

# NECOEM Reporter

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**NECOEM/MaAOHN Annual Conference, "21st Century Challenges," December 2-3, 2004 Renaissance Hotel, Bedford, MA**

**Register online or email for further information**  
[www.necoem.org](http://www.necoem.org),  
[necoem@comcast.net](mailto:necoem@comcast.net)

### **Conference Features:**

**Fitness for Duty in Transportation:** commercial drivers, sleep disorders, impaired vision

**Return to Work Challenges:** ACOEM guidelines, psychiatric disabilities, prolonged disability, RTW programs

**Hot Topics for the 21st Century:** Lung disease advances, older workers, IH concerns/team approach, methylmercury in the environment and neurotoxicity

**Clinical/Research Updates:** Diesel exhaust risk for truck drivers, acupuncture and arm pain, TB testing advances, silica exposure, managing lead exposed adults.

### **Exhibits**

**Film, History of OH Business Meetings, Dec 2 Award Presentations, Dec 3 Presidents Reception**

### **Vendors**

**CME, CEU, CCM, IH Certificates**

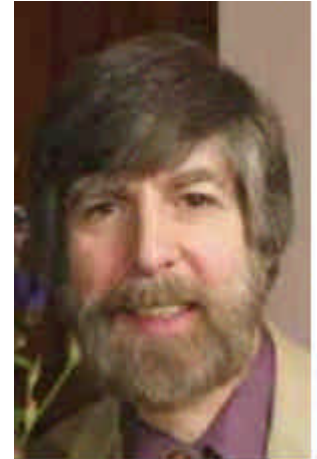
## Is the Controlled Substances Act Sinking?

Ron Blum MD FACOEM, Board Member, NECOEM

"Ninth Circuit Shoots Two More Torpedoes into Federal Drug Control Policy - Or What's Left of It" blares the headline in the February/March, 2004 issue of MRO Alert. Once again California is on the leading edge. The court shot down the Drug Enforcement Agency (DEA) hemp rules and issued a preliminary injunction barring the Justice Department from arresting a group of medical marijuana users in the Golden State. There may be real implications for employer workplace drug testing

programs.

In the medical marijuana case, *Raich v. Ashcroft*, medical marijuana users who purportedly grow their own under the California Compassionate Use Act, sued the Administrator of the DEA and the US Attorney General, claiming the Federal Controlled Substances Act (CSA) to be unconstitutional, and sought a preemptive injunction to prohibit their arrest by federal officials. While losing their initial bid in District Court, on appeal the Ninth Circuit Court voted 2 to 1 that the



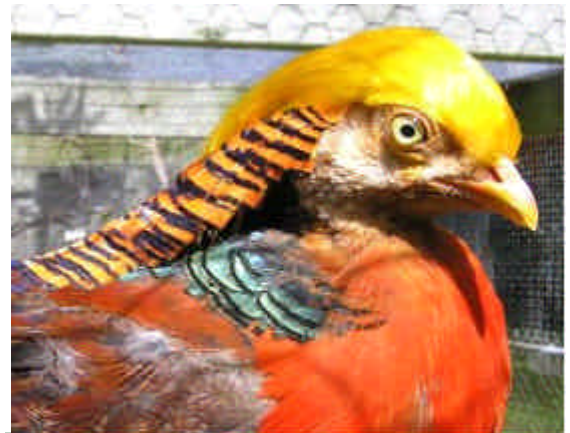
plaintiffs met two essential requirements for an injunction, i.e, strong likelihood of success on the merits of their claim that the CSA exceeded Congress' Commerce

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## Zoonotic Diseases and Health Professionals.

Lorrain O'Connor, DVM, MA Chief Veterinary Health Officer

Recent media coverage regarding Avian Influenza (AI) in Asia and "Mad Cow" disease (BSE) or variant Creutzfeldt Jakob disease (vCJD) in the United Kingdom have reminded us of the vulnerability of the human population to animal diseases. Post September 11, 2001 bioterrorism (BT) experts have acknowledged that of the ten most likely agents to be



**Golden Pheasant**

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used for BT, seven of them are zoonotic. It is becoming clear that whether the occurrence is accidental or intentional, humans that live and work closely with animals are at risk of contracting or transmitting diseases ordinarily thought of as animal diseases.

In the veterinary profession we have long been cognizant of the viruses, bacteria and parasites common to our patients that have the potential to harm us as well. Several recent incidents have pointed out the need for continued communication and cooperation among medical and veterinary professionals with regard to issues of human and animal health.

Although new and emerging diseases may get significant attention, we must also remember the “common ailments that occur commonly”. In recent years there have been several cases of multi-drug resistant Salmonella (typhimurium and

newport) reported in Massachusetts. Although initially thought to be food borne illness, further investigation revealed that the cattle farmers and livestock dealers involved were more likely infected due to their animal handling practices.

Fecal oral transmission of disease is not limited to livestock. A recent outbreak of diarrhea illness in a puppy kennel resulted not only sick dogs, but in sick kennel workers as well. All the puppies were treated for giardia and a bathing/grooming protocol was instituted. The human caretaker has hopefully curbed her habit of kissing puppies on the back of the head.

Probably the most compelling incident regarding the need for greater medical worker awareness of

zoonoses involved that of a Massachusetts dairy farmer:

This farmer had worked in a southern state in the mid 70s milking cows. In addition to milking duties, he was also responsible for clean up, including removing tissues from aborted cows. He didn't remember the term Brucellosis, but rather that the herd had Bang's disease and they were culling cows that aborted. He had been suffering

periodic bouts of fever, flu-like symptoms and pain for more than 20 years. Each bout was treated differently and he generally got better for a while with recurrences at 6 to 12 month intervals. However the cause of his

illness was not identified until

he happened to mention his ongoing symptoms to his veterinarian. Subsequent testing indicated he was suffering from Brucellosis (undulant fever in people).



Penciled Plymouth Rock Fowl

It is important that health providers be aware of the signs and symptoms of various zoonotic diseases and explore animals as a source of their patients' illnesses. History taking can be quite important in both human and animal disease. Contact with animals or people who have sustained contact with animals may an important role in diagnosing and treating our patients, both human and animal.

*If you are interested in more information about zoonotic diseases, send an email with your ideas to [NECOEM@comcast.net](mailto:NECOEM@comcast.net).*

(Continued from page 1) *Controlled Substances* Clause authority, and that the harm to them resultant from the enforcement of the CSA outweighed the government's interests. Thus the Ninth Circuit ordered the preliminary injunction preventing the Justice Department from arresting the marijuana users.

The two plaintiffs reportedly suffer serious medical conditions, one with inoperable brain tumor, seizure, life-threatening weight loss, nausea and chronic pain, while the other with chronic back pain and painful muscle cramps due to degenerative spine disease (seen anyone like that lately?) The treatment histories of the plaintiffs are not unusual. The court noted "Traditional medicine has utterly failed these women..." It is the legal ramifications that warrant attention. While the court's finding is limited to the two women named, it is likely this decision will be offered as legal defense by other marijuana users, if arrested.

The Court accepted the rationale that prosecution of persons who cultivate and possess marijuana for their own medicinal use is outside the purview of Congress' Commerce Clause authority. It is under this clause that Congress passed the CSA. The compelling argument was that when under a state law a patient legally grows their own marijuana to treat their own illness this does not constitute interstate commerce and therefore is beyond the reach of the Com-

merce Clause. Thus a state has the policing authority to regulate its citizen's use of marijuana under these circumstances, but not the federal government.

On the issue of hemp, the Ninth Circuit Court of Appeals advanced the position that Congress' intent did not warrant the DEA's determination to ban the sale or possession of consumable items containing tetrahydrocannabinols in even non-psychoactive trace amounts, such as oil or sterilized seeds from hemp. The Court further advanced that "the DEA has no authority to regulate drugs that are not scheduled, and it has not followed procedures to schedule a substance."

While appeals to the Supreme Court may be expected, particularly in *Reich v. Ashcroft*, the compelling legal arguments may even overshadow the conservative perspective of the highest court, as the underlying issue relates to states rights.

If the medicinal marijuana injunction is not overturned, medical marijuana patients in states with condoning laws would be free of fear of prosecution from state or federal authorities. Currently in our New England region, Maine, Vermont, and Massachusetts tout medicinal marijuana laws.

By public referendum, Maine passed its most recent version in 1999. It legalizes use and possession of marijuana with a physician's recommendation for a variety of clinical entities, including persistent nausea, vomiting, wasting syndrome, loss of appetite due to AIDS, cancer chemotherapy, seizures and other debilitating illness. Vermont's law, updated this year, permits a physician to prescribe marijuana to patients, and allows the patients to grow and possess the plant, in cases of cancer, HIV, AIDS, and multiple sclerosis. While Massachusetts had established a research program for patients on cancer chemotherapy, radiation therapy, glaucoma and asthma in 1991, in 2002 the Governor vetoed a bill that would have decriminalized marijuana use.

Will this evolution in marijuana use affect employers drug testing programs? In the case of federal workplace programs, only Marinol is an accepted explanation for a positive test for cannabinoids. Acceptance of medical marijuana as another exception is unlikely, barring a legal challenge to DOT regulations. In states with medicinal marijuana laws, private employers may



"Actually, Tommy, we're just about full-blooded management, except for your grandfather on your mom's side, who was one-quarter labor."

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## Member Profile: Steve McCloy, MD

### *History of Helping for Barrington Doctor*

The first time Dr. Steven McCloy traveled to Guatemala he had an experience that shook him to his core. "There is a lot of malnourishment in Guatemala," said Dr. McCloy, an occupational medicine specialist and Brown Medical School faculty member. "I remember holding this baby, I was changing his diaper, and remembering my own babies and their fat little butts. I turned this child over and it just didn't have a backside, it had just melted away from starvation."



Dr. McCloy's voice faltered as he finished his story. "I just wept. It was so horrible, the only thing I could do for this baby was try to feed it, but the baby died that night. That was the worst night ever." Dr. McCloy witnessed the child's death during the summer of 1988, while on a service trip arranged by the HMO he was working for. He and several colleagues traveled to the impoverished country, located at the northern end of Central America, to provide free medical care to its citizens.

The event affected him so deeply that he has returned voluntarily to Guatemala every summer since to

wage war against poverty and illness.

Though Dr. McCloy had worked in low income neighborhoods and treated patients suffering from health conditions

related to poverty in the past, he had not expected the intensity or the widespread nature of the poverty he encountered his first time in Guatemala.

"They have just nothing there," the Winsor Drive resident said. "I saw people who had only the clothes on their backs. Ragged, nasty, dirty clothes. I saw people who were starving to death."

I saw people who were starving to death."

He became demoralized when he realized that the health needs of

Guatemala were too many and too diverse for him to make a lasting impact single-handedly. "I was a highly trained physician who went to good medical schools, who trained in good hospitals, who did a good job in his practice and I realized I was helpless to do anything about the problems there -- they were too big," Dr. McCloy said. "That really shook me deeply." But Dr. McCloy did not give up. He returned to Guatemala in 1989 to work in conjunction with a Jesuit Mission in the town San Lucas Toliman, a city of 22,000 located in the western highlands of Guatemala. Once in San Lucas, Dr. McCloy changed his approach to solving the problems he witnessed.



*Dr Mike Brabeck makes a house call*

The dropping prices of San Lucas' chief export -- coffee beans -- has impoverished the city. Dr. McCloy found, just as on his

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# NECOEM/Moore Medical Scholarship 2004 Call for Nominations

The Moore Medical Company provides an annual scholarship to a practitioner of occupational and environmental medicine who is a member of NECOEM. The scholarship provides up to \$1000. toward the registration fee for a course at the Harvard School of Public Health. HSPH has agreed to provide a 25% discount on the registration fee for the Moore Medical Scholarship recipient. The award will be given to an OEM physician who has been of exceptional service to our specialty. Service to OEM might include contributions to NECOEM or ACOEM, advocacy for workers, publications, as well as legislative and public health activities. The NECOEM board of direc-

tors will select a scholarship recipient who has made a contribution to OEM above and beyond that person's normal employment responsibilities.

NECOEM members may be nominated by other NECOEM members or can nominate them-

selves. Members of NECOEM's executive team (President, Vice-President, Program Chair) are not eligible for the scholarship. The executive team will make a preliminary selection and recommendation of the award recipient to the NECOEM board who will then vote on the selection.

The scholarship recipient will receive the award at the annual NECOEM membership meeting that takes place during the two-day annual conference each December.

All nominations should be forwarded to NECOEM's Executive Director, Dianne Plantamura ([NECOEM@comcast.net](mailto:NECOEM@comcast.net)). The deadline for nominations is Novem-



*Reid Boswell receives first Moore Medical Harvard Scholarship. Reid attended the Harvard School of Public*

## Forces of Change: Strategies for Flourishing in the New Health Care Marketplace April 6-8, 2005

For conference info and to register online:

<http://www.hsph.harvard.edu/ccpe/Trust/trust.shtml>

Harvard School of Public Health, Boston, MA

Phone: 617.384.8692 for the Enrollment Coordinator

Email Contact: [contedu@hsph.harvard.edu](mailto:contedu@hsph.harvard.edu)

Please be sure to mention your **Reference Code: FOC05-NECOEM** in all correspondence.

For more than two decades, The Center for Continuing Professional Education at Harvard School of Public Health has offered unique educational programs to leaders and practitioners through continued learning, discovery, and communication in the fields of health care and public health.

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first trip to Guatemala, the people of San Lucas had no medical facilities, equipment or staff and many were starving to death.

But instead of trying to treat the ill and dying on a case by case basis during his short trips there, Dr. McCloy created a system in which the residents of San Lucas Toli-



*Dermatology Clinic*

man care for their own, year round.

Dr. McCloy began gathering medical supplies -- dental tools, surgery tools and stethoscopes --to give to the people of San Lucas. And, as the years progressed, he used his two-week visits to the country to organize and train residents to become medical personnel, much like nurses, called health promoters.



*Indigenous Beauty*

Fifteen years later, his system is working. "I really saw all the work pay off this year," Dr. McCloy said. "I was sitting with a group of health promoters during an hour-long class, and I realized I hadn't said much. A senior health promoter named Jesus

Santonio was doing most of the instructing. I thought for a moment, 'hey, I haven't been able to get a word in,' but then I realized, that was the point."

The realization came during a seminar in which San Lucas residents learned to

clean and suture abscesses, a common ailment on coffee plantations.

Dr. McCloy's trips to Guatemala have deeply af-

ected his life, and he likes to share the same potential impact with others. Over the years, 100 people have worked with him to help build the health program in San Lucas, and many have returned to the city repeatedly. One volunteer even adopted two children from Guatemala.

Dr. McCloy's work in San Lucas is indicative of his commitment to serving those in need. "They have so little," Dr. McCloy said



*Dr. Joe Box's dental clinic*



*There are lots of occupational exposures but no occupational medicine in Guatemala*

of the people of San Lucas. "But they have so much joy. Guatemala is in my blood."

*By Lucy Butler  
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PO Box 90 Bristol, RI 02809-0090 -  
401-253-6000*

**Note:from Dr. McCloy:** The San Lucas Health Project welcomes volunteers from the health professions. Please see the website at [www.slhp.org](http://www.slhp.org). We welcome and utilize students, and anyone else who has an interest in helping. You

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## NECOEM

NECOEM is a not-for-profit, regional component society of the American College of Occupational and Environmental Medicine, the pre-eminent organization of occupational and environmental physicians in the United States.

NECOEM has over 200 physician and affiliate members and is dedicated to preventing and treating occupational injuries and illnesses. NECOEM provides continuing medical education for its physician members and other clinicians in order to enhance the care that they provide to men and women in the workplace. NECOEM is an advocate for workplace safety, occupational health research, raising public awareness of occupational and environmental health issues, guiding public policy, and recognizing outstanding achievement by individuals in occupational and environmental health."

*The editorial board welcomes letters to the editor. Write or email to NECOEM at the above address. The editor reserves the right to edit letters for publication purposes.*

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need to consider their need to make some provision for use of medical marijuana by prospective or active employees. To date most employers who face this issue are following the federal policy, although there are some exceptions, i.e. employers who do accept medicinal marijuana as an alternative explanation.

While the issues of medicinal use of marijuana and its effect on employers, the workplace, and our assessment of employees are still evolving, they are becoming ever more prevalent. As federal regulation continues to erode, the burden to assess the impact of marijuana and hemp may fall increasingly to the private sector, and its consultants.

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**“I believed that it would benefit the commonwealth of mankind if I should examine carefully the special diseases of workers and prescribe suitable remedies, a task that no one had undertaken hitherto.”**

**“For we must admit that the workers in certain arts and crafts sometimes derive from them grave injuries, so that where they hoped for a subsistence that would prolong their lives and feed their families, they are too often repaid with the most dangerous diseases and finally, uttering curses on the profession to which they had devoted themselves, they desert their post among the living.”**

**-Bernardini Ramazzini, Padua, September, 1713**