

# NECOEM Reporter

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## ILLEGAL IMMIGRANTS AND ILLEGAL EMPLOYERS: WHO SHOULD BENEFIT?

By Judith Atkinson, RN, JD

Issue: The Massachusetts Department of Industrial Accidents Reviewing Board is considering whether, in light of the recent United States Supreme Court opinion in *Hoffman Plastic Com-pounds v. NLRB*, 535 U. S. 137, 122 S.Ct.1275 (2002) an illegal alien ("undocumented worker") is barred from receiving State workers' compensation benefits.

Discussion: Since the Re-viewing Board first ad-

ressed the issue in *Bram-bila*, it has been established law in Massachusetts that undocumented aliens have the right to collect workers' compensation benefits for a work-related injury. *Bram-bila v. Chase-Walton Elas-tomers, Inc.*, 11 Mass. Workers' Comp. Rep. 410 (1997). The Board has traditionally been protective of undocumented aliens or employees working "under the table" recognizing the disparity of power between the employers and employ-ees, and the inequity of per-



mitting the employer to reap the benefits of the employment relationship and escape the mandates

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## A Medical Director of a Hospital Based Occupational Medicine Program...Why I left and Lessons Learned

By Phil Adamo, MD, MPH



As I sit here at the computer thinking of how I can summarize my experience as the medical director of a hospi-tal based occupational pro-gram and the reasons for leaving the program, it is

only pertinent to start with the beginning.

Nine years ago I made the decision to take the plunge to leave internal medicine and work with the local hos-pital to improve upon an existing occupational medicine program. Like most hospitals, the pro-gram "existed" but was scattered with regard to services. It needed the

expertise of a medical di-rector to give the program credibility and coordinate the much needed services for the area companies. This was great! Everything I had wanted. I was ener-getic, fresh with ideas and had a hospital CEO who said, "Phil, you take this program and make it grow. It is yours." I had never met an administra-

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## ACOEM Governance...

At the October 2, 2003 meeting of the NECOEM Board of Directors, the following ACOEM resolution was discussed and ultimately received a favorable vote by your Board. There has been considerable discussion about the governance of ACEOM, its effective-

ness, and how to improve the organization as a whole. The House of Delegates (HOD) has proposed this resolution in an attempt to achieve a governing body which is more representative and works more effectively. Currently, the ACOEM Board of Directors is the only body which has the power to adopt change, the norm for organiza-

tions. Candidates for the Board are selected by the HOD, but they are often those with more time and financial resources to participate than many ACOEM members, thus making the Board somewhat less representative than some other professional organizations. The ACOEM House of Delegates (HOD), consist-

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## Editorial: Dues and Donts

Recently, I facilitated an educational grant from the Pfizer corporation for \$5,000.00 to support our December annual conference (which I hope everyone will attend). This will take place at the Renaissance Hotel in Bedford, Mass. I am extremely conflicted about my role in obtaining this grant. It would have been unnecessary if NECOEM chose to meet at a less expensive venue.

Annually, the issue of increas-

ing our dues comes up for discussion. However, an increase is routinely rejected and so, dues have remained flat for many years at a meager \$50./year.

The question that is before us is this-should we live within our means if we choose not to raise dues? That is, should we scale down to a spending level that truly reflects the level of our financial commitments to NECOEM and its mission? No further outside corporate sponsorship would ever be

required! Rather than meet at an expensive hotel we could meet at a number of more fiscally appropriate places. This issue deserves a spirited response. Please send your comments and letters to the editor to NECOEM. These could serve as a forum of opinions in the next issue of this newsletter and a starting point of discussion at the Board.

Robert Naparstek

## Editorial Rebuttal Re: Corporate Sponsorship

by Fred Kohanna, MD, MBA, FACOEM, NECOEM board Member and Past-President

NECOEM is a dynamic organization of occupational and environmental health professionals. It is one of the pre-eminent component societies of ACOEM and provides more educational programming and services than most of the other ACOEM components. Within the last few years, NECOEM has instituted a newsletter, developed a website, and increased its educational dinner meetings from two times a year, to three times a year. The NECOEM two-day Annual Conference continues to be one of the best OEM conferences in the country. Our organization is professionally managed by our dedicated Executive Director, Dianne Plantamura.

The quality of our organization does not come cheaply. Our expenses include printing and postage, meeting space and food service, website, credit card acceptance for program registra-

tion, audio-visual equipment rental, speaker related expenses, etc.

Recognizing these financial pressures, the NECOEM Board and the membership have taken a two-pronged approach. First, every effort has been made to cut expenses without negatively impacting NECOEM's educational mission. The dinner meetings and annual conferences have been moved to less expensive sites. Criteria for speaker honoraria and travel expenses have been tightened and all complimentary conference registrations have been eliminated. Second, the Board (after a majority vote of the membership), agreed to accept unrestricted educational grants from corporate sponsors as a way to enhance conference revenue and reduce financial risk for NECOEM. This policy is in line with the corporate sponsorship policy of ACOEM. Over the past 2 to

3 years, NECOEM has had a number of corporate sponsors. These unrestricted educational grants have provided critical funding for our organization's educational programming without having any influence on the content of that programming or the mission of our organization.

Over the last few years, the NECOEM Board has consistently voted **not** to increase NECOEM membership dues. Raising NECOEM dues now could have a negative impact on our already "flat" membership numbers. Dues would have to rise 100% to 200% in order for NECOEM to be completely self-financed. Now is clearly not the time to raise dues. Unrestricted educational grants from corporate sponsors is working for NECOEM and should continue to be utilized as a source of funding for NECOEM educational programs.

## Association of Occupational and Environmental Clinics

By Katherine H. Kirkland, MPH, Executive Director, AOEC



The Association of Occupational and Environmental Clinics (AOEC) is a complementary organization to

the American College of Occupational and Environmental Medicine (ACOEM). AOEC activities and principles are known to some members of the New England College of Occupational and Environmental Medicine but not to all. Begun in 1987, the AOEC is a network of over 70 clinics in the United States and Canada that evaluate and treat patients with occupational and environmental exposures. The AOEC clinics share several defining features: most are based at major academic centers, all are employer-independent, all have multi disciplinary staffing, and all are committed to research, patient-centered clinical approaches, prevention, a high standard of ethics, and vigorous efforts to educate patients and other health care providers regarding occupational and environmental health.

Members of AOEC have been involved in a number of different aspects of occupational and environmental health from worker screening to pediatrics. The association has cooperative agreements with the National Institute for Occupational Safety and Health (NIOSH), the Agency for Toxic Substances and Disease Registry (ATSDR), the US Environmental Protection Agency (EPA), the Mount Sinai School of Medicine Center for Occupational and Environmental Medicine, and others to provide education, outreach, clinical consultation, referral

and medical screening.

Two of the major programs AOEC members are currently involved with are the Pediatric Environmental Health Specialty Units (PEHSU) program and the World Trade Center Worker & Volunteer Medical Screening Program (WTC Program). It shows the diversity of occupational and environmental medicine that one organization is involved in two such divergent programs.

The PEHSU program is a collaborative effort at major academic medical centers between the occupational and environmental medicine departments and the pediatric departments. Other specialists involved include toxicologists, health education specialists, industrial hygienists and others. AOEC's role in the PEHSU project is to coordinate the activities of 11 US based sites along with a Canadian site and a Mexican site in developing programs focused on pediatric environmental health professionals.

PEHSU physicians, toxicologists, nurses and other staff work with and instruct local clinicians about environmental health and the special concerns and medical interventions which might be needed in specific situations. PEHSU physicians also assess the potential adverse impacts to pediatric health in specific communities exposed to environmental pollutants. PEHSU physicians provide referrals for individual children with health problems that may be related to the environment.

There is one PEHSU program in each EPA/OSHA region in the US. The PEHSU in Region 1 serving New England is the Pediatric Environmental Health Center at Children's Hospital/Occupational & Environmental Health Center at

Cambridge Hospital. Information about the Region 1 PEHSU or advice from them can be accessed by calling 1-888-CHILD14 (1-888-244-5314) or via the web site at <http://www.childrenshospital.org/pehc>. The principal investigators for the Region 1 PEHSU site are Rose Goldman, MD, MPH, Michael Shannon, MD, MPH and Alan Woolf, MD, MPH. During the period October 2001 to June 2003, the Region 1 site received almost 500 calls and conducted educational outreach activities to over 4,600 clinicians including physicians, nurses, medical students, and other health professionals.

The second major program underway is the AOEC participation in the WTC Program. While most of the workers and volunteers who responded to the 9-11 tragedy were from the metropolitan New York area, there were also volunteers and workers from almost every state in the union. At this time, over 33 AOEC member clinics are conducting WTC Program screenings. The CareGroup clinic in Waltham has been evaluating workers and volunteers from most of the New England area with the Occupational and Environmental Health Center of Rhode Island seeing those from Rhode Island.

Although these two projects are garnering the most publicity of the current AOEC activities, one of the main goals of the AOEC is teaching primary care health providers about the recognition, assessment, and control of occupational and environmental hazards. This goal is being achieved through a variety of methods.

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### **Immigrants**

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of the workers' compensation laws. The insurer would also receive an unjust windfall in cases where it had received premiums for workers' compensation coverage and then was permitted to deny coverage for a worker later found to be an illegal alien. *Brambila, supra* considered employment contracts with illegal aliens to be "voidable" for illegality, not "void ab initio". A principal consideration in determining the enforceable obligations under a contract is whether the illegality is a material part of the contract, or in other words, if the matter contracted for is itself illegal. *Baybank v. Dirico*, 30 Mass. App. Div. (1996), citing *Town Planning & Eng. Assoc. v. Amesbury Specialty Co.*, 369 Mass. 737 at 745, 746 (1987), *Valley Stream Teachers Credit Union v. Commissioner of Banks*, 376 Mass. 845, 852 (1978). Hence, a contract for prostitution or for the sale of drugs is wholly void at its inception and unenforceable. A voidable contract on the other hand imports a valid act which may be avoided. *Brambila*, quoting *Rothberg v. Schmeedeshamp*, 334 Mass. 172, 176 (1956). A voidable contract imposes the same obligations as if it were not voidable. *Brambila*, citing *Berenson v. French*, 262 Mass. 247, 260-261 (1929), quoting *Williston Contracts*, sec. 15. The dilemma arises in that the work performed is not illegal, however, it violates federal immigration laws and policies.

The issue as to whether undocumented workers are barred from workers' compensation benefits is currently being reexamined by the Reviewing Board in light of the recent United States Supreme Court opinion in *Hoffman Plastic Compounds v. NLRB*, 535 U.S. 137, 122 S.Ct.1275 (2002). In *Hoffman*, the U.S. Supreme Court continued to examine

how to deal with illegal aliens subjected to unfair practices under the National Labor Relations Act. In a prior holding, *Sure-Tan, Inc. v. NLRB*, 476 U.S.883, 104 S. Ct. 2803 (1984) the Court found that the National Labor Relations Act encompasses and protects undocumented workers since there is no specific exemption excluding illegal aliens from the definition of employee under the Act. The Court in *Sure-Tan, Inc.* also limited the remedies that the National Labor Relation Board (NLRB) could afford illegal aliens, and required the NLRB to condition its reinstatement of the employees who had been subjected to unfair labor practices and who had fled the country upon the employees' lawful reentry and legal work status in the country so that the remedy did not run afoul of the Immigration and Nationality Act. The Court did not want the NLRB to order an employee to knowingly rehire and reinstate an illegal alien despite its unfair labor practices since it would then be violating Immigration laws under order of the NLRB. The Immigration Reform and Control Act of 1986 (IRCA) makes it illegal for an employer to knowingly hire undocumented workers or for an employee to use fraudulent documents to obtain employment.

In *Hoffman*, a successor case to *Sure-Tan, Inc.*, the U.S. Supreme Court overturned the order of the NLRB to award an illegal alien backpay. In *Hoffman*, the Court implicitly acknowledged that there has been "misconduct that renders [the] underlying employment relationship illegal" in that the employee had used fraudulent documents to obtain employment. *Hoffman Plastic Compounds v. NLRB* 535 U.S. 137, 122 S. Ct. 1275 (2002). The U.S. Supreme Court affirmed the NLRB's finding that the employer had engaged in un-

fair labor practices but refused to sanction the award of back wages as a remedy for an illegal alien since backpay is a wage replacement remedy premised on loss of continued employment. Since the employment of an illegal alien is contrary to the immigration laws, the Court will not allow a remedy to be fashioned that is contrary to law. The Court recognized the legitimate objectives of the NLRA as well as the important policies underlying the Immigration Act and cautioned the NLRB that it must be "particularly careful in its choice of remedy." *Hoffman Plastic Compounds v. NLRB* 535 U.S. 137, 122 S. Ct. 1275 (2002).

This approach of the U.S. Supreme Court in *Hoffman* is consistent with the approach of the Massachusetts Courts where parties bring actions on contracts which violate State or Federal statutes. Under State law, a contract which violates a statutory provision and thus is rendered illegal, is not usually treated as void ab initio. Thus, in examining the effect of fraudulent misrepresentations to a federal agency by a party to a mortgage note, one Massachusetts Court observed that the United States Codes imposed specific penalties for the making of false and fraudulent statements. As to the Defendant's assertion that the fraudulent misrepresentations rendered the mortgage note void because of the illegality, the Court stated:

"Nowhere in these statutes is there any provision which renders void an underlying contract, note or other obligation, or permits a party to claim a violation of the statute as a defense to a civil obligation. In this Commonwealth, where a statute affords specific remedies and is silent as to any ef-

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**AOEC**

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AOEC and Duke University Medical Center were the original co-sponsors of the OEM-List. The list was started in 1993 with less than 400 subscribers and a "gopher node" rather than a web site. The OEM-List now reaches over 3,000 direct subscribers and has resulted in discussions and information exchanges with health care professionals throughout the US and over 30 countries worldwide. Discussions on the list have included clinical cases, discussions concerning appropriate interpretation of government regulations, and notification of educational opportunities. A further extension of this effort can be seen in the resources available on the AOEC Website at [www.aoec.org](http://www.aoec.org).

AOEC provides a number of services for members. One of the most important of these is the AOEC Educational Resource Library. This library contains CD ROM programs, videos, slide programs, audiotapes, and other educational materials for use by members and state and local health officials. The latest peer reviewed educational materials are available for preview on the AOEC website as is a complete listing of all library resources. AOEC also provides both support for activities undertaken in the U.S. and Canada as well as helping members in their work with other countries.

AOEC sponsors regional meetings and focused workshops directed towards answering questions relating to occupational and environmental health hazards. In addition, the AOEC staff works with callers to the main office in finding the correct contact for vari-

ous occupational and environmental health related questions.

AOEC staff works with the occupational medicine residency directors to recruit more physicians into the field of occupational medicine. The AOEC web site has an up to date listing of current residency programs. AOEC also serves as a clearing house for potential residents who either were not accepted by their first choice program or did not apply at the usual time.

AOEC also works with NIOSH to provide the residency directors with information about NIOSH opportunities. These include a tagalong program for health hazard evaluations and one to two month rotations at NIOSH locations in Morgantown, Cincinnati, and Alaska where NIOSH can provide field experience to residents.

AOEC maintains a database of occupational and environmentally related illnesses and injuries seen in member clinics. The information collected includes basic demographics, hazards and exposures, and diagnoses. In addition to the formal reports, AOEC staff responds to queries regarding exposures to various substances, diagnoses and combinations of diagnosis/exposure relationships. The database currently contains over 13,000 cases. While many are cases fairly common in occupational medicine, there are a number of interesting and more esoteric cases as well.

Recognition of the relationship between occupational and environmental health is evidenced by the fact that both the Agency for Toxic Substances and Disease Registry and the National Institute for Occupational Safety and Health have relied on AOEC for assistance in developing educational materials, teaching

physicians and other health professionals and providing a medical referral network. AOEC has cooperative agreements with both these agencies. As part of these cooperative agreements, AOEC has provided clinical expertise for public health emergencies, expert advice on various topics such as mercury exposure and emerging asthmagens, and speakers on topics including noise induced hearing loss, reproductive hazards, lead poisoning, solvent encephalopathy, and a variety of other occupational and environmental health topics.

Clinics applying for membership must meet the AOEC Criteria for Membership. The AOEC membership committee verifies that the clinics meet this standard. The committee reviews all applications for membership and requires proof of expertise, educational activities, and commitment to ethical standards. AOEC currently has member clinics in 28 states, four Canadian provinces and the District of Columbia.

The AOEC Washington based staff maintains a clinic directory including specific expertise and research interests of the AOEC clinics. Staff coordinates educational activities, referral calls from individuals and government agencies including public health departments, conferences, and oversees development and dissemination of educational materials.

Katherine H. Kirkland, MPH  
Association of Occupational and Environmental Clinics  
1010 Vermont Ave., NW #513  
Washington, DC 20005  
202-347-4976 FAX 202-347-4950  
<http://www.aoec.org>

### *Hospital Based...*

*(Continued from page 1)*

tor who empowered physicians. At that time I was also the Acting Chairman of the Department of Medicine. When I attended meetings, I could not believe his manner and philosophy to welcome physicians to really be a part of the hospital.

The occupational medicine program grew to provide services to over 400 client companies. We branched out to have satellite clinics and provide on-site services at a variety of companies. The program started with a staff of three and by the time of my departure there were twenty-four staff members. I created a curriculum to introduce internal medicine residents to occupational medicine. It was well received and under the direction of one of the medical residency program directors, it became a required rotation for first year residents. I was invited as a guest lecturer to many community groups. I represented the hospital in many community events with public health issues. Things were great! There was no "competition" except for a local Walk-in, but the doctors didn't have the qualifications that I possessed and companies became accustomed to the quality of care that I advocated. The hospital was saving money with the cost of its workers compensation expense. I had helped other companies with the same. I had organized the program with many processes, including computerizing the office.

I had also been given responsibility to bring a declining walk-in at another campus back to financial solvency, the ultimate challenge! It was going to become an area to have work connected and non-work connected patients

evaluated and treated without interfering with the flow of scheduled patients.

The choice of program directors was difficult over the years in that there was a lack of experience in dealing with staff issues and with budget issues. Despite this problem, I was willing to collaborate with these directors to make the program a success.

So why would anyone want to give that up? Of course this is a one sided, perhaps biased discussion, but probably not an uncommon experience for many physicians who work in hospitals, whether in occupational medicine or another area of the hospital.

First and foremost, many hospital administrators do not understand occupational medicine. Some hospitals recognize this deficit and seek to learn about the profession. Once the CEO I was fond of left the hospital, the philosophy of the hospital began to change. Although there was an "interest in keeping the program" it became very evident that the hospital no longer wanted physician involvement with administrative issues and decision-making. This was not unique to my department, but to every department in the hospital that had a physician leader. If you were a physician, especially hospital based, who ventured an opinion different from the CEO or COO, you were "on the list". This sounds like a corporate philosophy! Can the two be equated? The hospital organization is complex, however, collaboration with community physicians is important for survival, especially today. Physicians in the Berkshires made attempts to form such joint "ventures" with the hospital only to receive the message, "It is our way or no way." My leaving was small compared to eleven radiologists being forced to

leave this same hospital.

Another issue was **quality**. I had standards and expectations for patient care and customer service. Choosing staff who are motivated and customer oriented in a hospital is difficult. I would bring this to the attention of the hospital leaders. I was accused of having standards that were "too high". I was a "type A" and should understand that employees cannot perform as I expect.

**Finances**, this was another reason for leaving. When the Walk-in I had assumed responsibility for had a noticeable deficit, I begged the finance guys to work with HMOs and restructure the fee schedule. For two years we gave "free care" to HMO patients. What a loss! When I approached the VP that I reported to about ideas I had to avoid these losses and keep it open, I was told to go sit in an office and be "a doctor" and leave the finance business to them. When I saw a downturn in volume, I made suggestions to have staff become more efficient, I was accused of being "mean" and "demanding".

What about physician-staff relationships and working as a team? This never happened. We, the physicians in the department, were told not to ask the ancillary staff do anything, because we were "intimidating." The staff had a direct line to human resources who never validated complaints, only to lay blame on physicians. One of the nursing directors decided that she would allow staff members to work their own hours without any thought about serving the customer.

The time had come to weigh the pros and cons of leaving. It was comfortable having a stable salary, but in the end peace of mind and ethical values prevailed. I am now at

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**Immigrants...***(Continued from page 4)*

fect on the validity of the underlying transaction, courts have consistently stated [their] unwillingness to assume, in the absence of a specific legislative mandate, that the legislature intended to effect a forfeiture of private contract rights." *Valley Stream Teachers Credit Union v. Commissioner of Banks*, 376 Mass. 845 (1978), cited in *Baybank v. Dirico* 30 Mass. App. Div. (1996)

The Reviewing Board in *Brambilia*, supra considered the same analysis to extend to employment contracts.

The dilemma arises in that the work performed is not illegal, but rather the relationship between an employer and the undocumented worker violates federal Immigration law and policies. The approach in *Hoffman* is consistent with the *Brambilia* decision and the approach of Massachusetts Courts in that it does offer the undocumented worker remedies despite the illegality of the employment contract once the employee obtains legal status such that the

NLRB and Court do not by way of order sanction past or future violation of the Immigration Act.

The Reviewing Board must now examine whether Federal immigration law and policy conflicts with or preempts State workers compensation, or otherwise curtails the award of benefits to undocumented aliens. There are differences between national labor laws and state workers compensation laws that the Reviewing Board may consider. Workers compensation remedies are distinguishable from the backpay and reinstatement remedies offered under the NLRA. In the first instance, illegal aliens do not sustain injury or incur damages under the National Labor Act by unfair labor practices, and do not suffer a loss in the legal sense because they were not entitled to be working in the US in the first instance. *Del Rey Tortilleria, Inc. v. NLRB*, 976 F.2d. 1115, 1118-1121 (1992). However, once injured in the course of their employment illegal aliens have suffered a harm and are therefore entitled to benefits under the State workers' compensation system unless the benefits are forfeited because of their illegal work status. Secondly, while a somewhat esoteric distinction, benefits paid to the claimant

under workers' compensation are calculated based on the employee's average weekly wage but is not premised on the employee's ability to work, but rather it is only available so long as the employee remains disabled from work. *Brambilia* did recognize that illegal status could affect earning capacity, however, an earning capacity may be assigned by the Board and benefits lessened even if the worker is unable to work, or has no job available to him or her for reasons other than disability.

Since the reality is that an injured worker's life and earning capacity may be irreparably altered by a work accident, perhaps the most troubling of all for medical providers, as well as for legal advocates, is the possibility that if undocumented workers are not entitled to workers' compensation benefits then payment and access to medical treatment for injuries and rehabilitation services may be denied.

For all of the above reasons, whether illegal aliens are determined to be entitled to receive workers' compensation benefits under M.G.L. c. 152, sec will have important legal, medical and humanitarian ramifications.

**Hospital Based...***(Continued from page 6)*

peace in my own practice, serving many of the customers who valued my expertise over the past nine years. I must however mention that I could write a book on the vindictive behavior of the hospital since my departure.

Lessons learned:

1. If you are seeking a leadership position, make sure you know exactly what you are leading.
2. If you are taking on re-

sponsibility, make sure you are given the **authority** to make changes important to the success of the program.

3. Understand the organizational philosophy and the organizational chart, especially of the department you are going to lead.
4. If there is a change in leadership, make sure you are on the same page with the new CEO or COO.
5. If you have an initial bad feeling about an organization or department, it is probably

valid and you should have second thoughts about taking the position.

These bullets seem too simple, but unfortunately as physicians we tend to think things will "get better". After all, patients come to us with medical problems and most of the time they "get better". Take off the physician hat and put on the business hat! That's what it is all about.

Philip Adamo, M.D., MPH

New England College of Occupational  
and Environmental Medicine

22 Mill Street,  
Groveland, MA 01834

Voice/Fax: 978-373-5597  
Email: [NECOEM@aol.com](mailto:NECOEM@aol.com)

NECOEM Reporter Editor:  
Robert Naparstek, MD  
NECOEM President:  
Patrick R. Laraby MD MPH MBA  
Executive Director:  
Dianne Plantamura, MSW

## 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 members and is dedicated to preventing and treating occupational injuries and illnesses. NECOEM provides continuing medical education for its physician members 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 to NECOEM at the above address. The editor reserves the right to edit letters for publication purposes

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### ACOEM Governance...

*(Continued from page 2)*

ing of 1 – 3 delegates from each component, has met biannually to discuss governing policies and make recommendations to the ACOEM Board. The HOD frequently cannot make a quorum, and their recommendations are not always followed. Further, NECOEM delegates to HOD have reported ineffective and unrewarding meetings.

The NECOEM Board of Directors is printing this resolution in our newsletter to keep our members informed of these issues and to solicit your opinion regarding the following resolution.

**Whereas**, the current component/section structure is unwieldy and difficult to manage, and

**Whereas**, the House of Delegates has increasing difficulty functioning due to declining numbers present and difficulty making quorums, and,

**Whereas**, the current system of HOD and BOD having a "joint" governance frequently creates confusion and duplication of effort, and,

**Whereas**, the Board of Directors are directly elected and may not be representative of the membership, therefore be it

**Resolved**, that the current component/section structure be dissolved and replaced by several large, regional components of roughly equal size and sections be required to attain a minimum size in order to be represented and managed by ACOEM staff, and be it further,

**Resolved**, that the Board of Directors shall be composed of an elected representative from each of the new, larger components/sections, and be it further

**Resolved**, that the House of Delegates be disbanded and its functions assumed by the new, representative Board of Directors.

Please email your input to [NECOEM@aol.com](mailto:NECOEM@aol.com) for forwarding to our Board of Directors and further discussion. The Board is considering ways to make our own views known and to advocate for more effective governance of ACOEM.