxins and Human Health. Contact the Fungal Research Group Foundation, P.O. Box 3148, Albany, NY 12203-0148, info@bioaerosol.org, 518/459-3339, fax: 518/459-4646, www.bioaerosol.org.

▶ September 18-21, 2003, Napa, CA. The Western Occupational Health Conference. Contact: WOEMA, 415/927-5736 or visit www.woema.org/WOHC2003/WOHC2003.htm.

▶ September 15-17, 2003, Pittsburgh, PA. NIOSH-Approved Spirometry. Course for Pulmonary Function Testing Certification. Also Oct. 15 – 17, Nov. 17 - 19. MC Townsend Associates. Contact: mctownsend@aol.com, www.mctownsend.com

October 2003

▶ October 5-10, 2003. Duke University Medical Center. Certificate Program in Occupational and Environmental Medicine for PAs, NPS, and physicians. For more information, contact the Patricia Dieter, at patricia.dieter@duke.edu or visit <http://pa.mc.duke.edu/oem.asp>.

▶ October 23-26, 2003, Tarrytown, NY. The East Coast Migrant Stream Forum: Generaciones: Building a Healthy Future for all Generations. 914/631-2200, fax: 914/631-7819 or visit www.ncphca.org/

OPPORTUNITIES

▶ The University of Illinois at Chicago (UIC) seeks an **Occupational Health Nursing scholar** to fill its tenure or clinical track faculty position that directs its NIOSH funded OHN Program. OHN Director is a member of UIC's Top-Ten ranked, dynamic, leading edge College of Nursing faculty and is supported by a Deputy Director who manages the educational programs and a stellar cast of adjunct faculty. The incumbent provides leadership/vision for education/practice, student recruitment, interdisciplinary collaboration, technology utilization, faculty practice development, and international service/learning. Qualifications: Professional Nursing license (RN), PhD (or equivalent research doctorate), and a demonstrated potential to sustain an OHN research program. Although OHN background

is preferred; otherwise qualified nurse researchers who have studied worker populations and/or occupational/environmental health will be considered. UIC is an AA/EO employer. Submit CV to Search Committee: gknuth@uic.edu.

▶ Center for Rural Emergency Medicine (CREM), West Virginia University seeks a **Director, CREM** with demonstrated capability in social and behavioral determinants of injury or disaster response, medical preparedness, or emergency services research and policy. The selected candidate will lead a large, multidisciplinary center with divisions addressing injury control research, medical and disaster preparedness, and the nation's only injury control training center. Qualifications: MD, PhD, DrPH, or equivalent degree; demonstrated skills and vision in competitively funded research and outreach; leadership capability; and excellent communication skills. Send letter of interest, CV, and contact information for three references to: Alan M. Ducatman, MD, MSc, Chair, Search Committee, Chair, Department of Community Medicine, WVU School of Medicine, Box 9190, Morgantown, WV 26506-9190 (aducatman@hsc.wvu.edu). Applications will be screened starting August 1, 2003 until the position is filled.

▶ **Physician** sought to work in the World Trade Center (WTC) Worker and Volunteer Medical Screening Program, a federally funded screening program based in the Department of Community and Preventive Medicine at Mount Sinai School of Medicine. Physician will conduct screening examinations to identify WTC-related health effects among WTC responders and will generate final reports for patients. Applicants should have training in internal medicine, occupational medicine or family practice. Licensure in NY State (or eligibility) required. Ability to speak Spanish is a plus. This is a part-time position. Send applications to: Jacqueline Moline, MD, Medical Core Director, World Trade Center Worker and Volunteer Medical Screening Program, Mount Sinai School of Medicine, One Gustave L. Levy Place, Box 1057, Email: jacqueline.moline@mssm.edu, Tel: 212/241-3275.

**NEW MATERIALS IN THE AOEC-
EDUCATIONAL RESOURCE LIBRARY**



Worker Preparedness and Response to Bioterrorism, 2003, Edward Cetaruk, MD, University of Colorado, Toxicology Associates, University of Colorado Health Sciences Center. This teaching module is intended to provide a knowledge base and material for an individual to either further their own education, or to teach others, about bioterrorism. The depth and technical content in this module is wide ranging in order to provide a useful level of material to as a wide range of workers as possible. Module includes: presentations, CDC reference material on bioterrorism, handout, internet resource guide, and questions for participants.



Brief Overview of Magnetic Fields for Workplace Joint Health & Safety Committees
John Oudyk, CIH, ROH, Occupational Health Clinics for Ontario Workers, Inc.

Fibreglass in the Workplace: Information Session, Michelle Tew, RN, BscN, DOHS, COHN(C), John Oudyk, CIH, ROH, Occupational Health Clinics for Ontario Workers, Inc.

Indoor Air Quality and Mold: An Overview, Occupational Health Sciences, University of Texas Health Center at Tyler.

Indoor Environment Quality Evaluation: Review of General IAQ Factors, Measurement Methods and Solutions, John Oudyk, CIH, Occupational Health Clinics for Ontario Workers (OHCOW).

Mold and Health: Introduction to Controversies, Debra Cherry, MD, MS, SW Center for Pediatric Environmental Health, University of Texas Health Center at Tyler.

AOEC

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