

THIS ISSUE: EMERGENCY PREPAREDNESS

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A Message From Dr. Henry Falk, ATSDR Assistant Administrator

The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated under Superfund to respond to chemical releases into the environment and is the lead federal public health agency in such events. ATSDR has been responding to chemical emergencies in local communities across the country for the last two decades.

Since the attacks of September 11, 2001, ATSDR has worked with other federal agencies, state and local health departments, and many other organizations to respond to these events and prepare for the possibility of new terrorist threats. For example, the agency assisted in the response to the anthrax contamination of postal facilities and other government and media offices. ATSDR assisted in responding to these terrorist and biological attacks by

- conducting environmental sampling at anthrax-contaminated buildings;
- mapping sampling locations;
- helping to develop screening guidelines for asbestos and other hazardous substances;
- sampling dust in Manhattan residences;
- disseminating critical information to agencies and organizations with a role in terrorism preparedness and response;
- answering questions from the news media; and
- meeting with New York residents to respond to their health questions and concerns.

This issue highlights ATSDR resources and collaborations in emergency preparedness. Planning, readiness, and collaboration can better prepare us to deal with disasters, whether they are natural or of human origin. 🌿



Interview With Dr. Stephanie Ostrowski

ATSDR Terrorism Response Activities Coordinator

Dr. Stephanie Ostrowski is the Terrorism Response Activities Coordinator and the lead for ATSDR's Terrorism Response program, which operates out of the agency's Office of the Assistant Administrator. Dr. Ostrowski recently spoke to Diane Drew about her role in ATSDR's Terrorism Response program.

DIANE M. DREW (DMD): Dr. Ostrowski, how did you get involved in this program?

DR. STEPHANIE OSTROWSKI (SO): I began my professional career in veterinary medicine. After earning a Masters in Preventive Veterinary Medicine, however, I became interested in epidemiology, disease prevention, and the study of diseases in populations. This interest led me to apply for the Centers for Disease Control and Prevention (CDC) Epidemic Intelligence Service, known as the EIS program. As a part of the training, I was matched with an EIS position at CDC's National Center for Environmental Health (NCEH). While at NCEH, I met and worked with Dr. Henry Falk, who was also my division director at NCEH at that time.

I always wanted to be involved in larger public health issues—ones



Dr. Stephanie Ostrowski (right) and former U.S. Surgeon General Dr. David Satcher (left).

that have national implications—so when I had the opportunity, I accepted a position with ATSDR's Division of Health Assessment and Consultation from 1991 to 1993. In 1999, I came back to ATSDR and worked in the Emergency Response Section of the Division of Toxicology. When the September 11, 2001, events occurred, I was detailed to the CDC emergency operations center. Not long after that, anthrax was identified as the cause of death for a Florida man and soon anthrax was also found at other locations. As a result of the mounting pressures of responding to these events, Dr. Falk realized that he needed someone to coordinate ATSDR's involvement in emergency response. In October 2001, I began what was intended to be a temporary assignment for me, serving as the agency's

coordinator. However, by January 2002, I was officially named the ATSDR Terrorism Response Activities Coordinator.

DMD: That's an interesting career path. Would you tell me more about what the Terrorism Response program covers?

SO: The biggest part of my job these days is what I call "consequence management." We respond to events as they rush at us, determine what is needed, and figure out how ATSDR can help. This includes things like advising the U.S. Postal Service and its contractors on building cleanup, and serving on building anthrax clearance committees to assess whether buildings like the Capitol Hill offices are safe for reentry. A principal focus of CDC's occupational-environmental team, of which ATSDR is a member, has



been the many issues that came up in relation to anthrax; but now we're also looking at other chemical and environmental issues in relation to emergency preparedness.

I also represent ATSDR on the National Coordinating Committee, an ad hoc committee of the National Response Team consisting of representatives from 16 federal agencies and departments. We worked on anthrax and other issues in developing a management guide for the Department of Homeland Security. The guide will focus on various aspects of determining the adequacy of cleanup of biological and chemical contamination of buildings and environmental surfaces.

At Dr. Falk's direction, we performed an intensive internal review process to determine ATSDR's preparedness for dealing with catastrophic chemical terrorism events. We identified gaps and developed recommendations for addressing areas of concern.

ATSDR staff members have been involved in providing support to the FBI [Federal Bureau of Investigation] in the second phase of the investigation into the AMI

building (the Florida location associated with the first death resulting from anthrax), another activity coordinated by our program.

DMD: What is your vision for this program? For example, what are the priorities and future plans for the program?

SO: Because of the critical nature of terrorism preparedness and the level of funding being provided to states for planning and preparedness, I believe our program will continue to play an important role in the federal government's efforts and will continue to receive strong support. It's also clear that ATSDR, with our very specialized knowledge and unique staff, will continue to be important in working toward greater readiness. We expect to involve more people in training and preparedness activities. ATSDR will continue to serve an important support role along with other responders but would not be the lead HHS [U.S. Department of Health and Human Services] agency unless an event involved a chemical catastrophe.

DMD: Dr. Ostrowski, thanks so much for telling us about the Terrorism Response program.—DIANE M. DREW, RN, MPA

Training and Tools for Emergency Responders

ATSDR has training programs and tools to help communities develop sound, evidence-based assumptions in preparing for hazardous materials (HazMat) emergencies and disasters. Information about some of these programs and tools follows.

For more information about this training and these tools, go to www.atsdr.cdc.gov/hazmat-emergency-preparedness.html.

Evidence-Based Disaster Lecture Series (Lessons Learned)

Introductory training in disaster planning helps communities define and sharpen their planning assumptions. This lecture series focuses on lessons learned from real-world experiences during actual disasters. These lessons are emphasized so that planners learn to anticipate how their community is likely to react under real disaster conditions, and plan accordingly.

Managing Hazardous Materials Incidents

See article on page 7.

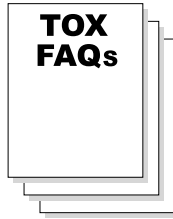
Toxicological Profiles

See article on page 6.



ToxFAQs

ATSDR's *ToxFAQs* are two-page summaries of the most commonly asked questions about a specific chemical.



Information for the *ToxFAQs* is excerpted from the ATSDR *Toxicological Profiles* and *Public Health Statements*. Each *ToxFAQ* is a quick and easy-to-understand guide. Written in lay terms, the *ToxFAQs* can be used for risk communication with the general public. These summaries provide answers to the most frequently asked questions about exposure to hazardous substances found around hazardous waste sites and the effects of exposure on human health.

Mapping and Spatial Analysis Technologies for Public Health Preparedness

Geographic information systems (GIS) are computer-



based tools that provide maps of traditional data sources. Public health and safety personnel can consider jurisdiction boundaries of ambulance and health services and identify the resources in relation to these services. Query tools can help identify resources that meet a particular need. Health professionals can also consider facilities that produce and use chemicals, to determine if adequate numbers of hospital personnel and emergency

responders would be available. This information is critical to planning for possible chemical emergencies.

Mapping technology can also help estimate the dispersion of chemicals in the event of a release or other emergency. Computational models link to real-time weather data to predict the likely path of chemical plumes. This information can help local officials make evacuation decisions and determine how to control access to dangerous areas. The location and number of potentially affected persons and sensitive subpopulations (like children and the elderly) can be quickly identified. Communities benefit from these powerful tools by learning up-to-date information on public health resources, emergency equipment, and emergency contact numbers. For more information about GIS mapping and community preparedness, contact Cherryll Ranger at 404-498-0388 or 1-888-42-ATSDR (1-888-422-8737).

Case Studies in Environmental Medicine

See article on page 9.

Technical Assistance for Plans, Drills, and Exercises

Community planners can get ATSDR's technical assistance in designing, implementing, and evaluating realistic

Unexpected weather events can teach good disaster preparedness lessons. See article on page 5.

scenarios for testing some or all components of their disaster plans. ATSDR reviews response and contingency plans with community staff for hospital emergency departments, emergency medical technicians, public health officials, and hazardous materials teams. ATSDR has assisted local scenario design teams in developing victim cue cards describing realistic symptoms, behaviors, and clinical signs. ATSDR also can provide on-site evaluators to assist communities in achieving their objectives.

Training To Manage Stress During Technological Disasters

Stress management training helps prepare communities to deal with psychosocial stress induced by HazMat events or terrorist attacks. HazMat events present considerable challenges, even for experienced personnel, because threats come from hazards that are often invisible and unfamiliar. This training is based on evidence-based research findings from technological (nonnatural) disasters as well as from ATSDR's first-hand experience with communities affected by HazMat sites and chemical releases. Stress management

training provides skills and strategies to promote resiliency and cope with the emotional issues and aftermath related to chemical threats.



Training can be tailored specifically for first responders, medical personnel, and communities.

Analysis of Surveillance Data From HazMat Incidents (HSEES)

See article on page 9.

Risk Communication Training

This resource provides a framework for developing an effective risk communication plan in a public health crisis. The training addresses the role of risk communication in response operations, public perception of risks, and development of specific messages to accomplish identified goals.

"I learned how to communicate scientific information and uncertainty and I learned to always include the community from the beginning. This training made me aware of what I say. I found out that I can be sending the wrong message and that how I conduct myself in dealing with a community could change the real meaning of my message."

—Training Attendee

For More Information

For 24-hour technical assistance (emergency use only), call 404-498-0120. For other inquiries and questions about HazMat emergency preparedness, call 1-888-42-ATSDR (1-888-422-8737) toll-free Monday–Friday, 9:00 AM–5:30 PM EST.

Enhancing Community Emergency Preparedness Background

ATSDR is assisting the Federal Emergency Management Agency's (FEMA) Comprehensive HazMat Emergency Response-Capability Assessment Program (CHER-CAP). CHER-CAP helps local communities and tribal governments to better understand HazMat risks, identify planning deficiencies, update plans, train first responders, and test the system for strengths and needed improvements. An after-action



report helps communities and tribes continue to improve their capabilities.

May 18, 2002, Full-Field Mass-Casualty Exercise

Management of mass-casualty incidents is essential for communities responding to chemical, biological, or radiologic incidents, especially during the first critical hours after such an incident. Tri-Town, Connecticut, was the first community in which FEMA and ATSDR collaborated to improve community medical and health preparedness. This exercise was the climax of 7 months of preparation by Tri-Town's Local

Emergency Planning Committee (LEPC). FEMA, ATSDR, other federal agencies, and members of the LEPC collaborated in the exercise (see box, page 6).

ATSDR trained and coached about 30 victims for this scenario, which was staged at Thames River State Pier in New London. The victims (Coast Guard Academy cadets) were made up to look like they had been injured. Victims' injuries included a lost limb, facial cuts, and bleeding.

The exercise simulated a van explosion by a party pier. The van contained methyl parathion that was vaporized in the fire. One victim was "killed" in the



explosion. The victims were coached to be screaming or trying to escape. Some were coached to be non-English speakers; others to be uncooperative and to refuse assistance. One police officer was coached to have a heart attack. First responders were told that if they did not have personal protective equipment (PPE) but approached contaminated victims, those responders would need to be decontaminated.

On exercise day, Connecticut was hit by an unexpected strong winter storm. The temperature was 42°F. The first officer on the scene was not wearing PPE and approached a victim, so he was decontaminated using a fire-engine hose. Two participants developed clinical hypothermia and were transported to the hospital to be checked. Because of the weather conditions, the drill ended early.

In addition to training and coaching the victims, ATSDR also

“An unexpected Nor’easter taught some good disaster preparedness lessons.”

—ATSDR

*Staff Member
Evaluating the
Exercise*

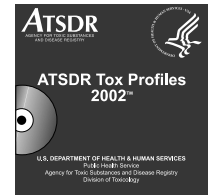
- evaluated first-responder stress and its consequences on job performance,
- evaluated hospital decontamination effectiveness,

Local Emergency Planning Committee (LEPC) members include

- Firefighters
 - Police officers
 - Emergency management personnel
 - Public works personnel
 - Health and environment agency personnel
 - Public officials
 - Hospital officials
 - Industry officials
- evaluated emergency medical technician (EMT) activities, and
 - provided ATSDR satellite stations to educate other jurisdictions and the public about ATSDR products and services.*

Toxicological Profiles Now on CD-ROM

ATSDR’s new *ToxProfiles 2002* CD-ROM is now available. *ToxProfiles 2002* includes 159 *Toxicological Profiles* and five new *Interaction Profiles* covering more than 250 hazardous substances. The *Toxicological Profiles* include information on health effects from exposure to specific hazardous substances as well as other toxicologic and epidemiologic information. Each profile is peer-reviewed and includes an easy-to-read public health information section in nontechnical language.



The *Toxicological Profiles* also are accessible on the ATSDR Web site at www.atsdr.cdc.gov.

To order a free copy of the CD-ROM, contact the ATSDR Information Center toll-free at 1-888-42-ATSDR (1-888-422-8737) or e-mail requests to atsdric@cdc.gov.*

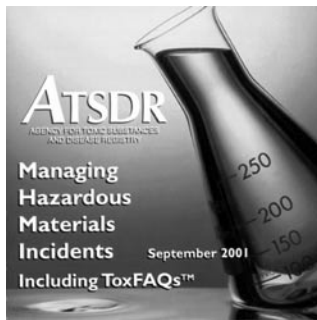
Risk Communication Guidelines for Public Officials

Communicating in a Crisis: Risk Communication Guidelines for Public Officials was published in 2002. Download your copy at www.riskcommunication.samhsa.gov/RiskComm.pdf or order a hard copy from SAMHSA by calling 1-800-789-2647 (reference document number SMA 02-3641).*



Managing Hazardous Materials Incidents

To ensure that emergency personnel deliver appropriate and timely care to exposed persons, as well as take measures to protect themselves, they must have an understanding of decontamination procedures and personal protective equipment that they often do not get during their routine professional training. The three-volume *Managing Hazardous Materials Incidents* series and the companion videotape program (see box) provide emergency medical services (EMS) personnel and hospital emergency departments (EDs) with the necessary guidance to plan for, and improve their ability to respond to, incidents that involve human exposure to hazardous materials.



EMS and ED personnel must increasingly depend on external sources, such as ATSDR's manuals, to help bridge this information gap.

The documents were revised in 2001–2002 with an additional emphasis on the specialized toxicology of children. Volume III now comprises medical management guidance for 50 chemicals plus an unidentified chemical. The unidentified chemical protocol provides basic victim management recommendations.

For a copy of the *Managing Hazardous Materials Incidents* materials,

- call: 1-888-42-ATSDR (1-888-422-8737),
- write: ATSDR
1600 Clifton Road, NE
(MS E-29)
Atlanta, GA 30333,
- e-mail: atsdric@cdc.gov
- fax: 404-498-0093, or
- go to: www.atsdr.cdc.gov/mhmi.html.

These documents are available in printed form, on CD-ROM, and on the ATSDR Web page (see contact information in box).—SCOTT WRIGHT, MS, EMT-P*

The *Managing Hazardous Materials Incidents* series includes

- *Volume I, Emergency Medical Services: A Planning Guide for the Management of Contaminated Patients.*
- *Volume II, Hospital Emergency Departments: A Planning Guide for the Management of Contaminated Patients.*
- *Volume III, Medical Management Guidelines for Acute Chemical Exposures.*
- *ATSDR's Community Challenge, Part I: Hazardous Materials Response and the Emergency Medical System and Part II: Hazardous Materials Response and the Hospital Emergency Department [videotape].*



Evidence-Based Emergency Planning

What It Is and Why We Need It

Over the last few years, doctors have begun to accept the need for evidence-based medical practice. Now, ATSDR staff members are educating planners and responders about the advantages of evidence-based disaster and terrorism planning.



Disaster planning is only as good as the assumptions on which it is based. Yet many of our planning assumptions come from conventional wisdom that has been disproved by systematic field disaster research studies. Such plans might serve only to create a false sense of security.

It is commonly assumed, for example, that trained emergency workers will handle disaster response activities. In fact, neighbors, family members, co-workers, and others who happen to be in the area carry out most initial search and rescue, on-site care, and

transportation to hospitals. Most of these untrained bystanders think that the best course of action is to transport victims as quickly as possible to the closest hospitals or to one that is most familiar or renowned for giving emergency care (for example, the trauma center). If enough ambulances are not promptly available, bystanders do not tend to sit idly by waiting for them to arrive. Instead, bystanders use whatever is available to get victims to the hospital. Thus, most injured persons arrive by private car, bus, taxi, or even on foot.

These bystander actions have several important consequences.

- On-site first aid, triage, or decontamination stations are usually bypassed. This is because transporters are unaware of their existence or location, or because these stations provide what bystanders consider an inferior level of care compared with that available at hospitals.
- Hospitals do not tend to receive advance notice before

injured persons begin to arrive. Thus, hospitals will not have the lead time to set up special facilities and equipment for any contaminated victims.

- Most injured persons end up at the closest (or most familiar)

hospitals; other hospitals wait for victims that never arrive.

These patterns have several implications for planning. For example, victims transported by ambulance should probably not be taken to the closest hospital. Hospitals should not expect that victims of chemical incidents will be decontaminated at the scene, or that they will be sent to a specially designated decontamination hospital. Hospitals need to be ready for contaminated victims that show up without advance warning.

These are only a few examples to show that although it is important to plan, it is even more important to plan for **the right things**. Many lessons can be learned from field disaster research studies. Familiarity with this body of knowledge can help to assure that plans will actually work when put into action.—ERIK AUF DER HEIDE, MD, MPH, FACEP

**It is more important to
plan for the right things.**

Evidence-based medical practice: providing medical treatment based on rigorous scientific research studies.



Fifteen CSEMs Are Now Available

Fifteen *Case Studies in Environmental Medicine* (CSEMs) are now available on ATSDR's CSEM Web site (www.atsdr.cdc.gov/HEC/CSEM). Three of these CSEMs are new to the site:



- *Arsenic Toxicity*
- *Asbestos Toxicity*
- *Benzene Toxicity*
- *Chromium Toxicity*
- *Disease Clusters: An Overview* (new)

- *Environmental Triggers of Asthma* (new)
- *Lead Toxicity*
- *Nitrate/Nitrite Toxicity*
- *Pediatric Environmental Health* (new)
- *Polychlorinated Biphenyl (PCB) Toxicity*
- *Radon Toxicity*
- *Stoddard Solvent Toxicity*
- *Taking an Exposure History*
- *Toluene Toxicity*
- *Trichloroethylene (TCE) Toxicity*

The case studies are self-instructional monographs designed to

increase the primary care provider's knowledge of hazardous substances in the environment and to aid in the evaluation of potentially exposed patients. Continuing medical education (CME) credits, continuing nursing education (CNE) units, continuing education units (CEU), and continuing health education specialist (CHES) credits are available.

The online evaluation and posttest for CSEM continuing education credits are now offered through CDC's *Morbidity and Mortality Weekly Report* (MMWR) Continuing Education Web site. Link to ATSDR's Continuing Education Program page at www.cdc.gov/atsdr/index.html.

Tracking Emergency Events

ATSDR maintains the Hazardous Substances Emergency Events Surveillance (HSEES) system, which has tracked chemical incidents and associated public health consequences since 1990. Data are collected from many sources in the participating states (e.g., police departments, environmental agencies, hospitals, fire departments, and responsible companies) and from federal sources (e.g., the National Response Center and the Depart-



ment of Transportation). The states enter data directly into the ATSDR database through a CDC/ATSDR Web-based computer entry program. Data can then be instantly accessed by the states and by ATSDR for analysis of existing and emerging patterns.

Because of recent terrorist activities in the United States, HSEES staff are working to

- improve the timeliness of entry of events into the system and
- develop aberration detection programs to help identify unusual or suspicious events.

HSEES has a geographic information system (GIS) that allows for mapping of incidents along with other community information (e.g., population estimates, nearby hospitals, nursing homes, day care centers, recreational areas, fire

HSEES is now active in 15 states (Alabama, Colorado, Iowa, Louisiana, Minnesota, Mississippi, Missouri, North Carolina, New Jersey, New York, Oregon, Texas, Utah, Washington, and Wisconsin).



departments, prisons). This capability provides important public health information to prepare a response if necessary. Because common industrial chemicals are easy sources of weapons for terrorists, HSEES data are useful in planning

and prevention activities. Knowing what chemicals are released into a community and planning for these releases is important for both general community public health as well as for preventing and responding to terrorist activity.—MAUREEN ORR, MS*

For more information, visit the HSEES Web page at www.atsdr.cdc.gov/HS/HSEES/.

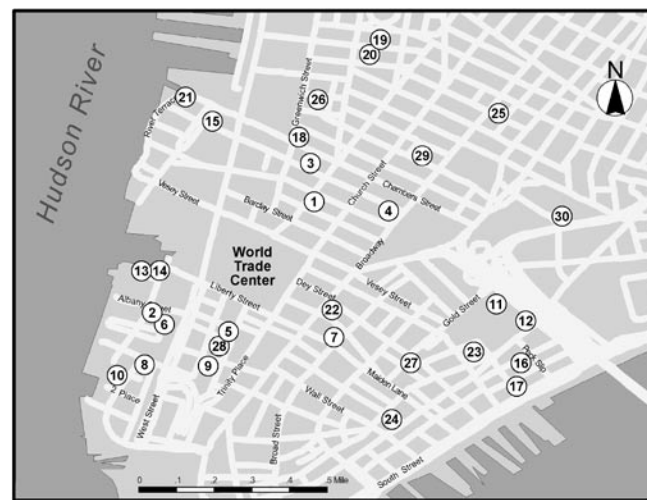
Lower Manhattan Sampling Results

Shortly after the collapse of the World Trade Center towers in 2001, the New York City Department of Health and Mental Hygiene (NYC DOHMH) and ATSDR collected air and dust samples to find out what hazardous substances were in air and settled surface dust in residential areas. This information was used to find out

- if hazardous materials in the air and dust were present at levels that could cause harmful health effects and
- what actions might be needed to protect public health.

The levels of materials detected in the air and dust samples are not likely to pose health hazards if recommended cleaning measures are followed.

The fact sheet, executive summary, and full report are available on ATSDR's Asbestos Web page (www.atsdr.cdc.gov/asbestos/asbestos_WTC.html).



Lower Manhattan sampling locations (circled numbers).

Sampling Dates and Locations

The sampling was conducted from November 4 through December 11, 2001, in and around 30 residential buildings in lower Manhattan. As a comparison, four more buildings in upper Manhattan (above 59th Street) were also sampled.

Air Sampling Results

Airborne levels of total fibers were similar

in lower and upper Manhattan. Airborne levels of mineral components of concrete and mineral components of building wallboard were sometimes higher in lower Manhattan than in the upper Manhattan comparison area.

Settled Surface Dust Sampling Results

Low levels of asbestos were found in some settled surface dust in lower Manhattan, primarily below Chambers Street. No asbestos was found in the upper Manhattan comparison area. Lower Manhattan had higher percentages of fiberglass, mineral components of concrete, and

For More Information

- Go to NYC DOHMH's Web site (nyc.gov/html/doh/home.html).
- Contact ATSDR's toll-free information line (1-888-42-ATSDR or 1-888-422-8737).



mineral components of building wallboard in settled surface dust than did the upper Manhattan comparison area.

Public Health Recommendations

Residents were recommended to

- continue cleaning residences with high-efficiency particulate air (HEPA) vacuums and damp cloths or mops to reduce the potential for exposure and
- participate in the U.S. Environmental Protection Agency (EPA) cleaning and sampling program.

Follow-Up Activities

EPA is conducting follow-up activities to address the recommendations in the report. NYC DOHMH and ATSDR are developing a registry that will track the health of persons who were most highly exposed to World Trade Center-related materials.

Reference

Centers for Disease Control and Prevention. 2003. Potential exposures to airborne and settled surface dust in residential areas of lower Manhattan following the collapse of the World Trade Center—New York City, November 4–December 11, 2001. *MMWR* 52(7):131–6.

World Trade Center Exposure Registry

The New York City Department of Health and Mental Hygiene and ATSDR are creating a registry of people who worked or lived near the World Trade Center (WTC) site on September 11, 2001. The WTC Registry will collect health information about people most heavily exposed to smoke, dust, and debris from the collapse of the World Trade Center. It will help identify patterns of illness and recovery that might not be uncovered by individual doctors. When completed, it will be the largest registry of its kind, and have up to 200,000 people enrolled. The WTC Registry is scheduled to begin interviewing prospective enrollees in the spring or early summer of 2003.

Eligibility criteria for enrollment in the WTC Registry will be based on whether persons

- lived, worked, or attended school near the World Trade Center on September 11, 2001, or
- worked as a rescue, recovery, or construction worker either at the WTC site until the fires went out, or at the Staten Island landfill, where debris from the WTC site was hauled.

Visit www.nyc.gov/html/doh/html/wtc/index.html for more information.

World Trade Center Screening Program

About 50% of the 250 workers in this preliminary study had persistent World Trade Center (WTC)-related pulmonary; ear, nose, and throat (ENT); and/or mental health symptoms 10 months to 1 year after the New York terrorist attacks in 2001. These results indicate the need for medical treatment and a long-term monitoring program.



Data were analyzed on a random sample of 250 WTC program participants from the first 500 WTC responders to participate. More than 3,500 WTC responders have been screened as part of the 1-year World Trade Center Worker and Volunteer Medical Screening Program, which ends in July 2003.

Screening Program

The World Trade Center Worker and Volunteer Medical Screening

WTC program services are provided by occupational medicine centers in the New York metropolitan region and nationwide under the auspices of Mount Sinai's Center for Occupational and Environmental Medicine working in conjunction with the Association of Occupational and Environmental Clinics (AOEC).



Program is a federal medical screening program to evaluate health problems and hazardous exposures of worker and volunteer emergency responders in New York. The program offers free, confidential medical screening examinations nationwide for exposed workers and volunteers in post-September 11 efforts in the rescue, recovery, and cleanup work at Ground Zero and the Staten Island landfill. This work exposed workers and volunteers to environmental hazards and placed them at risk for resultant health problems.

Worker Study Findings

Major findings of the preliminary analysis of 250 screening program participants include the following:

- 78% reported at least one WTC-related pulmonary symptom that first developed or worsened as a result of their WTC-related efforts; 46% still experienced at least one pulmonary symptom in the month before the screening examination.
- 88% reported at least one WTC-related ear, nose, or throat (ENT) symptom; 52% still experienced at least one ENT symptom in the month before the screening examination.
- 52% reported mental health symptoms requiring further mental health evaluation.

- 73% had either ENT symptoms or abnormal physical examination findings or both.
- 57% had either pulmonary symptoms or an abnormal pulmonary function test or both.

Only about one-third of the sample participants had received any prior medical care for their symptoms and conditions before participating in the screening program, emphasizing the critical need for medical screening. To date, federal funding has been received to support a total of 9,000 medical screening examinations. This translates to one screening each for 9,000 of the estimated 40,000-plus responders who participated in post-September 11, 2001, efforts at Ground Zero.

Further follow-up of affected workers is also needed to monitor the chronic nature and severity of these health problems and to

The WTC worker study is coordinated by the Mount Sinai-Irving J. Selikoff Center for Occupational and Environmental Medicine at Mount Sinai, with the support of the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC).

For more information about the WTC worker program and links to the preliminary study results, go to www.wtcexams.org/.

ensure that proper treatment is received.

Workers and volunteers interested in getting more information or registering for the program are asked to call the toll-free WTC medical screening hotline at 1-888-702-0630.*

Nursing Roundtable Report Available

Environmental health nursing is being revitalized and strengthened. The recommendations outlined in the *Nursing and Environmental Health Roundtable* report can help to better coordinate environmental health nursing research, education, and translation to advances in practice. If implemented, these recommendations will establish a strong foundation for environmental health nursing.

The report is organized around three themes from the multiagency





August 2002 roundtable in Research Triangle Park, North Carolina: research, education, and translation to practice. The report highlights the current state of the science and incorporates recommendations made during the roundtable. The report also includes a list of suggested reading materials.*

Download a copy of the roundtable report at www.niehs.nih.gov/translate/nurse-rt.htm.

FBI Anthrax Investigation in Florida

In September 2002, ATSDR provided technical support to the Federal Bureau of Investigation (FBI) in a joint evidence recovery effort at the site of the 2001 anthrax attack in Boca Raton, Florida.

According to Dr. Ed Kilbourne, ATSDR's Associate Administrator for Toxic Substances, this operation successfully applied new scientific techniques to locate, quantify, and collect concentrations of anthrax within the American Media Incorporated (AMI) building. Based on laboratory results, items were removed from the building for further forensic examination. Results from these examinations will provide the FBI with valuable data to further advance the ongoing investigation of the 2001 anthrax attacks.

This endeavor at the AMI building is the largest hazardous materi-



als evidence collection effort in the history of the FBI's Hazardous Materials Response Unit. Highly trained personnel from the FBI, ATSDR, and the Centers for Disease Control and Prevention collected about 5,000 evidence samples in more than 550 entries into the anthrax-contaminated offices of AMI. The FBI noted that the unprecedented partnership with public health agencies directly contributed to the success of this effort.

The recovery effort was supported by on-scene medical monitoring for the team because of the heat and humidity and problems with the building's air conditioning system. The greatest concern for team members was heat stress from working and sweating copiously in their protective suits. Team members wore cooling vests to help ward off heat stress and were monitored by a medical officer and an emergency medical technician.*

Health Statistics Resource Available

Health, United States, 2002, is now available. *Health, United States* is an annual report on national trends in health statistics. The 2002 report includes a highlights section, chartbook on trends in the health of Americans, and 147 trend tables.

The 2002 report and previous editions are available online from www.cdc.gov/nchs/hus.htm.

Join the *Health, United States* electronic mailing list for notices on updates to the online files (www.cdc.gov/nchs/products/pubs/pubd/hus/huslistserv.htm).*

Emergency Response Updates for Clinicians

The Centers for Disease Control and Prevention (CDC) has set up a free registry to provide clinicians with real-time information to help prepare for (and possibly respond to) terrorism and other emergency events. Participants will receive regular e-mail updates on terrorism and other emergency issues and on training opportunities relevant to clinicians.

To sign up for the registry and receive e-mail updates, go to www.bt.cdc.gov/clinicianreg.*



New Tool: Tox Town

A New Approach to Presenting Toxic Chemical and Environmental Health Information

Tox Town (toxtown.nlm.nih.gov), new from the National Library of Medicine (NLM) (www.nlm.nih.gov), is a free, Web-based resource of “nontechnical” information about commonly encountered toxic substances, your health, and the environment.

Tox Town’s target audience is students above elementary-school level, educators, and the general public. It guides users through

an ordinary town to identify its common environmental hazards. Specific locations (like the school, home, and office building) can be selected for cutaway views and for more detailed information about the toxic chemicals that might be found there, as well as for links to selected Internet resources. NLM plans to expand Tox Town to

include more chemicals and new locations such as an urban community and a farming region.

Tox Town also has some resources available in Spanish (toxtown.nlm.nih.gov/espanol/index.html).

Tox Town’s use of color, graphics, sounds, and animation adds special appeal for its intended audience. Tox Town’s special effects require Macromedia Flash, which can be downloaded for free from Macromedia at www.macromedia.com. A text-only version is available (toxtown.nlm.nih.gov/text_version).



UNITED STATES

National Library of Medicine

In addition to Tox Town, NLM’s Division of Specialized Information Services (sis.nlm.nih.gov) also produces TOXNET (sis.nlm.nih.gov/Tox/ToxMain.html), a popular set of databases for toxicologists and other scientists.—COLETTE HOCHSTEIN, DMD, MLS, AND CINDY LOVE, MLS, DIVISION OF SPECIALIZED INFORMATION SERVICES, NATIONAL LIBRARY OF MEDICINE*

Web Site Survey

Help improve ATSDR’s Web site by taking our online customer satisfaction survey at www.atsdr.cdc.gov. The link to the survey is at the bottom of the page.

Thank you for your input!

Disaster Reference Sources

Auf der Heide E. Disaster response: principles of preparation and coordination. St. Louis (MO): CV Mosby; 1989. Now available for downloading/viewing at no charge, courtesy of the Center of Excellence in Disaster Management and Humanitarian Assistance (Internet: www.coe-dmha.org/dr/flash.htm).

Auf der Heide E. Community medical disaster planning and evaluation guide. Dallas: American College of Emergency Physicians; 1995. *For information, contact Don Kerns, American College of Emergency Physicians, PO Box 619911, Dallas TX 75261-9911; 1-800-798-1822 [touch 6]; Internet: www.acep.org/bookstore/index.cfm?a=productlist&category=5.*

Auf der Heide E. Principles of hospital disaster planning. In: Hogan D, Burstein JL, editors. Disaster medicine. Philadelphia: Lippincott, Williams & Wilkins; 2002. p. 57–89. ISBN: 0-7817-2625-5.

Drabek TE, Hoetmer GJ. Emergency management: principles and practice for local government. Washington, DC: International City Management Association; 1991. ISBN: 0-87326-082-1.

Lindell MK, Perry RW. Behavioral foundations of community emergency planning. Bristol, PA: Hemisphere Publishing Corp.; 1992. ISBN: 0891166203.



Mileti DS, Sorensen JH. Determinants of organizational effectiveness in responding to low probability catastrophic events. *Columbia J World Business* 1987;22(1):13-21.

Noji EK. *The public health consequences of disasters*. Cary, NC: Oxford University Press; 1996. ISBN: 0-19-509570-7.

Wenger DE, James TF, Faupel CE. *Disaster beliefs and emergency planning*. New York: Irvington Publishers; 1985. ISBN: 082901361X.

Internet Sources of Disaster Information (Documents, Training Manuals, Texts, and Periodicals)

Disaster Research Center Publications. Newark, DE: University of Delaware. Telephone: 302-831-6618; fax: 302-831-2091; e-mail: susan.castelli@mvs.udel.edu; Internet: www.udel.edu/DRC/publications.html.

Emergency Management Institute. *Academic Emergency Management and Related Courses for the Higher Education Project*. Internet: 166.112.200.141/emi/edu/aem_courses.htm.

International Journal of Mass Emergencies and Disasters. Los Angeles: University of Southern California. Telephone: 213-740-6842; e-mail: ijmed@usc.edu; Internet: www.usc.edu/schools/sppd/ijmed/.

Regional Disaster Information Center (CRID) for Latin America and the Caribbean: Virtual Disaster Library. San Jose, Costa Rica: Regional Disaster Information Center for Latin America and the Caribbean. Internet: www.crid.or.cr/crid/Indexen.htm.

The Natural Hazards Center at the University of Colorado. Includes links to the *Natural Hazards Observer* and *Disaster Research* newsletters. Boulder, CO: University of Colorado. Telephone: 303-492-6819; e-mail: hazctr@spot.colorado.edu; Internet: www.colorado.edu/hazards. Free.

Other Internet Sources of Disaster Planning Information

Agency for Toxic Substances and Disease Registry. Internet: www.atsdr.cdc.gov.

Centers for Disease Control and Prevention. Internet: www.cdc.gov.

Disaster Management Higher Education Project, Emergency Management Institute, Federal Emergency Management Agency. Internet: 166.112.200.141/emi/edu/highlinks2.htm.

Disaster/Humanitarian Assistance, Pan American Health Organization (PAHO). Internet: 165.158.1.110/english/ped/pedhome.htm.

The Natural Hazards Center at the University of Colorado. Internet: www.Colorado.EDU/hazards/.

The University of Delaware, Disaster Research Center. Internet: www.udel.edu/DRC/.

—ERIK AUF DER HEIDE, MD, MPH, FACEP*

Web Sites Government

ndms.dhhs.gov/

This is the U.S. Department of Health and Human Services (DHHS) Office of Emergency Preparedness (OEP) and National Disaster Medical System (NDMS) Web site. OEP has the DHHS responsibility for managing and coordinating federal health, medical, and health-related social services and recovery to major emergencies and federally declared disasters. NDMS is a federally coordinated system that augments the nation's emergency medical response capability.



www.bt.cdc.gov

The Centers for Disease Control and Prevention's Public Health Emergency Preparedness and Response Web page includes facts and news related to anthrax, smallpox, chemical weapons, biological weapons, radiologic emergencies, and more.



www.ccep.ca

The Canadian Centre for Emergency Preparedness, a Canadian nonprofit organization, promotes disaster management to individuals, communities, and organizations, in both government and the private sector.

www.citizen corps.gov

Citizen Corps, part of USA Freedom Corps, provides public education, training, and volunteer opportunities to support community and family safety.

www.epa.gov/swercepp/

The U.S. Environmental Protection Agency's Chemical Emergency Preparedness and Prevention Office provides leadership, advocacy, and assistance to prevent and prepare for chemical emergencies, respond to environmental crises, and inform the public about chemical hazards in their community.

www.epc-pcc.gc.ca/

Canada's Office of Critical Infrastructure Protection and Emergency Preparedness is the government's primary agency for ensuring national civil emergency preparedness for all types of emergencies.

www.fema.gov

The Federal Emergency Management Agency leads America to prepare for, prevent, respond to, and recover from disasters.

www.fema.gov/kids

This Federal Emergency Management Agency Web site teaches kids how to be prepared for disasters and how to prevent or reduce disaster damage.

www.whitehouse.gov/deptofhomeland/

The Department of Homeland Security mission is to prevent terrorist attacks within the United States, reduce America's vulnerability to terrorism, and minimize the damage and recover from attacks that do occur. The department has four divisions: Border and Transportation Security; Emergency Preparedness and Response; Chemical, Biological, Radiological, and Nuclear Countermeasures; and Information Analysis and Infrastructure Protection.

Nongovernment

epix.hazard.net/

The Emergency Preparedness Information Exchange is an information exchange service for emergency managers.

www.disasters.org/deralink.html

The Disaster Preparedness and Emergency Response Association, International is a professional association linking professionals, volunteers, and organizations active in all phases of emergency preparedness and management. The Web site is available in English, French, German, Italian, Portuguese, and Spanish.

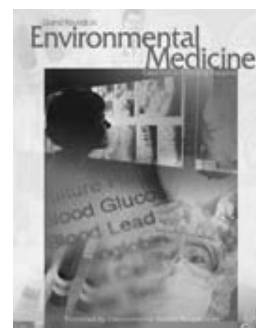
www.pep-c.org/

The Peninsula Emergency Preparedness Committee in Washington State helps families and neighborhoods prepare for earthquakes, volcanoes, fires, and floods.❁

Grand Rounds in Environmental Medicine

Grand Rounds in Environmental Medicine, published by the *Environmental Health Perspectives* journal, is now available. *Grand Rounds in Environmental Medicine* is a collection of 38 concise case studies of clinical presentations resulting from exposures to common environmental agents.

To order a copy, go to ehp.niehs.nih.gov/docs/admin/EMtoc.html and follow the online order link.❁





Homeland Defense Journal

The *Homeland Defense Journal* is an electronic publication launched in January 2002. The mission of the journal is “to create a forum for the useful flow of information between the private and public sectors that will positively influence and hasten the development of solutions to homeland security requirements.” Volume 1, issue 23, includes articles on the December 2002 Gilmore Commission report that recommended the creation of a National Counter Terrorism Center to operate as an independent intelligence agency. The commission recommended that this center coordinate information about potential terrorist attacks in the United States and that it should report directly to the president.

The *Homeland Defense Journal* is free and is available from www.homelanddefensejournal.com/. The journal also lists conferences and workshops as well as homeland defense business opportunities and recent awards.

The Homeland Defense Grants Report and Grants Database are also available by subscription through the journal. The Grants Database includes more than 160 grants from



federal, state, private, and regional agencies to support state and local governments as they prepare, plan, and outfit for homeland security and defense. The Grants Report includes points of contact for the grants initiative in state and local governments.*

Human Exposure to Environmental Chemicals

The Centers for Disease Control and Prevention's *Second National Report on Human Exposure to Environmental Chemicals* is now available. The report is the second in a series of publications that provide an ongoing assessment of the exposure of the U.S. population to environmental chemicals using biomonitoring. Biomonitoring is the assessment of human exposure to chemicals by measuring the chemicals or their metabolites in human specimens such as blood or urine.

This report is an important research tool that provides current information about the U.S. population's exposure to 116 environmental chemicals. It is the most extensive assessment ever of the population's environmental exposures. Having better information on environmental exposures means that problems can be better identified and prevented.

The report is available from www.cdc.gov/exposurereport.*

ENA Starts New Journal

Disaster Management & Response is the new journal of the Emergency Nurses Association (ENA). ENA's former journal, the *International Journal of Trauma Nursing*, ceased publication with the July 2002 issue. Link to the journal at www.ena.org/publications/dmr/.*

New Tool: A Guide for Public Health Agencies

A Guide for Public Health Agencies Developing, Adopting, or Purchasing Interactive Web-Based Data Dissemination Systems is now available. The guide is a practical tool for public health agencies to use in (a) developing, adopting, or buying new queryable Web-based data systems, or (b) enhancing existing systems. The guide provides a consolidated list of processes, standards, and checklists. In addition, a prototype of a Web-based data dissemination system interface illustrates the best practices described in the guide. Both the guide and the prototype are accessible at www.cdc.gov/epo/dphsi/asb/orcmacro.htm.

For more information, call Timothy A. Green at 770-488-8378.*



Children's Health

Disaster Preparedness for Schools

Resource List

The National Clearinghouse for Educational Facilities (NCEF) tracks key K–12 school facilities issues. One of NCEF's resource lists relates to building or retrofitting schools to withstand natural disasters and terrorism, developing emergency preparedness plans, and using school buildings to shelter community members during emergencies. These resource lists are annotated bibliographies that include links to full-text publications and related Web sites, and descriptions of books, studies, reports, and journal articles.



The disaster preparedness for schools resource list is available from www.edfacilities.org/rl/disaster.cfm.[✿]

Children, Terrorism, and Disasters

AAP Web Site

The American Academy of Pediatrics (AAP) has an area on its Web site (www.aap.org/terrorism) dedicated to children, terrorism, and disasters. The Web site helps pediatricians, parents, community leaders, and others prepare for and meet children's needs during a disaster. Examples of information available include the following:

- Family Readiness Kit: Preparing to Handle Disasters;
- The Youngest Victims: Disaster Preparedness To Meet Children's Needs; and

- AAP resources, federal resources, and medical journal and report information on topics such as biological, chemical, and nuclear agents.

“The goal of this portion of the site is to ensure that every physician has access to comprehensive information, as well as breaking news, about emerging health care threats,” said Joseph Hagan, MD, FAAP, and AAP Task Force on Terrorism chair. The Web site addresses clinical questions and concerns of pediatricians and other health care providers on issues such as bioterrorism and chemical terrorism. It also provides guidance to families on how to communicate with children in the wake of a disaster.[✿]

Free Resources: EPA's Smoke-Free Home Initiative

The U.S. Environmental Protection Agency (EPA) is offering free materials and resources to organizations that focus on reducing children's exposure to secondhand smoke. The materials and resources include public service announcements, educational magnets and posters, Smoke-Free Home Kit, and community action kits. EPA developed the materials to increase awareness of the Smoke-Free Home Initiative, which works toward making households healthier for children by reducing children's exposure to secondhand smoke in the home.

For more information on the Smoke-Free Home Initiative or to order the free materials, contact Lou Witt at 202-564-9051 or at witt.lou@epa.gov.[✿]

Health Topics on CDC Web Site

Visit CDC's health topics pages for more information specific to children and adolescents.

The health topic page relating to infants and children is at www.cdc.gov/health/nfantsmenu.htm; the page relating to adolescents and teens is at www.cdc.gov/health/adolescent.htm.[✿]



Children's Health

Children's Health Web Site

Environmental Health Perspectives, the journal of the National Institute of Environmental Health Sciences, now has a Web site devoted to the field of children's health. The site provides more centralized access to all of *EHP*'s children's health resources—including news articles and scientific research dating back to the 1970s—as well as links to outside organizations and information focused on children's health.

Access the site at
ehpnet1.niehs.nih.gov/children/



America's Children and the Environment

The U.S. Environmental Protection Agency (EPA) has released the second report of *America's Children and the Environment: Measures of Contaminants, Body Burdens, and Illnesses*. The report contains data on trends in environmental contaminants, concentration of contaminants in women and children, and childhood illnesses that may be related to environmental exposures.

For a copy of the report, go to
www.epa.gov/envirohealth/children/

National Advisory Committee on Children and Terrorism

The objective of the Centers for Disease Control and Prevention's new National Advisory Committee on Children and Terrorism (NACCT) is to assess and provide recommendations for Health and Human Services Secretary Tommy Thompson on

- the preparedness of the health care system to respond to bioterrorism as it relates to children.

- needed changes to the health care and emergency medical service systems and emergency medical services protocols to meet the special needs of children.
- changes, if necessary, to the National Strategic Stockpile under section 121 of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 to meet the emergency health security of children.

By June 6, 2003, this committee is charged with preparing a report to Secretary Thompson containing its recommendations and other information he requests.

School Health Index

The School Health Index for Physical Activity, Healthy Eating, and a Tobacco-Free Lifestyle is a self-assessment and planning tool that will enable schools to identify the strengths and weaknesses of their health promotion policies and programs; develop an action plan for improving student health; and involve teachers, parents, students, and the community in improving school policies and programs.

For a copy of the School Health Index, choose one of the following options:

- download from the CDC Web site: www.cdc.gov/nccdphp/dash/SHI/index.htm,
- request by e-mail: healthyyouth@cdc.gov,
- request by phone: 1-888-231-6405, or
- request by fax: 1-888-282-7681.

When ordering, please specify either the elementary school version or the middle school/high school version.





Calendar



July 7–18, 2003

Introduction to Infectious Disease Modelling and its Applications, London School of Hygiene and Tropical Medicine, London, UK. Contact the Registry, London School of Hygiene and Tropical Medicine, 50 Bedford Square, London WC1B 3DP, UK; e-mail: shortcourses@lshtm.ac.uk; or Web: www.lshtm.ac.uk/ideu/ModellingShortCourse.htm.

July 9, 2003, 1:00–3:00 PM ET

Biological and Chemical Warfare and Terrorism: Advanced Topics on Medical Defense Against Biological and Chemical Agents, Part 5 of 6 (topic to be announced) [satellite broadcast]. Presented by the U.S. Army Medical Research and Materiel Command. Contact by e-mail: help@biomedtraining.org or Web: www.biomedtraining.org/proginfo.htm.

July 10, 2003, 12:00–2:00 PM ET

Eliminating Health Disparities: A Satellite Broadcast for Outreach Workers. Contact the California Distance Learning Health Network by phone: 619-594-3348; e-mail: cdlhn@projects.sdsu.edu; or Web: www.cdlhn.com.

July 10–15, 2003

New Aspects of Chelator Research in Medicine and Biology, Pilsen, Czech Republic. Contact Conference Partners Prague, Attn: Alexandra Sternberg, Sokolská 26, 120 00 Prague 2, Czech Republic; phone: +420 2 2426 2108-10 or +420 777 605 343; fax: +420 2 2426 1703; e-mail: sternberg@conference.cz; or Web: www.conference.cz/chelators.

July 13-17, 2003

29th Annual Toxicology Forum Summer Meeting, Aspen, Colorado. Contact Toxicology Forum U.S. Office, 1575 Eye Street, NW, Suite 325, Washington, DC 20005-1115; phone: 202-659-0030; fax: 202-789-0905; e-mail: toxforum@clark.net; or Web: www.toxforum.com.

July 21–23, 2003

Combating Bioterrorism: The Organizational Response [Course 17.60S], Cambridge, Massachusetts. Contact the Massachusetts Institute of Technology, MIT Professional Institute, 77 Massachusetts Avenue Rm 8-201, Cambridge, MA 02139; phone: 617-253-2101; fax: 617-253-8042; e-mail: professional-institute@mit.edu; or Web: web.mit.edu/professional/summer/courses/management/17.60s.html.

July 21–25, 2003

School Health Interdisciplinary Program (SHIP): Charting the Course for Our Children's Future, Ellicott City, Maryland. Contact Sylvia Huntley, Center for School Mental Health Assistance, phone: 1-888-706-0980; e-mail: shuntley@psych.umaryland.edu; or Web: csmha.umaryland.edu.

**July 28–August 1, 2003**

55th Annual Florida Environmental Health Association Education Meeting and Trade Show: Facing the Challenges of the 21st Century, Daytona Beach, Florida. Contact Paul O’Byrne (phone: 813-307-8015, ext. 5923) or the Florida Environmental Health Association, 3539 Apalachee Parkway #215, Tallahassee, FL 32311; fax: 850-656-9563; or Web: www.feha.org/AEM_2003/aem_2003_flyer.htm.

August 3–8, 2003

12th World Conference on Tobacco or Health: Global Action for a Tobacco-Free Future, Helsinki, Finland. Contact: CongCreator CC Ltd., e-mail: wctoh2003@concreator.com or Web: www.wctoh2003.org.

August 3–15, 2003

Gordon-Kennan Summer School in Risk Analysis, Bristol, Rhode Island. Contact Gordon Research Conferences, PO Box 984, West Kingston, RI 02892-0984; phone: 401-783-4011; fax: 401-783-7644; e-mail: grc@grc.org; or Web: www.grc.uri.edu/programs/2003/risk.htm.

August 4–8, 2003

2003 Summer Institute for Public Health Practice: Public Health Preparedness: Tools for the Frontline, Seattle, Washington. Contact the Northwest Center for Public Health Practice at the University of Washington School of Public Health and Community Medicine, 1107 NE 45th Street, Suite 400, Box 354809, Seattle, WA 98195-4809; phone: 206-685-1130; fax: 206-616-9415; e-mail: nwcphp@u.washington.edu; or Web: nwcphp.org/niphp.

August 7–12, 2003

Third International Conference of the Asian Society of Toxicology: ASIATOXIII: International Toxicology Harmonization: The Challenge of Asia, Bangkok-Chiang Mai, Thailand. Contact the ASIATOXIII Congress Secretariat, Institute of Nutrition, Mahidol University, Salaya Phuttamonthon, Nakorn Pathom, Thailand 73170; phone: 66-02-441-9740; fax: 66-02-441-9344; or e-mail: directnu@mahidol.ac.th.

August 10–12, 2003

4th Annual Association of Schools of Public Health Environmental Health Conference: Children’s Environmental Health: Protecting Our Future, Research Triangle Park, North Carolina. Contact the Association of Schools of Public Health, 1101 15th Street NW Suite 910, Washington, DC 20005; phone: 202-296-1099; fax: 202-296-1252; e-mail: info@asph.org; or Web: www.asph.org/.

August 10–15, 2003

2003 Gordon Research Conference on Genetic Toxicology, Oxford, UK. Contact Gordon Research Conferences, PO Box 984, West Kingston, RI 02892-0984; phone: 401-783-4011; fax: 401-783-7644; e-mail: grc@grc.org; or Web: www.grc.uri.edu/programs/2003/gentox.htm.



August 13, 2003, 3:00–5:00 PM ET

Ethics and Nursing (Public Health Staff Development) [satellite broadcast]. Contact Video Communications at the Alabama Department of Public Health, phone: 334-206-5618 or Web: www.adph.org/alphtn.

August 27, 2003, 1:00–3:00 PM ET

Biological and Chemical Warfare and Terrorism: Advanced Topics on Medical Defense Against Biological and Chemical Agents, Part 6 of 6 (topic to be announced) [satellite broadcast]. Presented by the U.S. Army Medical Research and Materiel Command. Contact by e-mail: help@biomedtraining.org or Web: www.biomedtraining.org/proginfo.htm.

September 7–11, 2003

226th American Chemical Society National Meeting & Exposition, New York. Contact the Office of National Meetings, Meetings and Expositions Department, American Chemical Society, 1155 Sixteenth Street NW, Washington, DC 20036; phone: 202-872-4396; fax: 202-872-6128; e-mail: natlmtgs@acs.org; or Web: www.chemistry.org.

September 9–12, 2003

Association of State and Territorial Health Officials and National Association of County and City Health Officials (ASTHO-NACCHO) 2003 Joint Conference: Leveraging the Forces Shaping Public Health, Phoenix, Arizona. Contact the ASTHO-NACCHO 2003 Joint Conference Staff, phone: 202-371-9090; fax: 202-371-9797; e-mail: jointmeeting@astho.org; or Web: www.astho.org.

September 15–18, 2003

Centers for Disease Control and Prevention 2003 Cancer Conference: Comprehensive Approaches to Cancer Control: The Public Health Role, Atlanta. Contact phone: 1-877-426-2746; e-mail: info@cancerconference.net; or Web: www.cancerconference.net.

September 20–23, 2003

5th International Conference on the Scientific Basis of Health Services: Global Evidence for Local Decisions, Washington, D.C. Contact AcademyHealth, 1801 K Street, NW, Suite 701-L, Washington, DC 20006; phone: 202-292-6700; fax: 202-292-6838; or Web: www.icsbhs.org/about.htm.

September 28–October 1, 2003

EUROTOX 2003—The 41st Congress of the European Societies of Toxicology, Florence, Italy. Contact Eurotox 2003, Giovanni Lorenzini Medical Foundation, 6550 Fannin, Suite 1211, Houston, TX 77030 (U.S. and Canada); phone: 713-797-0401; fax: 713-796-8853; e-mail: eurotox2003@bcm.tmc.edu; or Web: www.eurotox2003.org.

October 7–11, 2003

North American Association for Environmental Education (NAAEE) 32nd Annual Conference: Thinking Globally While Acting Culturally, Anchorage, Alaska. Contact Conference Program Chair, Eric N. Wade, ANROE, PO Box 871528, Wasilla, AK 99687; phone 907-376-0970; fax 907-376-2396; e-mail: admin@anroe.org; or Web: www.naaee.org.

**October 12–16, 2003**

American College of Occupational and Environmental Medicine (ACOEM) SOTAC (State-of-the-Art Conference) 2003, Toronto, Ontario, Canada. Contact phone: 847-818-1800 or

Web: www.acoem.org/education/conference.asp?CONFERENCE_ID=69.

October 15–18, 2003

Second International Conference on Urban Health, New York. Contact the New York Academy of Medicine, Office of Education and Conference Center (Room 456), 1216 Fifth Avenue, New York, NY 10029-5293; phone: 212-419-3590; fax: 212-987-4735; e-mail: ssisco@nyam.org; or Web: www.isuh.org/conference.html.

October 23–25, 2003

The Eighth National Conference on Advancing School-Based Mental Health Programs: Mental Health in Schools: Doing What Works! Portland, Oregon. Contact Sylvia Huntley, Center for School Mental Health Assistance, phone: 1-888-706-0980; e-mail: shuntley@psych.umaryland.edu; or

Web: csmha.umaryland.edu.

October 24–27, 2003

International Conference on Health Promotion, Atlanta. Contact: Ronald G. Blankenbaker, MD, phone: 423-778-6884 or e-mail: cme@erlangier.org.

October 26–28, 2003

4th Annual Indoor Air Quality Tools for Schools National Symposium, Washington, D.C. Contact Dominique Rougeau, Five Star Meeting Services, 1638 R Street, NW, Washington, DC 20009; phone: 202-319-1095; fax: 202-518-6845; or Web: www.epa.gov/iaq/schools.

October 27–29, 2003

4th Immunization Registry Conference, Atlanta. Contact Amanda Bryant, phone: 404-639-8247; e-mail: siisclear@cdc.gov; or Web: www.cdc.gov/nip/registry/irc/.

October 31–November 5, 2003

American Academy of Pediatrics 2003 National Conference and Exhibition, New Orleans. Contact the Customer Service Center at phone: 1-866-843-2271 or e-mail: nceinfo@aap.org.

November 14–15, 2003

Society for Public Health Education (SOPHE) 54th Annual Meeting: Leadership and Diversity: Bridges to a Golden Health Education Era, San Francisco. Contact the Society for Public Health Education, 750 First Street NE, Suite 910, Washington, DC 20002-4242; phone: 202-408-9804; e-mail: info@sophe.org; or Web: www.sophe.org.



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