

NECOEM *Reporter*

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September 27, 2005,
“Risk Management for the Occupational Medicine Practitioner”, William Patterson, MD, MPH, FACOEM
Renaissance Hotel, Bedford, MA

December 1-2, 2005
NECOEM/MaAOHN Annual Conference,
“Expanding Horizons- Local and Global,”
Renaissance Hotel, Bedford, MA

Conference Features:
Clinical Practice Skills: dermatoses and wound care, respiratory complaints, infection control for health care workers

Importance of Government/Labor: environmental work hazards, OSHA meets CSI, Vital Functions at Risk, Trade Union Contributions

National and Global Trends: disaster preparedness, global electronics industry, nanotechnology, global standards in OEM

Harvard School of Public Health Clinical Research Updates Case Management Skills

Website Raffle: “Current Occupational and Environmental Medicine, 3rd ed.,” Joseph LaDou.

www.necoem.org

The Pediatric Environmental Tool Kit

Michelle Gottlieb, Greater Boston PSR

Physicians for Social Responsibility affiliates in Boston and San Francisco have developed an innovative clinical tool to enable pediatric health care

providers to incorporate environmental guidance into everyday practice – the Pediatric Environmental Health Toolkit. The Toolkit was developed in response to a needs assessment con-



ducted at a nationwide series of training programs for health professionals based on the Greater Boston PSR report *In Harm's Way: Toxic Threats to Child Development*.

Pediatric Environmental Health is a relatively new field, which is rapidly moving into mainstream medicine. It has been prompted by concerns about such things as pesticide residues on foods, mercury in fish, and arsenic in drinking water and on play structures.

According to Dr. Phil Landrigan of the Department of Community-Preventive Medicine and Pediatrics, Mount Sinai School of Medicine, New

(Continued on page 3)

NECOEM'S First Live Audio Cast Lecture

Scott C. Mirani, MD, Southcoast Hospital Groups Occupational Health



NECOEM took an innovative approach in its recent March 2005 dinner meeting by featuring Dr. Louis Jenis deliver his lecture “Surgical Management of Low Back Pain” on live audio cast. This was the first time that members could actually listen to the presentation live while following along

with previously downloaded pdf powerpoint slides made available on the NECOEM website. After preregistration, members had to simply dial into a toll free number prior to the meeting and follow along simultaneously with the actual audience present in person in the dinner meeting.

Dr. Louis Jenis, attending spine surgeon at the New England Baptist Hospital and member of the Boston Spine Group

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discussed the evaluation and new techniques available in the surgical management of the chronic low back pain patient. Included in his presentation was the role of surgical fusion and alternative nonfusion technology such as the artificial disc, a much talked about topic among medical providers. This proved to be an excellent presentation topic due to its immediate relevance to Occupational Medicine practitioners who treat industrial back pain.

Used by many educators, the new audio cast technology proved to have several advantages for our specific organization. The convenience factor is the most apparent. This technology creates a wonderful alternative for NECOEM members when long distance travel to the dinner conferences is not feasible, particularly during the winter season. By utilizing audio cast, one could simply go directly to his personal home or office computer after a hectic day and listen comfortably to the presentation. Additionally, there is a cost saving factor for the participant attending the conference via audio cast versus attending the conference in person. At the current time, audio cast is simpler, less expensive and more convenient than videoconferencing, although this may certainly change in the near future.

Dr. Jenis' presentation in itself was outstanding for a variety of reasons and this certainly helped to create a more positive audio cast experience. Low back pain is always a very important topic in many medical circles and this certainly would elicit a great deal of interest among Occupational Medicine specialists. Even without actually seeing Dr. Jenis, one could tell from listening to his delivery that he was charismatic

and an effective speaker. It was helpful that within the first few minutes of his lecture, he went over the "basics" of spine anatomy, especially given the variable training and disciplines in the audience. His powerpoint slides were outstanding and the colored slides in particular depicting photographs of the various hardware and surgical procedures were interesting. The animation he incorporated in some of his slides such as the biomechanical illustration showing the tension of the intervertebral disc with flexion and extension of the lumbar spine was striking.

There were however some minimal yet noticeable disadvantages for those using the audio cast method. Being unable to actually see the speaker may make it difficult to capture many subtleties present through body language and facial expression which are fundamentally essential in communication. One cannot see points of emphasis in the slide presentation particularly if the speaker utilizes



a laser pointer. In addition, when the participant is not physically present in the meeting, he is unable to meet the speaker after the conference or network with other members. From a technical standpoint, one may not have an effective or high quality speaker phone; this would make listening to the lecture problematic as there tends

to be extraneous noise heard in the speaker's surroundings.

There are several recommendations for future audio cast presentations that NECOEM may take into consideration. The speaker should be reminded to mention a prompt as he makes slide transitions. Dr. Jenis did not always clearly state which slide he was describing and this made following his powerpoint slides while listening on the phone a challenge. During the question and answer portion, it would be helpful if the speaker would repeat the questions since the audience's voice was often difficult to hear through the phone line. In addition, it would be more personal if audience members asking a question whether live or audio cast, would first identify themselves and which institution they were from. The entire question and answer portion should be incorporated in the audio cast. For some reason or another, the audio cast audience was prematurely cut off from the rest of the conference during the final portions of the Q&A portion. Finally, it may be helpful for our members to have the entire lecture taped on audiocassette in order to enable interested parties to review his lecture with the downloaded powerpoint slides.

The first live audio cast lecture presentation sponsored by NECOEM was creative and highly successful. With rapid advances in technology, physicians need to continually learn to be comfortable with these evolving methods of education. It is possible, even likely, that in the future we will participate in conferences through an ever increasing variety of methods. It is imperative that physicians try new technology as it arrives in order to have access to critical scientific information.

(Continued from page 1)

York City, "Environmental pediatrics is an area of pediatric medicine that has...risen to importance in parallel with two developments: (1) the conquest in the industrialized nations of the major infectious diseases and their replacement by chronic conditions, such as asthma, cancer, developmental disabilities, and birth defects as the primary causes of illness and death in children and, (2) the growing recognition that chemicals in the environment are responsible, at least in part, for these changes in patterns of disease."

However, most health care providers have little or no education or training in the linkages between toxic chemicals, or information on prevention. In order to fill a need for this type of education and information, several pediatricians from California, Massachusetts, and Minnesota worked with the PSR chapters to develop the Pediatric Environmental Health Toolkit. The Toolkit employs the conceptual framework of Dr. T. Berry Brazelton's innovative "Touchpoints" program, which identifies critical developmental stages and opportunities for age-appropriate intervention during well-child visits to promote health and wellness.

The kit includes practical and easily accessible guidance materials for both providers and patients on preventing exposures to toxic chemicals and other substances that may affect children's health:

For Providers:

- A 2-sided, laminated reference card with brief summaries of more than 30 major toxicants, including a dedicated section on water pollutants;

- A 2-sided, laminated pocket card containing anticipatory guidance keyed to developmental stages;
- A background piece "Key Concepts in Pediatric Environmental Health;"
- A comprehensive resource guide on CD-Rom for easy Internet access.

For Patients:

Educational handouts in Spanish and English that include:

- "Rx for Prevention" slips keyed to seven developmental stages. Each "Rx" contains a few high priority "tips on prevention" to convey to the parents, such as how to avoid mercury in fish, protection from solvents, reducing use of pesticides, getting rid of toxic cleaners, etc;
- Magnets with "Tips for Prevention" - Including six different varieties of magnets with brief prevention tips that the patient is encouraged to use to post the "Prescriptions."

The Toolkit was developed in a peer review process over a 2 year period. It was pilot tested for 6-months from August 2004-February 2005 at 17 pediatric and family health practices in California and Massachusetts. A comprehensive evaluation component, including pre and post-pilot written surveys and telephone interviews, was built into the process. Pilot sites included Boston Children's Hospital and sites in Worcester and the Berkshires in MA, and sites throughout the Bay Area in California. The 34 providers, in a cross section of demographic pilot sites, will reach an estimated 30,000 to 60,000 patients by the end of a one-year test.

In addition 80 pediatric residents at

the University of California at San Francisco (UCSF) have been introduced to the Toolkit materials. The toolkit has been introduced in conjunction with lectures and case based teaching on environmental health issues in pediatrics on how to provide parents with the necessary information and resources to prevent disease due to common environmental exposures. Residents have been using the toolkit resources during their weekly continuity clinic, when they see children of all ages for regularly scheduled well-child check-ups. The faculty involved in teaching residents has also been introduced to the toolkits and received training on how to incorporate environmental health teaching into the continuity clinic visits.

Early feedback from pilot test participants has been positive. Project partners are analyzing and preparing evaluation results for publication and presentation. To capture additional information, a series of patient focus groups will also be held.

GBPSR is currently scheduling presentations on the Toolkit findings. (For a list of upcoming presentations on the Toolkit visit www.psr.igc.org. If you are able to help schedule a pediatric grand rounds, a session at a state pediatric or family practice association conference, or other appropriate venue, or you are interested in being notified of Toolkit evaluation findings and future steps, including availability of the Toolkit, please contact Michelle Gottlieb, Greater Boston Physicians for Social Responsibility, at (617) 216-5658, mbgottlieb@comcast.net.

Triangle; The Fire that Changed America, David von Drehle. Grove

Probably a minority of occupational health professionals have heard of the Triangle Shirtwaist Fire, which killed 140 workers in the garment district of New York City in 1911. Those who have heard of it probably know that it killed mostly young, immigrant women and that one or more locked doors prevented escape, causing many more deaths than might have occurred. A few of us probably know that, like some disasters, it sparked reforms. In Triangle; The Fire that Changed America, David von Drehle not only provides the definitive history of the fire; he places it in its historic context: the flood of immigrants into New York, the pitched battles between nascent labor unions and business owners, the political dominance of Tammany Hall, progressive politics, and feminism. Published in 2003 and now available in paperback, this book earned many awards – justifiably so – and makes great reading for those of us in the field of occupational health and safety.

New York City at the turn of the century was a booming, multiethnic center of manufacturing and commerce. The influx of immigrants, few of whom spoke English, challenged the housing stock and provided a deep well of cheap labor, of which business owners took advantage. “In 1909, there were more than one hundred thousand tenement buildings in New York City. About a third of them had no lights in the hallways, so that when a resident visited the common toilet at night it was like walking lampless in a mine. Nearly two hundred thousand rooms had no windows at all... A quarter of the families on the Lower East Side lived five or more to a room.” (p. 14) Working conditions weren’t much better, and the fre-

quent battles between union organizers, thugs, the police (on the side of the business owners), and strike breakers attracted plenty of attention, both from the working poor and the liberal, mostly female elite. These included Anne Morgan, daughter of J. P. Morgan, Alva Smith Vanderbilt Belmont, the Queen of New York and Newport Society and an avid suffragist, the socialist press, and almost no politicians. Von Drehle spends the first four chapters of the book giving us this fascinating social history before he gets to the fire itself.

The fire is described in great detail, based partly on the lost and then found transcript of the subsequent trial and an earlier book about the fire. Indeed, one door was locked and caused many of the deaths, but many workers escaped from a fire that raged for only about 15 minutes, fed by the huge amount of gauzy, dry cotton crumming the rooms where the shirts were made. As is always the case in work related accidents, there were many factors that contributed to the disaster, not just one locked door. These included delays in warnings, a lack of fire drills, poor enforcement of safety regulations, an inadequate fire escape, and management disregard for safety. It turns out that the owners of the company (who came from the same background as their workers) had a history of making large insurance claims after suspicious fires, although this fire was certainly not insurance arson. After the fire, the search for scapegoats led straight to the owners and the famous locked door. They were eventually found not guilty at trial. More importantly, the fire led to a serious investigation of workplace conditions, managed in part by an energetic New England activist Frances Perkins, who successfully lobbied to

limit work to 54 hours per week and later, under FDR, became the first woman to hold a cabinet post. Al Smith and Robert Wagner make their appearance, early in their careers, and they played lead roles in the transition of Tammany Hall from pure patronage and graft to the era of urban liberalism. Wagner later became “the legislative ramrod of the New Deal, pushing bills through the United States Senate to create Social Security, to guarantee unemployment insurance and workers’ compensation, to build public housing, and to protect trade unions.” Smith would become “one of the country’s greatest governors, revolutionizing New York and serving as a sort of prototype for twentieth century liberalism.” He in turn passed his mantle to FDR. Their early career was heavily influenced by the fire and its aftermath.

In closing, the author points out that the feminism of the strike led towards “a complete rethinking of the place of women in society,” that the Factory Investigating Commission produced “a new model for worker safety in American mills and workshops,” and that the response of Tammany and the Democrats played a large part in “dooming socialism to failure ...by adopting some of its core issues.” The historical context and the key players of the Triangle fire are well drawn by this excellent book, illustrating in the end that the key issues of occupational health and safety have been with us for a hundred years and will remain the key issues for the foreseeable future.

William Patterson, MD, MPH, FACOEM
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For more information about the fire, there is an excellent website, which includes a number of photos: <http://www.ilr.cornell.edu/trianglefire/narrative1.html>

Locks to Keep Out Union Spell Workers' Downfall

By Martha Bensley Bruce, Printed in Life and Labor, 1911.

The Triangle Shirt Waist Shop in New York City, which was the scene of the great fire on March 25th, was also the starting point of the strike of the 40,000 shirt waist workers in 1909.

The girls struck because they wished to stand together for decent shop conditions, wages on which they could live and reasonable hours, and neither Mr. Harris nor Mr. Blanck, both of whom were members of the Manufacturers' Association would allow their workers to unite in any way at all.

It happened that I did picket duty morning and night before that shop and saw the striking girls go up to the strikebreakers and ask timidly:

"Don't you know there's a strike by the Triangle?"

It was in front of this Triangle shop that the girls were clubbed by the police and by the hired thugs who assisted them; and it was in the streets around it that a large number of arrests were made. The girl pickets were dragged to court, but every one from this shop was discharged. The police and the government of the city had banded themselves together to protect the property of Harris and Blanck, the Triangle Shirt Waist firm.

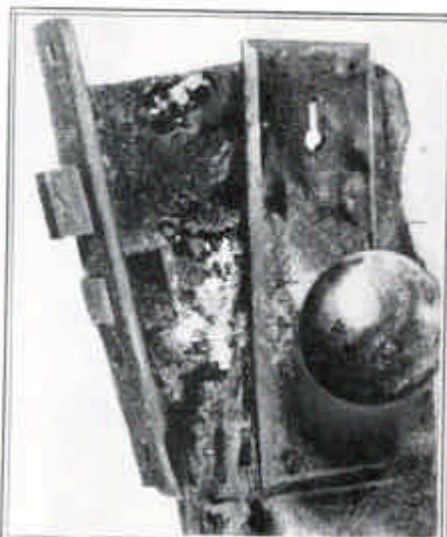
The 600 girls who worked at the Triangle shop were beaten in the strike. They had to go back without the recognition of the union and with practically no change in conditions. On the 25th of March it was these same policemen who had clubbed them and beaten them back into submission, who kept the thousands in Washington Square from tramping upon their dead bodies, sent for the ambulances to carry them away, and lifted them one by one into the receiving coffins which the Board of Charities sent down in wagon loads.

The city government, which

through its policemen and detectives had compelled the girls to go back to work at the Triangle shop, was quite powerless to save their lives.

There were two reasons why the three natural exits, the doors to the stairway, the elevator, and the roof were obstructed: first, to guard against

Lock Out



After the fire, the lock on the door that barred the way to escape was found. The bolt was still out.

a sudden exodus of employees in concerted protest; second, to prevent the girls from stealing anything. Said Ida Deutchman:

"This is the worst shop I ever worked in. When applying for work you must undergo a half hour examination about union affiliations. When a girl was hired, after working at the machine she would again be asked by the man in charge of the floor if she was a member of the union. For the five months I worked in the shop I saw women curse and go on account of the spy system they have."

Well, the fire is over, the girls are dead and as I write, the procession in honor of the unidentified dead is moving by under my windows. Now what is going to be done

about it?

Firm Offers Week's Wage

Harris and Blanck, the Triangle Company, have offered to pay one week's wages to the families of the dead girls-as though it were summer and they were giving them a vacation! Three days after the fire they inserted in the trade papers this notice: "NOTICE, THE TRIANGLE WAIST CO. beg to notify their customers that they are in good working order. HEADQUARTERS now at 9-11 University Place."

The day after they were installed in their new quarters, the Building Department of New York City discovered that 9-11 University Place was not even fire proof, and that the firm had already locked the exit to the one fire escape by two rows of sewing machines.

And still as I write the mourning procession moves past in the rain. For two hours they have been going steadily by and the end is not yet in sight. There have been no carriages, no imposing marshals on horseback. Just thousands on thousands of working men and women carrying the banners of their trades through the long three mile tramp in the rain. Never have I seen a military pageant or triumphant ovation as impressive; for it is not because 143 workers were killed in the Triangle shop- not altogether. It is because every year there are 30,000 working men and women killed in the United States - 138 a day; almost as many as happened to be killed together on the 25th of March; and because slowly, very slowly, it is dawning on these thousands on thousands that such things do not have to be!

It is four hours later and the last of the procession has just passed.

Contributed by the Editor.

Senators Kennedy and Corzine join Rep. Major Owens to introduce two bills protecting safety and health, COSH Campaign Against Corporate Killing commended

Congressional Record Statement for Congressman Major R. Owens "Protecting America's Workers Act of 2005"

April 28, 2005

Mr. Speaker, April 28th is Worker Memorial Day, designated as a time to honor the thousands of American workers killed-on-the-job every year by willful or negligent safety violations on the part of errant employers. The surviving family members of workers killed by corporate wrongdoing deserve much more than just our sympathy, however. They deserve immediate Congressional attention and action. Today, I am very pleased to join with Senator Edward M. Kennedy in introducing legislation that promises such essential action by strengthening provisions of the Occupational Safety and Health (OSH) Act. The bill "Protecting America's Workers Act" would hold those who commit corporate manslaughter accountable at the same time that it reinforces critical health and safety protections for workers nationwide.

Even by conservative estimates, an American worker is killed-on-the-job every 96 minutes. We read about these deaths in newspapers from the District of Columbia to Washington state. Only last month, for example, 15 workers were killed by a fiery explosion in a British Petroleum (BP) oil refinery in Texas City, Texas. Every year in New York City, construction workers are killed by free-falls from buildings and collapses of faulty scaffolds and concrete walls. Near Toledo, Ohio last year, 4 ironworkers died in the collapse of a massive bridge crane and 4 others were injured. And almost 6 months

ago in Walnut Creek, California, a gas pipeline explosion killed 5 workers and badly injured 4 others.

In the words of a New York State Supreme Court Justice, these worker deaths were not simply "random accidents" but rather "tragic certainties." The workers died as the direct result of some employers' willful safety violations or serious negligence. All too often and in the worker death cases listed above employers responsible for these fatalities are repeat safety violators. In some cases, multiple workers in the same firm may die in identical circumstances over a period of years, without the responsible employer ever facing stiff criminal penalties or any prison sentence.

Under the current OSH Act, the maximum penalty any employer can receive for causing the death of a worker is 6 months in prison and a \$10,000 fine. Unlike surviving relatives of other crime victims, family members of workers killed-on-the-job are left without any victims services or assistance under current law. They even lack a voice in any Occupational Safety and Health Agency (OSHA) investigations of their loved ones deaths as well as subsequent negotiations with culpable employers over any downgrading of initial citations and fines tied to the worker fatalities.

By stiffening criminal penalties for those found guilty of blatant safety violations that result in worker deaths, this bill will make other employers think twice about ignoring basic health and safety rules that risk workers lives. It incorporates in its entirety the provisions of my bill, the "Workplace Wrongful Death Accountability Act," which makes it a felony offense to kill a worker and provides for a term of up

10 years in prison. For a second offense, the maximum term for a culpable employer would be 20 years in prison. Likewise, maximum penalties for illicitly warning of an OSHA inspection or lying to OSHA would be set appropriately to serve a deterrent purpose. Under this bill, civil penalties are also set in accordance with the time-honored principle of deterrence.

The "Protecting America's Workers Act" would also extend OSHA coverage to millions of workers who currently don't enjoy the protection of workplace safety and health laws. Among others, these include public employees in a number of states and localities, certain transportation workers such as flight attendants, and a number of federal workers as well as those in public/private entities such as the Nuclear Regulatory Commission. Moreover, it provides stronger protections for any worker who reports the safety and health violations of an errant employer.

This bill requires OSHA to investigate any workplace incident that results in the death of a worker or the hospitalization of 2 or more employees. At the same time, it gives surviving family members of workers who are killed greater participation rights in OSHA's workplace investigation and "penalty negotiation" process with the respective employers responsible for these fatalities. Moreover, it prohibits OSHA from downgrading willful citations in worker fatalities to "unclassified" ones. Last but not least, the bill strengthens workplace prevention efforts by requiring employers to cover the costs of personal protective equipment for their employees.

(Continued from page 6)

Mr. Speaker, I want to commend the New York Committee on Safety and Health (NYCOSH), joined by like committees in the other 49 states, for launching a national campaign against corporate killing. This grassroots campaign will alert workers and the wider public about the importance of ensuring employers do not place profits above basic safety measures at the expense of workers very health and lives. As the senior Democrat on the Subcommittee on Workforce Protections, I want to recognize a number of my colleagues, including Representatives Miller, Andrews, Lynch, DeLauro, and Michaud who have joined me as original cosponsors of the "Protecting America's Workers Act." Representative Miller's thirty year track record of support for workers, as well as his role as senior Democrat on the Education and Workforce Committee is well known. Representative Andrews, senior Democrat on the Employer-Employee Relations Subcommittee is also author of a separate bill to extend OSHA protections to those state and local government workers who lack coverage by workplace safety laws. His bill is included in its entirety as a provision in the comprehensive bill we are sponsoring today. As a co-chair of the Labor Caucus in the House, Representative Lynch is dedicated to protecting workers across the country. Through her actions on the House Appropriations Committee, Representative DeLauro has demonstrated her commitment to ensuring worker health and safety. And, by serving as a co-chair of the House Labor Caucus, Representative Michaud has also shown his dedication to workers' well-being. I thank them all for their cosponsorship and urge other members of the House to join with us in endorsing this legislation, critical to the well-being of America's working families.

In closing, Mr. Speaker, the time for

the "Protecting America's Workers Act" is now. Although we have made substantial progress in protecting health and safety in American workplaces since the OSH Act was first passed in 1970, that progress has stalled precipitously under the current Bush Administration and the Republican Congress. We must reverse this set-back to workplace safety and enact this bill without delay.

The reason we need this bill is very clear: the federal government is itself guilty of gross negligence in efforts to deter corporate manslaughter. As David Barstow of the New York Times noted last year in his remarkable investigative series on worker deaths in this country, OSHA has an astonishing 20 year track record of failure to seek criminal prosecution when an employer's willful and flagrant safety violations lead to worker deaths. It isn't that the Department of Labor (DOL) doesn't know how to seek criminal sanctions. Anyone who visits the DOL website will see an exhaustive list of prosecutions undertaken by staff in the Office of Labor Management Standards (OLMS). From 2002 to 2005, the prosecutions sought by OLMS fill up 111 pages, typewritten with a very small font. The difference is that these are prosecutions against union officials for a vast array of minor offenses. Contrast that with OSHA's failure to seek criminal prosecution in a staggering 93 percent of worker death cases, investigated by the agency over the past 2 decades. These deaths were caused by an employer's gross negligence or willful safety violations. In other words, the employer placed a profit motive far, far above any concern over people's lives. In some instances, the same unscrupulous employer's pattern of egregious safety violations has caused multiple worker deaths over several years. In such cases, a misdemeanor penalty has no deterrent value whatsoever.

Every year, between 5000 and

6000 workers are killed-on-the-job, often in gruesome circumstances due to inexcusable safety violations. This bill is aimed at holding such grossly negligent employers accountable. It will not result in either wanton or reckless prosecutions of hapless employers. My bill is NOT a radical departure from current law by any stretch of the imagination. This bill simply corrects a glaring oversight in federal law and policy: the inability to pursue a felony conviction of an employer who willfully causes the deaths of workers. It is a moderate adjustment that is long overdue.

In closing, Mr. Speaker, I would like to note for the record that the "Wrongful Workplace Accountability Act of 2005" is included in its entirety in a broader bill I am also introducing today, the "Protecting America's Workers Act." I urge my colleagues to respect the lives of all American workers and ask them to join me in sponsoring both these bills. Millions of hard-working Americans and their families deserve nothing less than such essential protection.

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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 and affiliates 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.

Grandpa's poisons could affect you (National) <http://www.msnbc.msn.com/id/8075640/>

--Toxic chemicals that poisoned your grandparents, or even great-grandparents, may also affect your health, U.S. researchers suggested Thursday. A study in rats shows the effects of certain toxic chemicals were passed on for four generations of males. The finding, published in the journal *Science*, suggests that toxins may play a role in inherited diseases now blamed on genetic mutations. "It's a new way to think about disease," said Michael Skinner, director of the Center for Reproductive Biology at Washington State University in Pullman. "We believe this phenomenon will be widespread and be a major factor in understanding how disease develops."

Childhood leukemia linked to power lines? (National) <http://www.msnbc.msn.com/id/8073815/>

--A child living near a high voltage power line may run a higher risk of contracting leukemia - the most common childhood cancer, according to a study published on Friday. But while it showed an increased incidence of leukemia in children whose home address at birth was within 200 meters of a power line, the study's authors admitted they had not proved that proximity to the power lines was the cause. "There is an association between childhood leukemia and proximity of home address at birth to high voltage power lines," the study concluded.

Richard P. Gulla
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