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R E P O R T S

123 ANNUAL MEETING
OF THE AMERICAN PUBLIC HEALTH ASSOCIATION
San Diego, CA, USA, 29 October – 2 November, 1995

Between 29 October and 2 November, 1995 Annual Meeting of the American Public Health Association (APHA) was convened in San Diego, CA, USA. **Decision Making in Public Health: Priorities, Power, and Ethics** was the leading topic of the 123rd Meeting. The Meeting of the oldest and the largest public health association in the world was opened by *FM. Trevino*, APHA Executive Director. Recalling the history of the Association he reminded that it was founded in 1872 by physicians, lawyers and researchers in various areas of science, with the intention of joining efforts and activities to promote public health. The Meeting was attended by almost 7 800 specialists representing over 70 public health disciplines. The major goal of the Meeting was to provide the ground for a multidisciplinary exchange of views on activities and decisions concerning future developments in public health.

C.A. Evans, Director of Public Health Programs, Los Angeles, USA, in his APHA Presidential address, stressed that never, up to now, have the challenges in public health been as important as they are nowadays. Public health issues should be recognised and promoted. The involvement of the Clinton administration in health reforms in the United States builds up some hopes, however, the present financial constraints put them at stake. Dr *Evans* emphasized an urgent need for effective partnership and cooperation of specialists in this area. Another issue of great significance is to stipulate the concept of equity in health by providing all the people with an equal opportunity to develop health to the full and maintain it.

The general idea of the meeting was presented by *CE. Koop*, Surgen General of the United States, in his keynote address. He appealed for greater involvement of specialists in solving public health problems. He also said that trying to overcome the crisis in the US health care one cannot rely entirely on politicians, and that more funds should be allocated to public health. Entering a new century the fundamental question should be answered whether health care management is only a wish or the fact. Today ruthless laws of economy are superior to moral principles. Dr *Koop* criticised that reforms in health care had been suspended and money spent carelessly. He mentioned that the majority of present problems result generally from the superiority of cupidity, rasism and a lack of personal responsibility. He stressed that challenges of the present times should be tackled boldly. Although, Dr *Koop* has been retired for many years, he remains actively concerned with the public health issues. This is reflected in numerous invititations addressed to him to participate in scientific congresses, including the APHA meeting.

Every day, a broad spectrum of public health issues, included in the program of the Meeting, were discussed during general, round table, panel and poster sessions – about one thousand in total. The main subject groups of the Meeting focused on the following topics: community health planning and policy development — 42 sessions; alcohol, tobacco and other drugs — 5 sessions; environment — 28 sessions; epidemiology — 43 sessions; food and nutrition — 20 sessions gerontological health — 32 sessions; health administration — 50 sessions; injury control and emergency health services — 26 sessions; international health — 42 sessions; laboratory — 7 sessions; maternal and child health — 38 sessions; medical care — 53 sessions; mental health — 25 sessions; occupational health and safety — 37 sessions; oral health — 12 sessions; pediatric health — 3 sessions; population, family planning and reproduction health — 22 sessions; public health education and health promotion — 38 sessions; public health nursing — 33 sessions; radiological health — 4 sessions; school health education and services — 17 sessions; social work — 13 sessions; statistics — 16 sessions; vision care — 7 sessions.

Special interest groups were also organised on: alternative and complementary health practices — 2 sessions; chiropractic; work disability — 13 sessions; bioethics — 10 sessions; health law — 7 sessions. Issues concerning particular social groups and ethnic minorities were discussed during the Meeting as well (American Indian and Alaska Native Caucus — 10 sessions; Asian American Caucus — 13 sessions; Black Caucus — 15 sessions; Latino Caucus — 13 sessions; Homeless — 9 sessions; Refugees and Immigrants — 3 sessions; Students — 8 sessions; Women — 20 sessions; Lesbian, Gay and Bisexual Caucus — 9 sessions; Peace Caucus — 6 sessions; Socialist Caucus — 9 sessions).

Session chaired by the APHA President Elect Prof. *ER. Brown*, Los Angeles, was devoted to public health and public policy concerning immigrants from Latin America and Asia. It is expected that the population of Assian and Pacific islanders living in the United States will double in the near future. Mortality in these populations has been compared with that among whites, blacks and American Indians. The results from a population based survey on health status of Assians in Los Angeles County were presented by Dr *AR. Jimenez*.

Dr *HL. Needleman*, University of Pittsburgh, sponsor of one of the sessions, distinguished the work on the effects of lead in children presented by Dr *P. Landrigan*. During the same session the effects of smoking among pregnant women and prevention against lead poisoning among children were discussed.

During one of the special sessions Dr *DE. Shalala*, US Secretary of Health and Human Services presented new views on the health status of adolescence. Problems of violence and programs aimed at preventing further agression among young people were also highlighted. Drug abuse, cigarette smoking, family problems, sexuality, depressions and suicides belong to some of the topics discussed.

Violence as one of public health problems was raised in terms of violence against women. *S. Heckert*, Feminist Women's Health Centers, Sacramento, CA, spoke about violence at abortion clinics, *S. Gordon*, Los Angeles, CA about domestic violence, and *N. Worcester*, Coordinator, University of Wisconsin, warned that the massages the media gives on violence are dangerous to women's health.

During the session presided by Dr *C. Pies*, San Jose State University, CA, ethical dilemmas in health promotion programs were discussed. It was stressed that taking important decisions requires moral courage. The activities of people who promote public health should be the source of inspiration for others. Dr *R. Purtilo*, Centre for Health Policy and Ethics, Creighton University, Omaha, NE, presented an overview of the concept of moral courage and public health ethics. Dr *L. Ross*, Centre for Democratic Renewal, Atlanta, GA, talked about women of color with regard to issues of reproductive rights, racism and violence, then *P. Buxton*, San Francisco, CA, shared his experience concerning Tuskeegee experiments in which treatment of Americans of African origin, suffering from syphils, was knowingly relinquished. *J. Norsigian*, Boston, MA, focused her presentation on Irvin Zola's groundbreaking work in the area of public health and disability rights. Closing the session Dr *H. Needleman*, University of Pittsburgh, PA, discussed his work on harmful health effects of lead paints with special reference to their toxic effects on children. Working on this subject he has made an attempt to ban this kind of paints.

One of the round table sessions was devoted to mental health. Among other topics the contribution of self-help groups in treatment of mental diseases, stressors and depression, chronic stressors and environment, violence and children, and adolescent mental health, were discussed. In addition, issues concerning mental care reforms and mental health financing policy, were raised.

Global issues of the environment: recapitulation of work carried out for many years and future plans were presented during a concurrent special session: Health and the environment. A dispute on the definition of the concept of the environment and public health had been initiated since the definition was urgently needed for further works of public health specialistic sections, and for coordinating cooperation of various independent APHA sections acting for the environmental protection. Prof. *C. Molina,* Community Health Education, York College, Jamaica, NY, informed that the idea of organizing such a session had been suggested much earlier by the American Public Health Association, being aware and determined to tackle growing problems of environmental health.

At another session, presided by *D. Nagin* and *B. Baker*, the future of three agencies: OSHA, NIOSH and EPA as well updates and strategies for the new political climate, were discussed. The session was attended by *L. Goldman*, Office of Prevention of Pesticides, USEPA, *J. Dear*, OSHA, US Department of Labor and *L. Rosenstock*, Director, NIOSH.

In a special interest group, global health problems: challenges of the present time focused the interest of participants. In view of migration, immigration, and tourism, the cooperation between international, national and state public health agencies is essential. It is expected that activities in the area of public health and prevention of new infectious diseases be coordinated.

Public Health in the Spotlight: The Media, the Community, and Promoting Change was the topic of a concurrent special session, presided by *H. Richardson*, Director, Department of Medical Research and Policy, NY, during which Dr *L. Wallack*, University of California spoke about the role of media in advocating for public health issues. The question of cooperation between community organizations and media was raised by *E. Yanez*, whereas Dr *RC. Westley* discussed the role of doctors and other health care professionals in advocating for public health issues, and some of the barriers and opportunities for action.

During another concurrent special session, chaired by Prof. *C. Molina*, the linkage between health and the environment was discussed. Dr *J. Patz*, John Hopkins University, Baltimore, MD, spoke about long-term, intergenerational environmental impact on the health of population, and Prof. *L. Gordon*, University of New Mexico, about linkages of public health and environmental health and protection.

Coping with Managed Care: Planned Change or Changed Plans for Health – Public Health's Key Role, was the subject of the session presided by *FD. Scutchfield*, San Diego State University, CA.

Many subjects in the area of public health, dicussed during the Meeting, focused on population health, among them occupational health and safety prove to be of particular importance, since occupational harmful factors affect various phases of human life, as well as the environment. Epidemiology based on multifactoral analyses which allow to draw general conclusions on the health status of different occupational, community and social groups plays a key role. Due to such an approach a comprehensive assessment of the population health and identification of priorities become feasible. Ocupational health and epidemiology sessions were devoted to many current problems, some of them are listed below.

Occupational health

Dr *M. Menon*, Pacific Environment and Health Association, San Jose, CA, discussed incidence of chronic obstructive pulmonary disease among mining and processing industry workers. Chronic occupational and environmental exposure to toxic metals impairs the function of the respiratory system. The risk assessment should be based on the analysis of the following nonspecific factors: exposure level, nutrition and smoking habits, and socioeconomic status. Irreversible pathological changes in the respiratory system are induced by chronic exposure to such metals as Ni, Cr, Pl, Va and Hg. Exposure assessment were conducted using pneometric function measurements in 600 aluminium ore mining and processing industry workers. The data showed a significant impairment in central and peripheral airway components. Concentration and characteristics of dust along with host factors such as smoking habits and age increased the severity of respiratory symptoms.

Dr *RK. Sokas*, George Washington University, Washington, DC, represented results of the study of cadmium exposure. Animal studies show testicular damage at various levels of cadmium exposure. This has not been documented in humans, although a slight decrease in sperm motility has been seen in one environmentally exposed human cohort. Five workers with long-standing work performing silver--cadmium brazing sought medical attention for decreased sexual performance. All had testosterone levels below expected range. With normal, equal to 280–1,100 ng/dl, the patients' levels accounted for 155–249 ng/dl. Levels of sex hormones were lowered suggesting possible dysfunction of the hypothalmic--pituitary-gonadal axis. The authors recommend epidemiologic studies to further evaluate these findings.

Effects of hydrogen sulfide and reduced sulfur gases on neurophysiological functions were also presented. Hydrogen sulfide (H_2S) caused unconsciousness and death at exposure above 50 ppm. The authors carried out neurological, behavioral and psychological tests in workers working at or leaving in the vicinity of a refinery. Those persons complained of headaches, nausea, vomiting, depression, personality changes, nosebleeds and breathing difficulties. Their neurobehavioral functions and a profile of mood states were compared to the control group. The exposed subjects were statistically significantly abnormal for two choice reaction time, balance, color discrimination etc. In the authors' opinion these abnormalities were associated with exposure to H_2S.

Dr *A. Kraut*, University of Manitoba, Canada, discussed the incidence and prevalence of physician diagnosed asthma by occupational group. The incidence of asthma in North America has been increasing in recent years. According to various authors, the proportion of asthma thought to be related to workplace factors, ranges between 2 and 15%. In many cases objective identification of workplace exposure causing immunologic asthma can be performed. For these and other reasons the precise number of asthma cases thought to be related to work is unknown.

Nitrous oxide exposure and changes in metabolites related to vitamin B_{12} among dentists and dental assistants was presented in another paper. N_2O exposure is associated with reduced fertility in female dental assistants. Nitrous oxide exposure during anaesthesia causes changes in vitamin B_{12} metaboliism in surgical patients. To study the effect of low-level N_2O exposure, the authors measured 4 metabolites related to B_{12} (methylmalonic acid (MMA), homocysteine, 2-methyl citric acid, cystathionine) in dentists and office staff. They recruited subjects who worked in dental offices which used N_2O on a routine basis. Serum MMA and homocysteine levels were not significantly different between the exposed subjects and controls. Cystathionine and 2-methyl citric acid were significantly lower in exposed subjects. Low-level N_2O exposure may affect metabolites related to vitamin B_{12}. Recirculation of N_2O in dental offices through office heating and air conditioning systems may contribute substantially to N_2O exposure of the staff.

Dr *JD. Sherman*, Western Michigan University, Alexandria, VA, described multiple chemical sensitivity (MCS) and neurotoxicity in persons evaluated after organophosphate pesticide exposure. Exposure occurred in the workplace (23), home (15) or both (2). In 70% of persons respiratory symptoms developed and in 34% MCS was found. The exposed persons complained of headaches, dizziness and seizures. Nervous system problems of memory loss, confusion, sleep disturbance, weakness, fatigue and depression were also noted. All patients with MCS had both respiratory and CNS symptoms. Organophosphate pesticide exposure induction of MCS via central nervous system mechanisms was proposed.

Pesticide exposure was also discussed by Dr *E. Esteban*, Atlanta, GA, He took exposure to methyl-parathion in private residences in Ohio as an example. Methyl-parathion (MP) is listed by EPA in Toxicity Category I (most toxic) and is not licensed for indoor use. Persons living in Lorain, Ohio, were exposed to this pesticide when an unlicenced applicator sprayed MP in their homes. This illegal application resulted in wide-spread exposure to sensitive populations (infants and pregnant women). The cleaning up of contaminated homes proved to be very expensive.

Prof. *K.H. Kilburn*, University of Southern California, Los Angeles, CA, focused on protracted neurotoxicity from chlordane sprayed to kill termites. The spraying of wooden surfaces and soil of an apartment complex in 1987 exposed over 250 people to chlordane. The neurological examinations indicated impairment of such functions as choice reaction time, balance, blink reflex latency, color vision, memory. Exposure was associated with protracted impairment of neurophysiological and psychological functions consistent with the brain being the major target of chlorinated cyclodiene insecticides. According to the authors human exposure should be prohibited.

The question of the relationship between vitamin B_6 and carpal tunnel syndrome (CTS) was discussed by Prof *A. Franzblau*, University of Maryland, Ann Arbor, ML. A number of published case reports and small case series have suggested that vitamin B_6 deficiency may be an important etiologic factor in carpal tunnel syndrome. To address this question 125 randomly selected active workers from two industrial plants were studied. Each worker completed a self-administered questionnaire to assess symptoms and underwent limited electrodiagnostic testing of the median and ulnar (sensory) nerves in each wrist. Blood levels of vitamin B_6 were also measured. Vitamin B_6 measurements were statistically unrelated to electrophysiologically-determined median or ulnar nerve function. In the authors' opinion empiric prescription of vitamin B_6 to workers with CTS is unwarranted and potentially hazardous. There are no published studies which support the etiologic role of vitamin B_6 deficiency in CTS among active industrial workers.

During the session devoted to occupational diseases, *WE. Jones* Jr., SENSOR Program Coordinator, compared two surveillance approaches to silicosis: medical screening versus disease reporting. Silicosis has long been recognised as a significant occupational disease. In the 1930's a medical screening program Dusty Trades for workers occupationally exposed to silica was begun. Industrial hygiene monitoring of worksites became an integral part of the program. In 1994 the SENSOR Program based on provider-based reporting of silicosis to the state health department was mandated. The two systems have unique strengths and weaknesses. Dusty Trades only function while people are working and silicosis can develop long after exposure. SENSOR is not limited to people currently working but is dependent upon physicians reporting the disease.

The relationship between socioeconomic status and illness- and injury-related absence from work has been investigated by *JI. Payne*, Institute for Work and Health, Toronto, Canada. Daily rates of absence from work have been reported at 3–4% in large national samples with a wide range of workplaces. Little attention has been so far paid to the relationship between low socioeconomic status and increased rates of illness-related absence. This issue was investigated in Canada during the years 1988–1990. Different methods of measuring socioeconomic status including income, education, and two forms of occupation were explored.

Dr *N. Stout*, NIOSH/CDC, Morgantown, WV, presented Standardized Occupation and Industry Coding Software (SOIC) System. The System is a software application developed to automatically code occupational and industry (O/I) narratives from vital records to standardized numeric codes. The SOIC System was developed to enable the provision of comparable and consistently coded data to national public health data systems.

Workplace violence is a constantly recurring theme in the media. However, little is known about the actual prevalence and types of threats and assaults that occur in the workplace. *D. Riopelle*, UCLA School of Public Health, Los Angeles, CA, carried out a questionnaire survey among county employees. Employees were asked to describe their jobs, worksite, individual and workplace security measures, perception of risk and experiences with threats of violence and actual physical assaults. Various techniques were used to increase the response rate, to reduce selection bias and to increase generalizability of the study results.

Epidemiology

During sessions devoted to epidemiological studies cervical cancer mortality was discussed. *ME. Kiely*, Division of Public Health Services, Concord, NH, investigated female mortality rates during the period 1982–1990 in New Hampshire. Due to employing Pap screening, the authors were able to obtain sufficient information on the screening histories of 99 women to classify the reason for their death. Of these, 69% were due to inadequate screening, 16% to inadequate follow-up, and 15% to false negative Pap test/rapidly progressive disease. Among women who died before age 50, the most frequent classification was inadequate screening (48%). Inadequate screening was the most important factor contributing to cervical cancer mortality. Particulary in women under 50 years of age the frequency of screening should be increased.

B. Anderson, Department of Epidemiological Health Service, Alma College, Alma, Mi, presented the relationship of physical activity and recurrent injuries in adolescents. Adolescence and physical activity are two potent determinants of injury risk. A four-year prospective study of the incidence and determinants of all physician-treated injuries an a population-based cohort of 1245 adolescents was performed. It was found that the percentage of adolescents that experienced 3 + injuries was significantly greater than expected. Furthermore, high activity exposure accounted for only a small proportion of the recurrent injuries suggesting that other predictors combine to make the adolescent highly susceptible to increased rates of recurrent injury.

T. Moradi, San Diego State University, CA, devoted his presentation to cancer in Scandinavian migrants in the United States. He performed a case-control study to estimate the risk of eight common and/or lifestyle related cancer sites in migrants versus US-born whites. The study covered the period 1971–1990 and included, lung, female breast, colon and rectum, prostate, bladder, stomach, ovary, and corpus uteri. The risk of stomach cancer is eleveted in Finnish migrants; the risk of lung cancer was significantly lower in Finnish and Swedish migrants. Smaller differences were found for the other cancers studied.

Another paper presented by Dr *D. Smith*, California State Department of Health, focused on levels of DDT in breast milk of Los Angeles women. Breast milk samples were obtained from 160 women recruited from los Angeles hospitals shortly after giving birth, and were tested for pesticides. Although banned in the US since the early 1970s, DDT or its metabolite DDE, was found in all samples. Other US studies yielded similar results. Women who emigrated from Mexico, Central America or Assia had levels 2 to 5 times higher than US-born women. Levels of DDT in breast milk were significantly lower among US young women. No relationship was seen with fish consumption, cigarette smoking or agricultural work.

R. Diseker, Klemm Analysis Group, Decatur, GA, dealt with studies of risk factors for hypervitaminosis D among persons consuming overfortified milk. A Massachusetts dairy overfortified milk by 70–600 times the Recommended Daily Allowance of vitamin D has led to an epidemic of hypervitaminosis D. A cross-sectional age adjusted study to evaluate subclinical health effects among exposed dairy customers was conducted. It can be concluded that increasing consumption of overfortified milk may lead to epidemic hypervitaminosis D regardless of age.

The relationship between structural changes, employment status and health was dealt by Dr *E. Lahelma*, Department of Public Health, University of Helsinki, Finland, who studied the Finnish adult population. A statistical analysis covering the period 1986—94 indicated that the health status of both males and females is much better among the employed than among the unemployed. The non-employed housewives had better health than unemployed women. In the study, economic recession, structural change and employment status were also analysed.

Mortality of carpenters employed in the US construction or wood products industries was reported by Dr *C. Robinson*, NIOSH, Cincinnati, OH. Raised mortality was mostly due to lung cancer, bone cancer, lymphatic cancer, emphysema and transportation injuries. Nasal cancer mortality was not elevated. Pleural mesotheliomas were observed in carpenters employed in construction locals. In 18% of deaths certificates pneumoconioses were mentioned as a contributing factor. The study confirmed previously known hazards of construction.

Dr *L. Peipins*, NIOSH, Cincinnati, OH, also carried out studies of mortality but in another occupational group. Nurses face a myriad of biological, physical and psychosocial hazards which may be linked with cancers, injuries and infectious diseases. The study presented analysed mortality rates in 28 states during the years 1984—90 using data from the National Occupational Mortality Survelliance system. Excess deaths among working-age nurses were due to viral hepatitis, cancer of the nasal cavities, accidental falls, suicide. Among older nurses deaths due to chronic myeloid leukemia, sarcoidosis and lymphosarcoma were in excess. The authors called for redoubled efforts in identifying and overcoming obstacles to reducing workplace hazards and in targeting preventive services for nurses.

International health

A special session was devoted to health services reforms in Central and Eastern European countries. Prof. *SN. Banoob*, University of South Florida, former Director of the APHA Section for International Health spoke about changes in reforming health care in East and Central Europe. Rapid changes in the politico-economic systems is followed by transformation of health care systems. They face major obstacles of increased demand, economic difficulties, and sometimes absence of a clear vision of what changes are needed and how and when they should take place.

Dr *NR. Pielemeier*, Project Director ZdravReform, Bethesda MD, discussed health finance and service delivery reform in countries of the former Soviet Union. The ZdravReform Program financed by the Agency for International Development (AID) is being implemented in the Republics of Russia, Ukraine, Kazakhstan and Kyrgyzstan. The program which began implementation in early 1994, is introducing a new approach to decision-making in the health sector. The ZdravReform has become the *de facto* model of health reform in the U.S.

Changing patterns of the children and adolescent health care in the former Czechoslovakia and Czech Republic were presented by *M. Grivna*, Commonwealth University, Richmond, VA. Child and adolescent health care in former Czechoslovakia was performed only by pediatricians. The Medical School of Charles University in Prague specialized in the education of child health care practitioners. Since the revolution in 1989 the Czech health care system is experiencing major changes. The new insurance system similar to Canada and Germany was introduced. All of the children have mandatory insurance. The network of private pediatric practices has expanded very quickly. The new system emphasizes primary ambulatory care in order to avoid unnecessary hospitalization of patients. The Czech Pediatrics Association is preparing a new curriculum, which will require another 4—5 years of postgraduate specialized pediatric education following internship.

A separate session, organised during the Meeting, addressed such issues as global changes in policies, economy, and environment. Dr *J. Hertzstein*, Abington Memorial Hospital, Willow Grove, PA, discussed problems of international trade. Recently, significant economic resoures have been focused on developing processes for international and regional integration and lowering of trade barriers (e.g. EU, NAFTA, GATT/WTO). The exchange of goods and services inevitably leads to the exchange of environmental and occupational health risks. Conflicting issues have ranged from international environmentalism in opposition to rapid economic development, to concerns about child labor and the export of hazardous wastes and processes. The autonomy of individual countries and regions to develop economic priorities and risk assessments and to set and enforce occupational and environmental standards has been challenged by the movement towards harmonization of standards and development of a "level playing field" in a new global economy. A number of debates have been raised about how economic integration can impair or can be used to improve labor conditions, environmental standards and human rights.

Nowadays, public health becomes a key issue. A comprehensive approach to health problems arising from changes in political and economic structures should contribute to improving the decision-making process and highlight the role of politicians in this process. Discussions held during the Meeting emphasized the role of multidisciplinary studies as a means for managing new global health hazards. Respecting ruthless laws of economy one must not forget about rights of each human being and principles of ethics.

Professor BS. Levy, President-Elect

Prof. *BS. Levy*, Consultant for Occupational Medicine and Environmental Health, Tufts University School of Medicine was elected a new President of the American Public Health Association. As a member of the Association since 1970, he has fulfilled numerous functions, including the charing of the Occupational Health and Safety section. For seven years he was a member of the APHA Executive Board. He will be acting as an APHA President-Elect for one year, and during the next APHA

Meeting in 1996, he will assume his Presidential duties. Prof. *Levy* is a great friend of Poles and he is very much concerned with the development of occupational medicine in Poland. Above, there is a photograph of the President-Elect taken by me during our meeting in Boston, Massachusetts.

Closing the Meeting, Dr *CA. Evans*, APHA President, stressed the significance of future plans and commitments adopted by its participants.

Janusz A. Indulski