



CEHA Bulletin

INSIDE THIS ISSUE

FEATURES

Responding to Hurricanes Katrina and Rita, the San Antonio Experience, *Cherise J Robr-Allegrini, Ph.D., M.P.H. Public Health Emergency Preparedness, San Antonio Metro Health District* . . . cover

Joining the Fight to Combat Lead Poisoning, *Ihsan B. Dujaili, REHS, San Francisco Department of Public Health* 8

Sacramento County Serves Up Green, Yellow, and Red for Food Safety, *Alicia Enriquez, REHS and Zarha Ruiz, REHS* 13

COLUMNS

President's Message 3

Board Highlights 5

CCDEH 7

Quarterly Puzzle – That Makes Me Sick! 16

SPECIAL ADDITIONS

International Environmental Health Work After the Tsunami, *Dennis Kalson, REHS* 7

Volpe Legislation Update *Suzanne Du Vall Knorr, REHS* 12

Environmental Health Ethics, *Margaret Blood, REHS and Laura Barnthouse, REHS* 14

International Environmental Health in Action, *Letter from Ecuador* 15

Lancaster Symposium 17

Responding to Hurricanes Katrina and Rita, the San Antonio Experience

by *Cherise J Robr-Allegrini, Ph.D., M.P.H. Public Health Emergency Preparedness, San Antonio Metro Health District*

The week after Hurricane Katrina fell upon the Gulf Coast, San Antonio learned a lesson about itself. She learned how people can come together to make great things happen. She learned how much she had to offer, and how much hard work she was capable of performing.

On the Thursday following Hurricane Katrina, the San Antonio Metro Health District (SAMHD) was notified that our city would be a receiving center for evacuees from New Orleans, who would begin arriving within 24 hours. Quickly, working with the American Red Cross, local officials identified a warehouse building at KellyUSA, the former Kelly Air

Force Base, to become a temporary home for the evacuees. SAMHD Food and Environmental Health staff rapidly went to work assisting in preparations. It soon became apparent this building, lacking basic facilities, would not be ready in time. Officials then settled upon a former office building, Kelly 171, set up as multiple units and containing the usual assortment of cubicles. Crews went to work removing the excess cubicles and setting up cots. One area of the large building was left with its cubicles intact. This was to serve as the receiving and medical screening areas. It later became apparent this arrangement was a double edged sword. It allowed for some privacy, but became a maze in which security became a problem. As was done initially,

Food and Environmental staff from SAMHD inspected the facility and assisted in readying it for the new arrivals.

On Friday morning, September 2, 2005, the first of the 12,700 evacuees began to arrive at Kelly 171. They arrived by plane, bus, and private car. Most came from the Superdome or the Convention Center in New Orleans. As individuals arrived, they were processed by the American Red Cross and asked to complete a medical evaluation form. Normally, though SAMHD is always prepared to handle a public health emergency, one would not expect a hurricane evacuation to require such involvement from the medical sector.

However, many of the evacuees were in poor physical condition, having spent five or more days with limited food and water. Many evacuees were without their medications, and a number had spent time stranded in fetid water. From the intake survey (N=2556), 14% reported they were diabetic, and 60% of these arrived in

San Antonio having fled their homes without their medications or had run out. This hurricane having hit at the end of the month, when many were waiting for their Medicaid checks to purchase their next months' supply of medication only made things worse. In total, 42% of the evacuees who responded to the intake survey

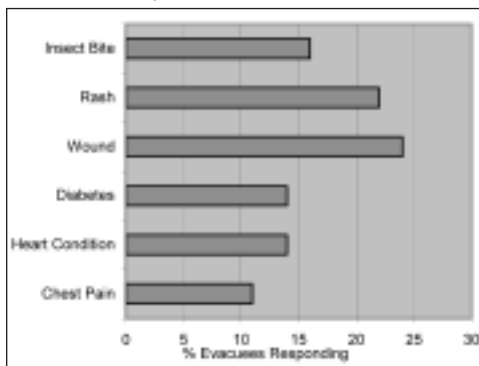


Figure 1. Percent of evacuees who responded they had one of these conditions (N=2556)

CEHA BOARD OF DIRECTORS

Darryl Wong

President

dwongrehs@yahoo.com

George Nakamura

President-Elect

gmlnaka@comcast.net

Tracy Ford-Rossler

Vice President

tford@co.riverside.ca.us

Parvaneh Byrth

Treasurer

pbyrth@co.riverside.ca.us

Mike Wetzel

Secretary

mwetzel@dph.sbcounty.gov

Melissa St. John-Harder

Immediate Past President

Melissa@califenvhealth.us

Ann Marie Velazquez

Central Chapter President

annivelazque@comcast.net

Vacant

Central Chapter President-Elect

H. Taren Tseng

Citrus Chapter President

htseng@ochca.com

Paula Harold

Citrus Chapter President-Elect

Deborah Smith-Cooke

Mission Chapter President

dsmithco@co.slo.ca.us

Graciela Garcia

Mission Chapter President-Elect

Graciela.garcia@ventura.org

Mamerto Jorvina

Northern Chapter President

Mamerto.jorvina@deh.sccgov.org

Richard Harrison

Northern Chapter President-Elect

Rich5559_98@yahoo.com

Laura Barnthouse

Redwood Chapter President

ibarntho@sonoma-county.org

Greg Pirie

Redwood Chapter President-Elect

David LeDuff

Southern Chapter President

dleduff@ci.vernon.ca.us

Vacant

Southern Chapter President-Elect

Darryl Yorkey

Southwest Chapter President

Darrylyo2@cox.net

Ricardo Encarnacion

Southwest Chapter President-Elect

Ricardo.encarnacion@sdcounty.ca.gov

Sophia Jella

Superior Chapter President

Jellas@saccounty.net

Zarha Ruiz

Superior Chapter President-Elect

ruizz@saccounty.net

NON-VOTING BOARD MEMBERS

Alicia Enriquez

NEHA Regional Vice President

EnriquezA@SacCounty.net

Margaret Blood

California Department of Health Services

REHS Program Coordinator

mblood@dhs.ca.gov

CEHA SUPPORT SERVICES

John Morihara

110 South Fairfax Avenue, #A11-175

Los Angeles, California, 90036

(323) 634-7698 Phone

(323) 571-1889 Fax

support@ceha.org

www.ceha.org

DESIGN/PRINTING

Concord Graphic Arts

3270 Monument Way

Concord, CA 94518

(925) 682-9670

CEHA MISSION STATEMENT

The California Environmental Health Association is a nonprofit, professional organization dedicated to improving the quality of life and health through environmental education and protection.

CEHA PUBLICATIONS COMMITTEE

Kathy Hartman, Coordinator/Editor

Khartma2@yahoo.com

Keith Winkler

Central Chapter

Vacant

Citrus Chapter

Vacant

Mission Chapter

Vacant

Redwood Chapter

Vacant

Southern Chapter

Julie DeGraw

Heather Stachelrodt

Southwest Chapter

Adam Rocke

Past President's Council

Margaret Blood

DHS Representative

Sandi Donohue

California State University, Fresno

If you are interested in serving as a member of the CEHA Bulletin Editorial Committee, please contact the Coordinator/Editor, Kathy Hartman, at khartma2@yahoo.com or (858) 792-1630

The CEHA Bulletin is the official publication of the California Environmental Health Association. For association members, subscriptions are included in membership dues. Some articles may represent the opinion of the author and not CEHA's official position. CEHA does not specifically endorse the products and services of any of its advertisers. Articles may be reprinted with permission of CEHA and contributing author(s) only.

Copyright © 2007, California Environmental Health Association

PRESIDENT'S MESSAGE



Darryl C.F. Wong, REHS
2006-2007
CEHA President

Dear CEHA
Members,

As I write my final message to you, I think back to how this all started for me. When I first became an Environmental Health Specialist in

1990, I heard about CEHA from my co-worker and very good friend Ron Torres (CEHA President 2001-2002), who was doing his best to sign up new members for the Northern Chapter at the time. Being the "rogue/anti-group" type person that I was, I declined his invitation. When I moved to the Southern California area in 2001, I was offered the opportunity to join the Southern Chapter Board of Directors. Thus was my start as a member of CEHA.

I can honestly say I did not know what CEHA was all about when I became a member. I just thought it might be nice to meet some new friends and learn about the way things are done in Southern California. I was in for a major attitude adjustment towards CEHA. What I found myself in was a very dedicated group of individuals selflessly working together to promote the organization and our profession. I was amazed that these people were not just "go to work, get your check, and go home" like so many others. No, they were not all single people without lives of their own. They were professionals who felt it was important for them to do something to further our profession. They gave because they believed in what we do and expected nothing in return.

So there I was, not sure if I wanted to commit my spare time and energy to an organization that did not pay anything for my hard work. Does this sound like anyone you know? Well, I can assure you that being a member of the Southern Chapter changed my mind quickly. It was refreshing to be with people who actually didn't think of themselves first and enjoyed working together as a team. The 2004 AES was our proving ground and we formed a tight bond that still holds to this day.

Being a member of CEHA has been the greatest experience that will be with me forever. I have learned much more about our

profession, those who run our profession, those who think they run our profession, and those who work with our profession. But, what I treasure the most from my experiences with CEHA are the wonderful and talented friends that I have made over the past years. I doubt that I would have ever met them had it not been for CEHA.

One person in particular that I finally had the pleasure of talking with is Forest Walker, Jr. (California Association of Sanitarians President 1959-1960). I called him as I was curious about his views of the growth of our profession and whether or not if he was pleased with the way CEHA has evolved. He spoke highly of a man he referred to as "Mr. Sanitarian". You may know him as Walter Mangold. Mr. Walker considered Mr. Mangold as the forefather of our profession (though he never was elected as president, but should have been according to Mr. Walker). Mr. Mangold stressed that the Health Inspector (yes, that is the title that was originally used for our profession) was to, "act professional, be honest, fight for everything you earn, and to treat everyone with respect...but never apologize for what you had to do as your duty". These were sage words that made me think of some of the issues that I have encountered during my presidency. Mr. Walker would only tell me he has observed the many changes and challenges to our profession over the years, some good and some that could have been better, but what was important is that we remember our past and use what we learned to make our future better.

Adam Rocke (CEHA President 1979-1980) told me to enjoy every minute of my presidency, as it would be a very special and unique time in my life; and it would end as fast as it started. He was right. There is so much more that I wanted to do and accomplish for CEHA. Lack of time was my constant companion during my past year as president. There were never enough hours in a day to complete what I wanted, or needed to do. With the help of the 2006-2007 Board of Directors, the Committee Chairs, and the many dedicated CEHA members, we were able to achieve my primary goal in increasing our membership. The total number as I write this letter stands at 852 members. However that final number is yet to be determined at the 2007 AES when my term ends, as I'm reminded by John Morihara (CEHA Support Services). I do feel

confident a new foundation and direction has been set for CEHA, and incoming boards will continue to keep CEHA growing and prospering over the years. CEHA is not completely "out of the woods" financially, but we have made strides in meeting our current financial goals.

I am currently working on a letter to request that CEHA be recognized as an Accrediting Agency for continuing education. I have appointed a committee to oversee this monumental task of designing the structure and implementing the program that will carry CEHA to the next level and new frontier for this organization.

We are also working on offering On-line training courses and organizing the Traveling Seminars to provide you the affordable and accessible training that is needed to meet the requirements for continuing education. CEHA cannot afford to pass on this opportunity. We all need to be involved with this issue to ensure the viability of our profession and our future.

There is still much more work to be done, and I know my successors will carry on the hard work we have started this past year. I realize that our organization is still divided on many issues. I can only suggest we take a good look at where our profession is going. There will soon be a shortage of REHSs in the coming years. If we do not invest our time now to promote our profession and help those seeking to become registered, we may go the way of the dinosaurs. It's time to put aside your personal differences and needs and work together. I hope you all take it upon yourselves to promote CEHA and invite others to join this great organization, your organization. It stands for our profession. It stands for you.

It has been an honor and privilege to have served you as your president. My experience has been rewarding, and my continued support for CEHA will never end. I wish to thank all those who gave unselfishly to CEHA to help this organization grow and flourish this past year. I also wish to thank those who helped me accomplish my goals for CEHA. I could not have done it without them and they deserve much applause. We can make a difference. We can make positive changes

Continued on page 6

*Katrina,
continued from cover*

reported they were out of their medications or about to run out. At least 14% of the evacuee population had a heart condition and more than 10% were experiencing chest pain at the time of arrival (Figure 1). In addition to the chronic illnesses, 25% of the evacuees who responded reported skin problems such as wounds and rash (20%). Though all evacuees were asked to complete the intake survey, most were too exhausted from their ordeal. Within the week, there were so many different groups wanting to conduct surveys, the evacuees suffered from “Survey Fatigue.”

After medical needs were determined, evacuees were brought through the “Medical Services Area” where acute medical needs were addressed, including writing prescriptions for the daily medications many had already gone 5 days without. Wounds were attended to, and tetanus shots were offered. Over the course of the following 4 weeks, among other vaccinations offered, the SAMHD Immunizations Division inoculated 10,090 people against tetanus, and 6,183 against hepatitis A.

The SAMHD Food and Environmental Health staff had their work cut out for them. The first shelter was set up with cots in a series of large rooms cleared of cubicles. Being a former office building, it had carpeted floors, which initially seemed a good idea, as this was more comfortable. However, the Food and Environmental Health staff soon recognized a problem: carpeted floors could not be easily cleaned. This was especially problematic when there were instances of nausea and vomiting.

The next challenge was the food. San Antonians bring food. It’s what we do when there’s a crisis. It’s how we show our concern. It’s a wonderful aspect of our local culture; if you’ve ever experienced one of San Antonio’s many fiestas, you can appreciate this. SAMHD’s Food and Environmental Health staff was tasked with inspecting all food items as they do for all licensed eateries throughout the city. Though generously offered, the staff was forced to turn the homemade items away, as they were unable to verify the safety in preparation and storage. Given the level of the conditions from which the evacuees had just come, and the orderly but crowded shelter, there were significant concerns that there could be an outbreak of a gastrointestinal illness. Indeed, at various times throughout the shelter operations, there were sporadic reports of gastrointestinal illness. On this front, the SAMHD Food and Environmental Health

staff were invaluable. In addition to inspecting the facilities, along with the teams from the CDC who came to assist, they educated the volunteers on proper food handling and provided hand hygiene reminders to the evacuees. They made certain items like hand sanitizer were available at every dining area table. They checked the hand washing facilities to make sure they were always functioning, that soap and water was always available. This became a challenge in the second shelter, which didn’t initially have toilet facilities but instead set up portable lavatories and hand washing facilities (Figure 2). Eventually, City of San Antonio Public Works crews built restroom and shower facilities in this second shelter. Though there were occasional reports of a gastrointestinal illness, the quick work of SAMHD epidemiologists and environmental health staff, as well as the medical staff at each shelter, prevented these events from becoming large-scale outbreaks.

Over the initial three days, three more Mega Shelters were opened in San Antonio: a second at KellyUSA (Kelly 1536); at the old Levi Strauss building; and at the vacant Montgomery Wards store at Windsor Park Mall. Each of these facilities posed significant challenges. And at each, SAMHD staff inspected kitchens and restrooms and established clinics. The clinics would eventually be taken over by local health care organizations: CentroMed, Barrio Comprehensive Family Health Care Center, and the TX-1 DMAT team. SAMHD Epidemiology staff, with the assistance of CDC teams, monitored infectious diseases in the shelter. Using a modified syndromic surveillance system, the clinic staff noted how many illnesses of various types had been addressed. These data were analyzed with particular attention to “illnesses with epidemic potential.” Whether due to the stellar clinic services provided, the constant vigilance of the sanitarians and epidemiologists, or sheer luck, there were

no major outbreaks of any disease, and only very small, localized gastrointestinal illness events. Daily syndromic surveillance was conducted as long as the shelter remained open. Interestingly, while the acute health concerns died down, and the chronic conditions were brought under control, the number of evacuees who reported being depressed increased from 30% on the day of arrival to nearly 40% on October 27, some 7 weeks after arrival.

In addition to the three Mega Shelters, Baptist Child and Family Services (BCFS) were requested to set up “Special Needs” Shelters. Over the course of the year following, officials have better defined what constitutes “Special Needs.” At the time of Hurricane Katrina, however, this was not clear. In an effort to keep families together, if one member of a family had a special need, the entire family group, which could sometimes mean 20

people, was brought to a Special Needs Shelter, most of which were housed in churches. The BCFS and its volunteers did an amazing job of setting up and running the shelters. However these facilities were not designed for special needs or for long term care. In one facility, the restrooms were on a separate floor. This became a problem for individuals unable to walk up the stairs. In another shelter that housed a number of families with small



Figure 2. Lavatory and Handwashing facilities at Kelly 1536.

babies, there were no diaper changing facilities. Parents changed the babies on their cots, the same area where they ate and slept. The one true cluster of gastrointestinal illness during the shelter operations occurred at this shelter, and the epidemiologic investigation found most cases associated with babies who had diarrhea, and whose diapers were changed on the caregivers’ cots. The epidemiologists and sanitarians responded by suggesting a diaper changing station which could be sanitized, had hand washing facilities, and was far removed from where evacuees ate. Overall, everyone involved in the shelter operations were indebted to the work and dedication of BCFS staff in addressing those with special needs.

Just as things were quieting down in the shelters, Hurricane Rita reared her ugly head on the Texas coast. Not having yet rested from the initial response, SAMHD staff kicked into high gear to respond to this new wave. Evacuees from Hurricane Rita began arriving on September 21, 2005, many of whom had evacuated from New Orleans to Texas once already. Though many were able to return home to Texas cities within a week, those from the harder hit areas of East Texas continued to arrive in San Antonio over the following weeks. Nearly 12,000 evacuees arrived with Hurricane Rita. There were less acute medical conditions to address, but the shelter population swelled. As always, concern for any outbreak of infectious disease was at the forefront of the minds of all sanitarians and epidemiologists involved.

San Antonio Metro Health District staff worked around the clock the first weeks: setting up the medical facilities, inspecting shelters, providing medical services, conducting disease surveillance, and participating in emergency operations. When asked what worked, SAMHD sanitarians said "The dedication, commitment, and hard work of our staff." Not only SAMHD, but all the city agencies involved pulled together when it was most needed, and continued to do so as long as the shelters were open. When asked what didn't work, there were of course a number of considerations. For example, well meaning shelter staff had arranged a room for child care for tired evacuee parents. However this was initially set up outside proper guidelines and was forced to close due to a lack of safety and security. Lack of sufficient shower and restroom facilities was always a problem. Not having laundry facilities, there was a question about what to do with dirty laundry. For some time, soiled clothes were simply thrown into a room, that quickly became full with a mountain of clothes. The initial shelter, Kelly 171, being a former office building had many small rooms. While this seemed useful initially, it posed a security problem; security officers had difficulty keeping track of people, and evacuees expressed concern for their safety. Medical care was provided by stellar teams; however in one shelter there was no option of privacy, limiting the ability of the medical staff to address some conditions. As a result, more patients were transported to the hospital than might have been necessary. Another problem, was simply knowing which task one had to perform. While staff stepped up and did whatever was asked of them, many were in roles very different from their normal jobs and required a bit of a learning curve.

By mid September the medical services had already been turned over to local health care organizations. In mid-October, a private contractor, The Shaw Group, took over shelter operations from the American Red Cross and brought in Comprehensive Health Care Services which was largely staffed by medical workers displaced from Mississippi. Three of the mega shelters closed, as did the special needs shelters, and everyone was moved to Kelly 171. The shelter remained opened until Dec 23, 2005. Throughout this time, SAMHD sanitarians and epidemiologists played an active role. Initially present around the clock, by mid-October visits were made daily until the shelter closed.

Over the course of the year and a half since, SAMHD, City of San Antonio officials, regional health officials and state officials have spent a great deal of time planning for another hurricane. Many lessons were learned through the Katrina/Rita (or "Katrita" as it came to be called) experience. Standard Operating Procedures, which address shelter facilities, food and environmental services, daycare, medical care, and special needs have been developed. Staff have been pre-assigned roles and are being trained where necessary. Agreements are in place with local organizations to provide assistance and volunteers. Though we hope to never have

to make use of the lessons we learned, and our staff performed admirably, we are in a much better position to respond should such an event ever occur again.

Acknowledgements: Many individuals made this work: all the SAMHD sanitarians, particularly Lori Calzoncit, Monty McGuffin, and Terry Ricks; Public Health Emergency Preparedness, Texas Department of State Health Services, Region 8 Epi Response Team, and teams from the CDC and HHS who came to assist. Students from the University of Texas Health Science Center, San Antonio and from the University of Texas School of Public Health at Houston, San Antonio Campus, particularly Cara Hausler contributed greatly to the studies conducted. 🐾

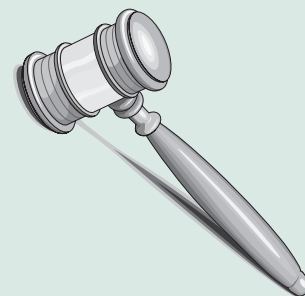
Dr. Cherise Rohr-Allegrini has worked with the Public Health Emergency Preparedness, San Antonio Metro Health District as an Epidemiologist since July 2005. Her duties include establishing protocols for response to public health threats, with particular reference to bioterrorism and pandemic influenza; developing new tools for monitoring infectious diseases; investigation of reportable diseases within the community and disease surveillance; responding to public health emergencies.
Cherise.allegrini@sanantonio.gov

Board Highlights January Meeting

By Mike Wetzel, Secretary

- CEHA to begin the process of becoming an accreditation agency for continuing education.
- Motion to direct legislative committee to investigate incorporating REHS requirement into the professions code and investigating the establishment of penalties for violating existing legislation.
- Nominations for 2007 -2008 officers are as follows

President	-Tseng / Wong nominates Nakamura
President Elect	-Pirie / Harrison nominates Ford-Rossler
Vice President	-Wetzel accepts nomination.
	-Ford-Rossler / Bryth nominates Yorkey.
Secretary	-DeGraw accepts nomination.
	-Smith-Cooke accepts nomination
- Approved rate increase for Certified Public Accountant.
- Motion to purchase a portable badge maker from support staff budget with maximum of \$600.00 to print AES, Update Badges, and membership cards.
- Current membership has been increased to about 850 members
- Final process of selecting venue in San Diego for 2008 AES.
- Looking for a Lancaster Delegate.
- Developing online training courses.



Environmental- Public Health Leadership



Dean D. Peterson,
PE, REHS
President, CCDEH

In the 19th and 20th centuries, public health measures such as sanitation and vaccination helped wipe out many infectious diseases like cholera, yellow fever and typhoid. But the nation's environmental-public health system has not been updated since the 1800s. Today chronic diseases are the number one killers of Americans, even though 70 percent of these diseases are preventable. Now is the critical time to fully modernize the environmental-public health system to ensure we can fight both bioterrorism and everyday health threats like cancer and asthma. A national leader is needed to make this a reality. For nearly 40 years, neglect has withered the environmental-public health system while the demands and need for protection from bioterrorism to chronic disease have dramatically increased. We are a nation at risk of new health threats, as well as the resurgence of many chronic and infectious diseases.

FUNDAMENTALS OF THE ENVIRONMENTAL-PUBLIC HEALTH DEFENSE

We need to strengthen the core components, the infrastructure, of the environmental-public health system. The components – used everyday to protect communities from illness – are:

- Early-warning and communications systems;
- Fully equipped public health laboratories;
- Trained health detectives; and
- Disease and exposure tracking systems.

The environmental-public health system must be a multi-purpose system. The same people and resources that might be called upon to respond to sudden health emergencies are also responsible for treating people who have chronic diseases, such as asthma, diabetes, cancer and Parkinson's disease.

VISION FOR BUILDING A MULTI-PURPOSE ENVIRONMENTAL-PUBLIC HEALTH DEFENSE

Every health department must be fully prepared with increased capacity so that every community is protected. A good health defense system requires vision and leadership. Areas that should be modernized are:

- The Troops: A well trained and sufficient workforce ;
- The Tools: Nationwide disease tracking and exposure monitoring; increased and modernized laboratory capacity;
- Communication: 24/7 operation at all key levels ;
- The Generals: Strong, qualified public health leaders ;
- The Tactics: Aggressive public health detective work and greater investment in disease prevention.

We've failed to modernize our nation's front-line defenses to protect the health of

our communities from the full range of 21st century threats. As leaders in Environmental Health, in California, we need to forge a consensus on the best way to protect and improve the health of our people. Now more than ever, we need a strengthened public health system and the political will to ensure sustained support.

President's Message, continued from pg. 3

to our profession. We cannot survive if we fail to work together as one.

Lastly, I want to acknowledge and thank a very special person who has been my mentor, friend and confidant. It was her drive, encouragement, and commitment that ultimately lead me to become your president. I remember her calling me up late one night, I was suffering from a bad cold and really did not want to be bothered, but she was excited about changes she wanted to make as the incoming President of Southern Chapter. She asked me to consider running for Southern Chapter President-Elect and help her to make these changes. I felt I was intruding on a position that "belonged to someone else". She spoke to me of the need to find people with new ideas for CEHA; to stand up with conviction, and to overcome those who thought only of themselves. I am forever grateful to Akiko Tagawa for her wisdom and knowledge in helping me serve you.

I wish you all the best in your endeavors in life. Be well. Be safe.

Regards,

Darryl C.F. Wong, REHS
CEHA President



Are you curious to see if your candidate was selected for a deserved award?!

Please tune in to the Awards Lunch at the 56th Annual Educational Symposium and show your support!

International Environmental Health Work After the Tsunami

Comments from Dennis Kalson, REHS

Doing environmental health work in a developing country is something very few of us ever get to do

We have asked Dennis Kalson, a CEHA member, and Past Director for Humboldt and Sonoma Counties to share some of his experiences in doing humanitarian environmental health work and he has graciously agreed. The following is an edited letter from Dennis to his pal Desmond (Des) McCall. In the letter, Dennis writes about his work in Banda Aceh, Indonesia after the great Tsunami on December 26, 2004.

In future Bulletins we will bring you some of Dennis's notes and letters about his experiences in Honduras and Eritrea. Later this year, Dennis will be returning to post-tsunami Indonesia for more environmental health work.

We hope these letters may provide that bigger picture that we always hear talked about and perhaps it will motivate some CEHA members to become so interested, that they will wish to join with Dennis in his work abroad. Dennis is always looking for new recruits to participate in the "world" of environmental health. Information on how to contact Dennis is at the end of this article.

[Editor's note: Dennis thought it would be helpful for readers to know a little about the person this letter was addressed to so he offers this description of his friend Des:

Desmond McCall is a young, bright engineer from Ireland, (currently working in Southern England). Des and I met on the plane to Indonesia, and became almost instant friends, since like me, he has interrupted his career several times to work in developing countries. He is one of the subjects of an earlier letter, as we traveled to Singapore and Medan together to renew passports and share a few beers. A great guy, even though he is an engineer.]

DEAR DES,

Nice to hear from you. And thanks too for the Christmas card. It welcomed me home on December 21st upon my return from Aceh to this quiet house. I'm happy that you are well.

Oh for the warmth of embers in the hearth of a rural pub on the coast! I can



Dennis and other relief workers

only imagine the dim light; part from the grey sky looking in with envy above the curtain in front, part from the rose neon from an unassuming Kilkenny sign behind the bar, a flickering of fire, and the glow of friends chatting at the tables. I could use the pint, or two as well. And, we could talk through the afternoon into the Irish night, finally stumbling out into the street and down to the shore to howl at the Northern sea.

Aceh was good to me on this trip, and my work with food sanitation in traditional markets is now moving well. I'm sure you've been listening to newscasts about the recovery, about how the pace and quality of housing is not as good as one would hope. You've read about the continuing competition—at times cut-throat—among the do-good agencies to spend billions before some imagined deadline. It's all true. It is all good fodder for the cynics. But, most news stories are missing some important aspects of the recovery.

The Acehneses themselves have rebuilt their tremendous spirit, and it is as palpable and vibrant as the call to prayer before every dawn, before every dream. Sidewalk cafes are open and crowded, coffee shacks are full and expanding daily. Couples on motorbikes crowd the roads every weekend to go to the beaches or cruise the city. People are more playful now, and there is a constantly humming motorbike community, moving like a great river along newly paved roadways day and night.

Maimon, one of our former national staff, bought a new camera (at a cost of 1,200 USD) and already produced one award winning photo. I have two friends (you may remember Pak Myrza), who have purchased cars; there are weddings and

fresh babies everywhere everyday. I went to an international art exhibit at the university, to a poetry reading, to an awards ceremony for the best Acehnes novel, and to a traditional dance concert. Even my adopted niece, Ms Ratna is prospering. She is still cooking for the (International Rescue Committee) IRC staff. Ratna has now remarried, to a gentle, caring man who her daughter adores. She has built the first neighborhood store, and on weekends sells grilled corn to tourists and weekend couples along the beach.

None of that stuff has made the news. But it is truly the most remarkable part of the post tsunami effort to date, and no international NGO can take the credit for it. None can plaster a sticker on it, or stencil their logo across the new store wall. And, no one can photograph it to claim victory in their agency portfolios to sell to future donors. It is the resilience of the human spirit—the Acehnes soul—that cannot be owned, nor claimed, bought, stenciled, nor photographed.



Meat stall in outdoor market

That soul, that spirit, is most evident in the coffee shops ("Warung Kopi" or war-kop for short) where reporters never stop, except to buy souvenir coffee rumored to contain ground marijuana. Like neighborhood pubs in Ireland, the local war-kop is the place where the richness of culture is open and free and welcoming. I spent nearly every night of the past month in one coffee shop or another, sipping pints of that sweet dark Aceh spirit-brew, letting old men tease me for my slow acquisition of Aceh language, and teenagers practice their "hey meester" mastery of English.

Continued on page 12

Joining the Fight to Combat Lead Poisoning

By Ihsan B. Dujaili, REHS
San Francisco Department of Public Health

Lead (Pb) is a heavy metal that was first mined in present day Turkey in about 6,500 BC. Lead's properties, including low melting point, easy workability, corrosion resistance, and durability, have made its use very popular, especially in the paint industry.

Lead is highly toxic and particularly affects the developing nervous system. Thus, children six years of age or less are especially vulnerable. Lead has no known biological role in the body. The toxicity comes from its ability to mimic other biologically important metals such as calcium, iron and zinc. Lead is able to bind to and interact with the same proteins and molecules as these metals. When this happens, the molecules will fail to function properly. One such reaction prevents the production of normal hemoglobin, resulting in anemia in individuals with elevated blood lead levels. Lead can also block neurotransmission by glutamate in the brain. It can reduce intelligence quotient (IQ) scores by interfering with memory and learning ability. Level, duration, and timing of exposure determine the type and severity of lead poisoning.

There are many possible sources of lead in a home. Examples include lead-based paint, glazed pottery, dishes, crystal stemware, lead-soldered cans, imported spices, traditional medicines, imported cosmetics, imported vinyl miniblinds, old bathtubs, antique furniture, water from old pipes, and soil. Adults can also bring lead dust home on their clothes. The most common route of exposure is when children play with toys on dusty floors or near window sills; they are likely to ingest lead dust through normal hand-to-mouth activity. There are no apparent symptoms. Primary prevention (as in entirely avoiding exposure to lead), is the best solution.

Ninety-one percent of San Francisco's housing stock was built before 1978, making it one of the cities with the highest concentration of living units potentially contaminated with lead in the country (Figure 1). In 1992, the San Francisco Board of Supervisors determined that lead



Figure 1. pre-1978 houses

poisoning is the most environmentally important threat to the health of children in San Francisco. Thus, "The Childhood Lead Prevention Program" was born.

In 1995, when I began working as a volunteer in the San Francisco Childhood Lead Prevention Program, blood lead level reporting was still limited and was not performed in a systematic manner. The vision was to design a comprehensive data collecting and reporting system that would provide this information. My first task was to identify the laboratories that analyze blood lead samples. The next step was to identify the health institutions that utilized this information. Subsequently, the communication and standardization processes utilized by these institutions were

examined in order to clarify the logistics of the lead reporting process. Lead reporting is an essential part of any effective program because it provides a road map and allows the program to make adjustments necessary to accomplish its goals.

With the encouragement of Gail Herrick, the case manager at the time, and the support of Karen Cohn, the program manager, all laboratories responded to our informal request to report the results of all lead levels of concern and to provide demographic information on a voluntary basis as

illustrated in (Figure 2). Consequently, all low but elevated blood lead (LEBL) results, 10-14 µg/dL (micro grams of lead per deciliter of blood), including the demographic information in San Francisco have been faxed to our program since 1997. The new reporting process supplemented the State-required reporting of blood lead levels at 15 µg/dL or greater.

Today the Childhood Lead Prevention Program has seen the vision of having a comprehensive data collecting system come true. Collection of LEBL levels allows us to intervene in a timely manner by providing educational home visits and to play an important role in preventing ongoing exposure to lead hazards. These

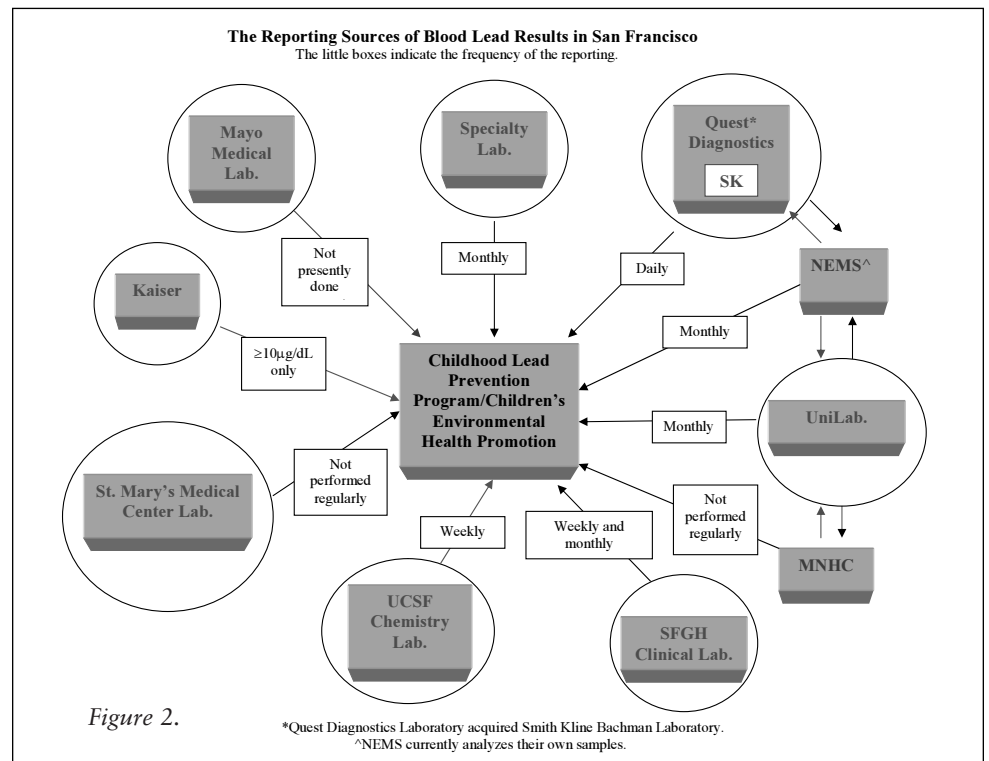


Figure 2.

educational home visits also provide each family with a floor mat, mop, bucket, hand soap dispenser, set of towels and educational health materials in the appropriate language (Figure 3). In San Francisco, official documents are usually made available in three languages, English, Spanish and Chinese (figure 4). Our staff members are highly-motivated with multi-ethnic backgrounds, and are capable of serving the diverse populations in San Francisco.



Figure 3. Outreach materials

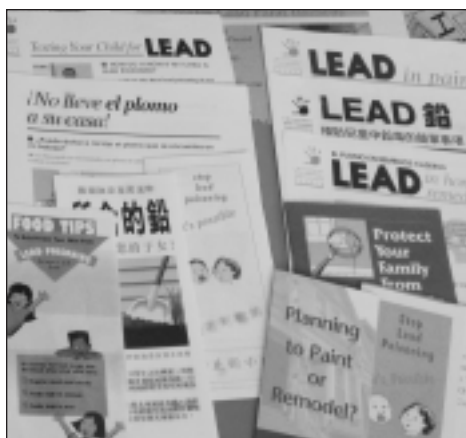


Figure 4. Multi-language materials

The program is in touch with a wide range of community-based organizations in the City working to educate people on the danger of lead poisoning. One example of this cooperation resulted from a case of toxic candies that occurred in the Mission District. A rotating program of presentations was held at hospitals and health clinics to alert new resident physicians to this problem. Another outreach is a project designed to alert people to the dangers of lead that might be encountered during renovation and painting. This project targeted home improvements stores and retail paint dealers throughout the city. (Figure 5) A third project targeted the automotive



Figure 5. Cautions for renovations

radiator and body repair shops in certain neighborhoods to address the issue of "Take Home" or work related lead dust contamination that can affect families in their homes. (Figure 6)



Figure 6. Don't take lead home

In 2001, The Childhood Lead Prevention Program began to utilize digital photographs in the code enforcement process (Figures 7 and 8). Although, as can be seen in figure 8, the owner of this building corrected the peeling paint, it was done in a manner that contaminated the adjacent park. As a result, the park was closed for two weeks until the lead contamination was removed and the park was cleared to re-open. The availability of documentation combined with clear images has greatly improved code enforcement and compliance. Digital photos are also valuable as an educational tool, and for use in our brochures, leaflets and other health-related educational materials.



Figure 7. Before correction of peeling paint



Figure 8. After correction of peeling paint

The growth of the of the Childhood Lead Prevention Program would not have been possible without the efforts and the contributions of many individuals: Jan Holsbo of Smith Kline Beckman Laboratory (SK), Judy Hewson of the Children Health and Disability Program (CHDP), Byra Mattes of the Mission Neighborhood Health Center (MNHC), Mr. Long Ji of the North East Medical Center (NEMC), Mr. Kirk Sujishi of the University of California San Francisco (UCSF) Chemistry Laboratory and Susan Fisher Gross of the San Francisco General Hospital (SFGH), clinical laboratory. They deserve an Oscar award for the work they have done to improve and advance the blood lead reporting process.

The most important task in winning the war on lead poisoning is to promote knowledge and understanding. I believe in this cause, and if my endeavors assisted in reducing the blood lead level of one child, then it was worth the effort. All staff members including certified lead inspectors, health educators, public health nurses,

Continued on page 12

California Environmental Health Association



56th Annual Educational Symposium

April 23-27, 2007

**Radisson Hotel
Sacramento**

Pre-Conference Activities

Monday, April 23, 2007

Registration

7:30AM – 12:00PM

Cal Code Course (Day 1)

9:00AM – 3:30PM (Limited to 60 attendees)

NEHA REHS/RS Credential Exam

10:00AM – 3:00PM

Sherry Roney Memorial Golf Tournament

11:00AM

Tuesday, April 24, 2007

Registration

7:00AM – 5:00PM

Cal Code Course (Day 2)

9:00AM – 3:30PM (Limited to 60 attendees)

EPI Intro Course

9:00AM – 4:30PM

Roadmap for All-Hazard Preparedness

9:00AM – 3:00PM

AES Program

Wednesday, April 25, 2007

Conference Registration

7:00AM – 5:00PM

Exhibit Viewing

7:30AM – 8:50AM

Opening Session & Keynote Address

9:00AM – 10:45AM

Ray McDonald Evans, *REHS, MS*

Student Forum

10:45AM – 11:50AM

Exhibit Viewing & What Is New (WIN)

10:45AM – 11:50AM

CEHA Awards Luncheon

12:00PM – 1:20PM

Technical Sessions

1:30PM – 4:20PM

- ▶ Housing
- ▶ Epidemiology
- ▶ Liquid Waste
- ▶ Food Plan Check

Exhibit Viewing & Reception

5:00PM – 6:30PM

Old Hysterical Walk of the Dead

6:30PM (Limited to 50 attendees)

Thursday, April 26, 2007

Conference Registration

7:00AM – 5:00PM

Exhibit Viewing

7:30AM – 9:20AM

Technical Sessions

8:30AM – 11:50AM

- ▶ Exhaust Ventilation Seminar

9:00AM - 11:50

- ▶ NIMS/SEMS/ICS Course for the EH Professional

Exhibit Viewing & What is New (WIN)

10:30AM – 11:50AM

CEHA Business Luncheon

12:00PM – 1:20PM

Technical Sessions

1:30PM – 4:20PM

- ▶ International
- ▶ Drinking Water
- ▶ Disaster Preparedness
- ▶ Recreational Water

Banquet, Entertainment & Dance: Gold Rush

5:00PM – 12:00AM

Friday, April 27, 2007**Conference Registration**

7:00AM – 12:00PM

Continental Breakfast

7:30AM – 8:30AM

Technical Sessions

9:00AM – 11:50AM

- ▶ Career Management
- ▶ Food
- ▶ Solid Waste
- ▶ Vector Control
- ▶ Miscellaneous

CEHA Installation of New Board of Directors Luncheon

12:00PM – 1:50PM

Closing Session

2:00PM – 3:30PM

Dr. Mark Horton, MPH, MD

NEHA REHS/RS Credential

For more information visit:

<http://www.neha.org/pdf/cred/Credential%20Application.pdf>**Registration packets will not be be mailed.**

All registration forms for AES activities will only be available by downloading from the CEHA website. If you are unable to download the forms, please call (323) 634-7698 and leave a fax number or send an email to support@ceha.org.

Registration Fees

Member Rates	Before 4/02/07	After 4/02/07
1-Day Package	\$140	\$185
2-Day Package	\$280	\$325
3-Day Package *	\$390	\$435
Student	\$20/Day	\$20/Day
EPI Intro Course	\$75	\$75
Hazard Preparedness	\$75	\$75
Old Sacto Hysterical Tour	\$25	\$25
Golf Tournament	\$55	\$55

* Banquet included

Non-member rates & registration fees for the Cal Code Course are available at www.ceha.org.



The Radisson Hotel Sacramento is just minutes away from Old Town Sacramento, Cal Expo, Arden Fair Mall, state government offices and the California State Railroad Museum. Other attractions convenient to the Hotel Sacramento include Crocker Art Museum, Capitol Park, Sutter's Fort and Waterworld USA.

For more hotel information visit www.radisson.com.

Special group rates based upon availability when you mention CEHA.

Single/Double: \$125.00
Triple: \$135.00
Quad: \$145.00

Call (800) 333-3333 to make your reservations.
Group rate expires March 23, 2007

Agenda and schedules subject to change.
Check the CEHA website for updates and more detailed information!

www.ceha.org

Tsunami continued from page 7

I met an Acehnese worker from IRC Calang who says that Danda is fine (I talked to Danda briefly in the War-kop before leaving). Calang is still the best place to work; still tight knit and a bit independent. Reconstruction is going okay there, and by all reports, you wouldn't quite recognize the place. I saw photos of a new landfill there that is a work of art by any standard. The IRC staff is competent and caring and still taking a leadership role in Calang, a tradition begun when you and Bob first arrived on that devastated peninsula.

And, I finally found the Aqua-chlorchlorine generator donated to the IRC in the post tsunami days. Still in the box, the local IRC staff had no idea of its function (even though there's a good photo in the in-house wat-san manual). I arranged to demonstrate its use for the wat-san staff, and now they plan to put it on line in Calang...as the tons of HTH stocked after the tsunami are rapidly declining in strength; a much more sustainable solution since the continual production of chlorine from salt, water and electricity is easier and much cheaper than future procurement of granular disinfection products.

I left Aceh on December 20, just a week before the second anniversary of that sad nightmare. After another tearful/joyful farewell, I walked across the same tarmac that just two years ago was stacked with the tools and equipment and cargo of the world's caring response. My send-off then was the sight of wrecked carcass of an Australian helicopter being lifted back to Banda Aceh, slung like a broken dragon fly

from the bottom of some larger insect. This time in the same part of the sky, it was a white hawk—a black-shouldered kite, only larger—stalling above the tall waving grasses next to the landing strip. As I boarded the plane, the kite dove to seize its prey, a reassurance that life goes on, that nature heals.

Now back in America, I'll finish my trip report for USAID in the next few days. Then prepare for my next gig in Honduras and Guatemala in February. I'll probably go back to Indonesia in April for a longer stay I hope. Maybe in the next week or so I'll finish another Aceh story too for friends and family.

This note has gotten too long, as if we have stayed in that pub for a few too many pints. Still it is great to talk with you, Des. Keep me posted on your travels or non-travels, on your spiritual journeys and social ones too. I'll do the same. I'm sure these lines will intersect again, and we will find the time to stumble down to the sea to howl together at waves. 🌊

Take care,
Dennis Kalson

A special request is made to all who may be interested in more information or in actual volunteering. Please contact Dennis directly at:

Dennis Kalson
794 Carly Road
Santa Rosa, CA 95405
707.579.4034
dkalson@hotmail.com

Volpe Legislation Update

By Suzanne Du Vall Knorr, REHS
Ventura County Environmental Health

Assemblymember Lieu recently introduced AB 506 to increase penalties for committing battery against a "code enforcement officer", defined as any person employed by an agency with enforcement authority for health, safety, and welfare requirements and authorization to issue citations or file formal complaints — put into the Penal Code by SB 919 in 2003. This includes REHS by defining our duties. If AB 506 passes, the maximum penalty for battery would increase to \$2,000 fine and/or one year in jail, or 3 years in prison. CACE backs this bill, seeking increased protections despite difficulties passing Volpe Legislation. CEHA members will benefit from this bill.

Kathy Raphael from CACE requested information from REHS and CEOs on their experiences with violence in the field, just as we did before with SB 919. All the information she gathers, and articles on the Volpe and Sausage Factory murders, will be presented to persuade the Legislature to pass AB 506. It's a long tiring road to greater protection under the law for our profession, but we will achieve our goal step by tiny step as long as we patiently work towards success. Send information to:

Inspector Kathy Raphael
Community Preservation Program
P. O. Box 1988 (M-19)
Santa Ana, CA 92702
KRaphael@ci.santa-ana.ca.us
714-667-2769.

Thank you to everyone for your participation and support of more protection for our profession.

Lead, continued from pg. 9

secretaries, epidemiologists, nutritionists, coordinators and managers have worked hard to establish rapport with all parties of concern including, but not limited to, parents, tenants, property owners, contractors and property managers to better serve and educate the public. The joint efforts of all these people is truly making a difference in the lives of affected children.

It behooves us to make an effort to understand the dynamics of every case for identifying the source(s) of lead exposure and for successful lead hazards abatement. This requires the full cooperation and coordination of many agencies and departments. Thus, a comprehensive approach involving effective surveillance, quality education, proper intervention, and careful enforcement is necessary to achieve the final goal of ensuring that all children can play, learn, and grow in a lead safe environment. 🌱

Ihsan B. Dujaili has a B.Sc. in Biology from Basrah University, Iraq. He passed a transfer degree from M.Sc. to Ph.D. from University of Wales, Cardiff, Great Britain in Microbiology. He is a State of California certified lead inspector assessor. He has worked for the San Francisco Department of Public Health for twelve years, and is currently an Environmental Health Investigator in the Childhood Lead Prevention Program.

Related links:

www.sfdph.org/cehp
www.dhs.cagov.childlead/
www.epa.gov/lead

References:

- *Interim review of scientific information on lead; United Nations Environment Program Dite/Chemical, October 2006.*
- *Measuring Lead Exposure in Infants, Children, and Other Sensitive Populations, National Research Counsel. 1993. National Academy Press. Washington, D.C.*
- *Article 26 of the San Francisco Health Code.*
- *<http://www.emedicine.com>*
- *Wikipedia, the free encyclopedia.*

Sacramento County Serves Up Green, Yellow, and Red for Food Safety

Color-coded inspection program launched in January 2007

By Alicia Enriquez, REHS
and Zarba Ruiz, REHS

In January 2007, Sacramento County's Environmental Health staff began posting brightly colored inspection placards at fixed food facilities to disclose health inspection results. The placards represent a new disclosure system launched in January 2007 by the County's Environmental Management Department (EMD). This new color-coded rating system, provides the residents and visitors of Sacramento County with an instant message, effectively relaying the food facility's most recent health inspection results and compliance with food safety laws.

A green or "PASS" placard denotes a high level of compliance with zero or one major violation (corrected during inspection). A yellow or "CONDITIONAL PASS" placard is posted at facilities that had more than one major violation (also corrected during inspection). Reinspections for facilities receiving a yellow placard are conducted within 24-72 hours. A red or "CLOSED" placard is posted at facilities when an immediate public health and safety hazard is found. A field guide that outlines CURFFL and provides examples of major violations was developed and distributed to over 5,500 retail food

business operators to assist them in understanding how the system works.

According to Sacramento County's Public Health Officer Glennah Trochet, M.D., the goal of the new program is to reduce foodborne illness. "Food safety practices are critical to the prevention of foodborne illness," said Trochet. The Centers for Disease Control and Prevention (CDC) estimates that nationwide, there are 76 million cases of foodborne illness each year, including 325,000 hospitalizations and over 5,000 deaths.

EMD Director Val Siebal explains that the yellow and red inspection placards will also include summary checklists to indicate what types of food safety violations were observed at the time of the inspection. "We included this section based on input from consumers who said they wanted this additional information on the sign," said Siebal. The EMD website address where inspection reports may be viewed, www.emd.saccounty.net, is also prominently noted on the signs, as well as an inspection history, revealing the results of the food facility's previous inspection.

The placards are posted near the front door and must be visible to the public from outside of the facility. All retail food facilities in Sacramento County will have a sign posted by July 2007, including in the cities of Sacramento, Folsom, Citrus Heights, Rancho Cordova, Elk Grove, Isleton and Galt, as well as in the unincorporated areas of the County.

Color-coded placards are just one component of EMD's Food Safety Program Enhancements. Other activities include:

- Food Safety Education and Training courses for food facility personnel, offered in multiple languages. EMD holds these courses at their offices, as well as private

classes offered at community centers and restaurant sites. There has been a tremendous demand for these educational opportunities. To date, EMD has held 84 classes with over 2,200 participants.

- Outreach to retail food businesses, industry groups, chambers of commerce and related interested groups representing the retail food industry.
- Outreach to the public through various media outlets.
- Increased inspection frequencies and additional staff. Full food preparation facilities are scheduled to receive 3 inspections per year while EMD is currently training 7 REHS candidates and looking to fill 5 vacant positions.
- Improved enforcement processes. Enforcement policies and procedures are currently being updated and revised to accommodate the new disclosure system.

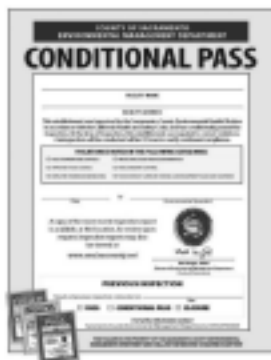
- Standardization training for staff. EMD is focusing on inspector standardization by offering regular in-house training as well as using the retail food inspection field guide to maintain consistent code interpretations. Sacramento County's retail food inspection field guide was also distributed to all 5,500 food facility operators prior to the inception of the new placard program.

- Continued web posting and online education for the public and business owners, including Compliance Assistance Bulletins designed to provide information to the regulated business community on new and emerging environmental regulations.

If you have questions about the new food safety rating system, contact the EMD offices at (916) 875-8440, contact them via e-mail at FoodProgram@Saccounty.net or visit the EMD website at www.emd.saccounty.net.



Green Placard ("PASS"): A high level of compliance achieved.



Yellow Placard ("CONDITIONAL PASS"): Violations observed that required immediate correction and a follow-up inspection.



Red Placard ("CLOSED"): Closure is required when an immediate danger to public health or safety is observed. The facility must remain closed until the danger has been eliminated and verified through a follow-up inspection.

Environmental Health Ethics

By Margaret Blood, REHS and Laura Barnthouse, REHS

Ethics is the study of standards of conduct and moral judgment. In environmental health, some of our behaviors may be very clearly defined as right or wrong, but there are also many choices we make that are in the gray zone.

Obviously, taking a payoff or bribe to write a favorable inspection report is both immoral and illegal. But consider this scenario that most of us have experienced in one form or another:

It is 100° F outside, late in the afternoon. You are hot, tired and thirsty and just want to be done with your inspections for the day. As you are writing up the inspection report at the last food facility for the day, a well-meaning operator brings you a tall, cold soft drink. Do you take it?

If you have completed your inspection, delivered and received the signed copy of the report, is it okay now to take the soda for the road? If you take the drink, will the operator expect leniency in the future? Has this changed the relationship and reduced your perceived authority? Will you feel more sympathetic to this individual since they gave you this small gift? Is it just life-saving liquid from a kind soul and irrelevant to your inspection and investigation duties? We face many gray areas where the ethical answer is not obvious.

You could ask yourself the following questions to help you decide the answer to your dilemma:

- Is there transparency?
- What are the effects of your actions?
- Is there an unfair advantage?
- Is there a conflict of interest?

Keep in mind, though, that usually if you have to ask yourself if it is ethical, it probably is not, or is questionable at best, and should be avoided.

A conflict of interest occurs when your personal interest influences your decision as a professional or public official. Conflicts of interest are specific to particular circumstances, require professional judgment and may be real, potential or perceived. In general, we expect government officials to act in the best interest of the public at large. A conflict of interest describes a circumstance where the

best outcome for the professional conflicts with the best outcome for the public. It is important to remember that the perception of a conflict of interest requires the same disclosure and scrutiny as a real conflict.

You avoid conflicts of interest by revealing any private financial interest you (or your immediate family) may have within your jurisdiction. Are all relevant personal circumstances surrounding your decisions known to your employer and the public? Most of us are required to complete CA Schedule 700 from the Fair Political Practices Commission. Schedule 700 records your financial interest in property or businesses located within your jurisdiction.

How do you identify conflicts of interest? Michael McDonald suggests in his paper *Ethics and Conflict of Interest*, to use the trust test:

“Would my employer, clients, colleagues or the general public trust my judgment if they knew I was in this situation? Trust, in my opinion, is at the core of this issue. Conflicts of interest involve the abuse, actual or potential, of the trust people have in professionals. This is why conflicts of interest ...damage the whole profession by reducing the trust people generally have in professionals.”

Conflicts of interest are not the only ethical questions that face the REHS. Instances also occur where your own county or department policy is contradictory to sound environmental health practices. An individual REHS may be torn between loyalty to his/her employer or coworkers and his/her responsibility to protect public health.

Unethical practices may be personality driven. Personal and group dynamics can lead inspectors to use poor judgment. A weak, unfortunate operator may play to your sympathies encouraging you to “look the other way”. An inspector with a less empathetic personality may be more likely to “throw the book at him”. Knowing how you are likely to react can help you be prepared in challenging situations.

Aside from ethical standards of conduct, we also each have our own moral compass that guides our life and the choices we make. Other people, including co-workers and management, may not share the same moral guidelines, potentially resulting in serious conflict in the workplace.

Conflicts can lead to complaints. Individual REHSs are subject to an investigation process when a complaint is filed against them. You can lose your registration and even your job for serious lapses of judgment or clearly unethical or wrongful behavior.

Anyone can file a written complaint against a REHS to the CDHS, but anonymous or verbal complaints are not investigated. Following the receipt of a complaint, program staff compiles any written documentation, writes a summary of the complaint, collects all background information, and interviews the complainant, the REHS and other witnesses. The preliminary report is presented to the EHSR Committee in a confidential closed meeting. CDHS is available to provide guidance, support and information regarding ethical questions relative to the practice of environmental health.

At the CEHA AES in Sacramento we have invited John Gregg, UC Davis, Director of Controls and Accountability to speak to us on the topic of ethics in the practice of environmental health. We would like him to address specific questions on ethical conflicts in the context of environmental health work. 🐦

Please send your questions to:
Margaret Blood, REHS
REHS Program
MS 7404
PO Box 997413
Sacramento, CA 95899-7413

All questions will be presented anomalously unless requested otherwise. You may describe a current, past or potential event or situation.

Reference

Michael McDonald, 2004. *Ethics and Conflict of Interest*.

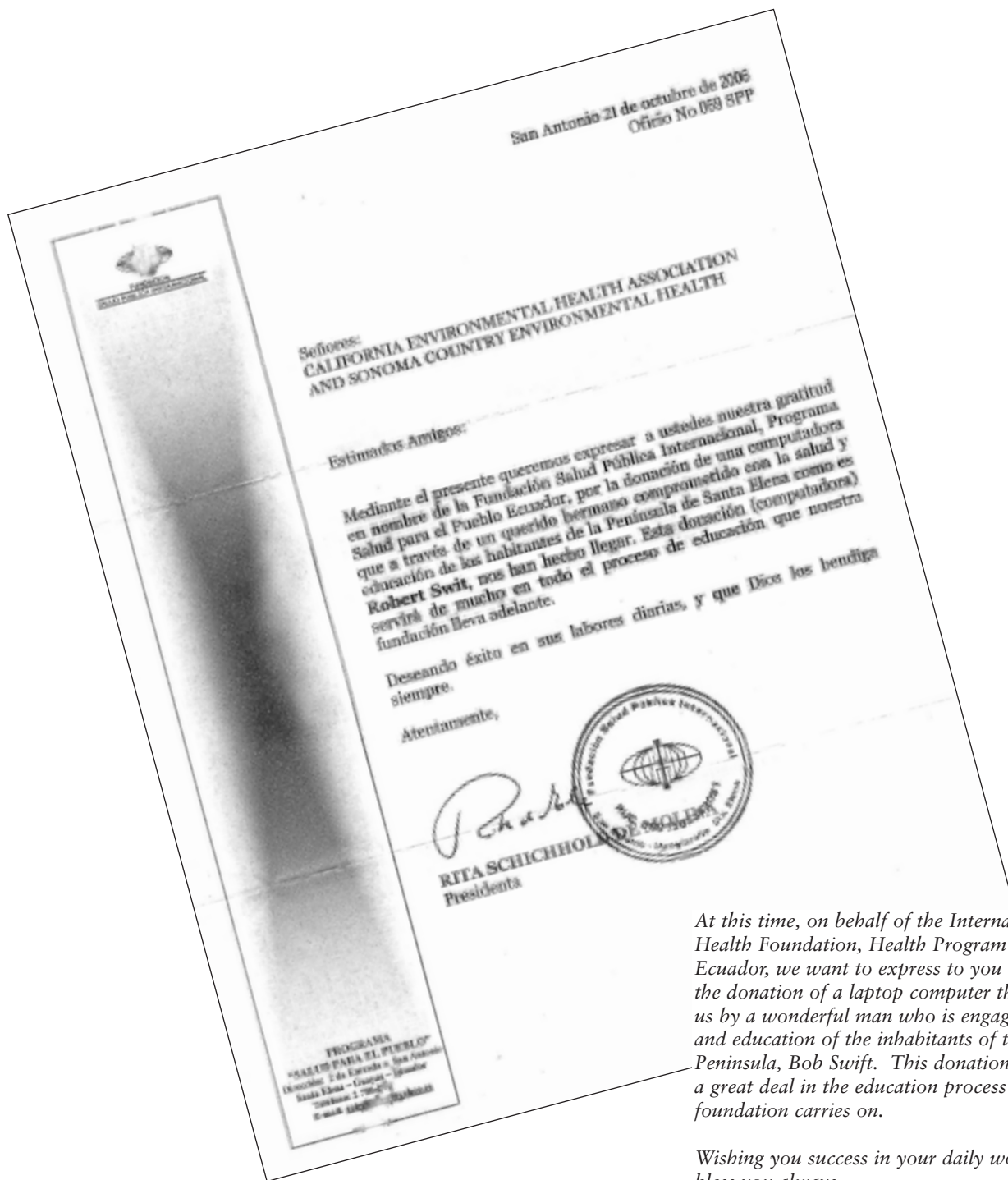
<http://www.ethics.ubc.ca/people/mcdonald/conflict/htm>. March 3, 2007

International Environmental Health in Action

At the 2006 Northern Update held last October in Santa Rosa, Bob Swift, former CEHA Environmental Health Specialist of the Year, presented a section on his outstanding volunteer work assisting a remote village in Ecuador with building a

clean, safe and reliable water supply. Bob has a number of other environmental projects on the drawing board for this same village, but funding is always difficult. After his presentation at the Update, we "passed the basket" and attendees were very generous! With that money, along with what he earned selling native handicrafts,

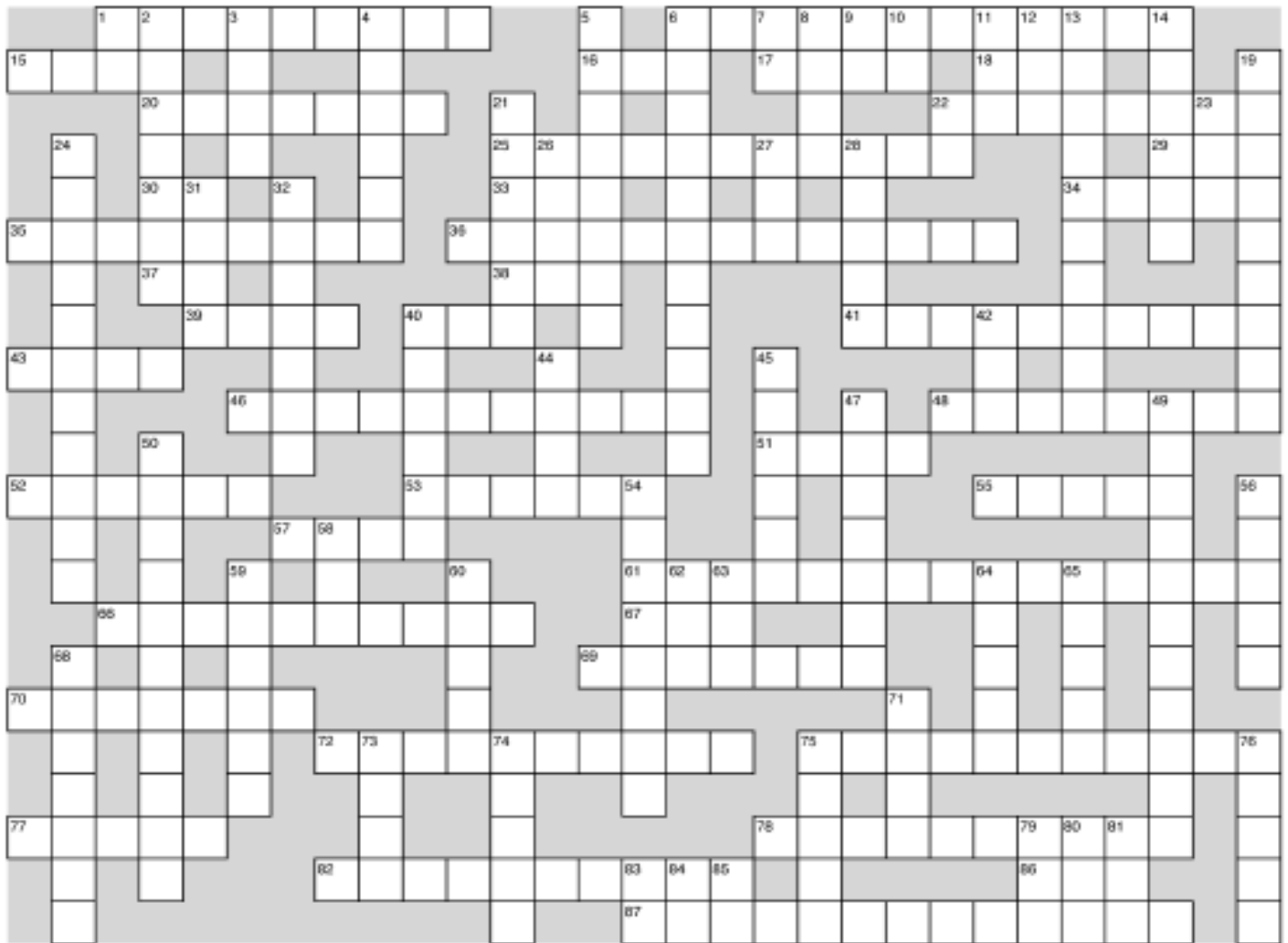
he was able to purchase a much-needed laptop computer for use by the villagers, and specifically for a student whose higher education he is now funding. By helping Bob and his projects in Ecuador, we can vicariously help those who are most in need. This is the letter of thanks received as a result of the donation.



At this time, on behalf of the International Public Health Foundation, Health Program for the town of Ecuador, we want to express to you our gratitude for the donation of a laptop computer that was brought to us by a wonderful man who is engaged in the health and education of the inhabitants of the Santa Elena Peninsula, Bob Swift. This donation (computer) serves a great deal in the education process that our foundation carries on.

Wishing you success in your daily work and may God bless you always.

That Makes Me Sick!



www.CrosswordWorrier.com

ACROSS

- 1 Where an organism normally lives
- 6 Disease spread or a car part
- 15 Song bird
- 16 Ant
- 17 Insincere talk
- 18 Poetic time of day
- 20 Theme of this puzzle
- 22 Menace on the Amazon
- 25 Disease gotten from eating bears
- 29 Cost of service
- 30 Part of a yr
- 33 Film about androids
- 34 Part of the central nervous system
- 35 # of disease cases in a community
- 36 Disease that sounds like it's from Egypt
- 37 Business abbreviation
- 38 French holy woman
- 39 Sounds heard at the stadium
- 40 Liquid measurements
- 41 Disease gotten by drinking stream water in Yosemite
- 43 Carriers of rabies
- 46 Inhalation hazard in Fresno County
- 48 Animal disease transmissible to humans

- 51 Mighty mite
- 52 It flourishes in warm water mollusks
- 53 Mutate or change
- 55 ____ O157:H7
- 57 Controversial apple spray
- 61 Organism that causes disease
- 66 Mixed the DNA again
- 67 German pronoun
- 69 Another name for "lock-jaw"
- 70 Intestinal disease from food/water
- 72 Organism causing malaria
- 75 Disease once called undulant fever
- 77 Opposite of acidic
- 78 Disease vectored by mice
- 82 Defense against disease
- 86 Kind of meal
- 87 Organism causing bloody diarrhea

DOWN

- 1 In regards to, for short
- 2 Habitually present in an area
- 3 Lessen, such as pain
- 4 Type of water treatment
- 5 How toothpaste is applied
- 6 Infamous disease carrier
- 7 Rated in BTUs

- 8 Prefix meaning very small
- 9 Symbol for tin
- 10 High land formation, abbr
- 11 One of 100, for short
- 12 Large expanse
- 13 What microbes need to grow
- 14 Type of milk
- 19 Tape worm disease
- 21 Overload symptom
- 22 ____ it were
- 23 Agnes ____
- 24 Good for getting rid of germs
- 26 Oxidized iron
- 27 Wind direction
- 28 what bees do
- 31 Redolence
- 32 Spore-former used in bio-terrorism
- 40 Basis for milk pasteurization
- 42 Spanish river
- 44 Small biological unit
- 45 Disease you want to "avoid"
- 47 Inanimate objects that carry disease
- 49 Disease once known as bacillary dysentery
- 50 Problem at a Farmer John's plant
- 54 # of disease cases above normal
- 56 Most likely vehicle of

- communicable disease
- 58 Research fac.
- 59 Path of disease
- 60 Vector of yellow fever
- 62 Used to catch butterflies
- 63 Italian monk
- 64 Bring together
- 65 Heavenly being
- 68 To combine with a metal
- 71 Where a tear may come from
- 73 These can live on your head
- 74 House ____
- 75 Like small, penetrating eyes
- 76 Org. living on your skin
- 79 Summer/winter games organizer
- 80 Common spreader of Leptospirosis
- 81 Southwestern indian
- 83 Its st. capitol is Raleigh
- 84 It has a bear on its st. flag
- 85 printing measure

**Answers on back cover*

LANCASTER SYMPOSIUM

July 5-7, 2007
Edge Hill College
Ormskirk, England

CEHA is twinned with the North Western Centre, England. Each year, the two groups reciprocate delegations. The application for the 2007 CEHA delegate can be found below. This year's conference theme is food. Please complete, and return the delegate application no later than April 20, 2007. The chosen delegate will have the opportunity to meet delegates from the North Western Centre at the CEHA AES, April 25-27, in Sacramento.

International Exchange Policy

The CEHA Board of Directors has adopted the following policy on International Exchanges. This policy is to be followed whenever a CEHA International Exchange opportunity presents itself. A CEHA International Exchange opportunity is one where an individual is specifically selected to represent CEHA at an international function, as a delegate, in a recognized on going exchange.

Chapter 24 – CEHA Policy and Procedure Manual

B. President's Policy on International Exchange Delegation Selection.

1. The following criteria will be used in the selection of delegates for participation in CEHA coordinated professional and academic international exchanges:

- a. Long term or outstanding service to CEHA and/or the profession:
 - (1) Held elective office(s);
 - (2) Served on one (1) or more committees;
 - (3) Contributed to professional REHS development (e.g., EHSRC, active involvement with education or continuing education);
 - (4) Completed a project that benefits CEHA, REHSs or the people of California regarding environmental health.
 - (5) Participated in CEHA via contributions to the publications or as a speaker at an AES or Update: Ability to commit all requisite personal funds for the cost of trip that may include airfare and ground transportation, hotel accommodations, food, passport and VISA fees, plus appropriate gifts for international hosts; Be willing to undertake all necessary physical exams and immunizations at own expense; Be willing to sign a waiver releasing CEHA of any and all liability resulting from physical, logistical or political problems; Ability to commit to assisting with fund-raising for reciprocal delegations; Ability to commit to sharing experiences with CEHA membership via the Bulletin, AES or Updates, or with board.

Name: _____

Address: _____

Phone: (work) _____ (home) _____

Current Employment: _____

Previous and current service to CEHA and/ or the Profession _____

(Feel free to attach additional information)

I have read the President's Policy on International Exchange Delegations, and agree to abide by the terms in the delegate selection criteria.
I am in good physical health.

(signature)

(date)

Return completed applications to:

Diane Eastman, Chair
CEHA International Committee
6098 Cardinal Street
Ventura, CA 93003

Orenco Systems®, Incorporated

New Product Release

Try this with any other tank!



No leaks!

This unsupported 1,500-gallon tank is filled with water to the top of its five-foot riser.

Orenco's injection-molded fiberglass tanks set a new standard:

- Our molding process turns out perfectly uniform tank halves, *every time*
- Every tank is tested twice for watertightness
- Our tanks withstand a minimum 11" Hg vacuum, ensuring they'll easily withstand four-foot burial empty with water to grade and a 2500-lb wheel load on the surface
- Our tanks are light enough to carry in a pick-up or small utility trailer and install with a backhoe

Are you interested in installing truly watertight and structurally sound tanks? Now you can. Call Orenco at (800) 348-9843 to find out how you can see our tanks for yourself.



Orenco®
**Fiberglass
Tanks** 
Really strong! Really watertight!

We dare ya!



Orenco Systems®
Incorporated

Changing the Way the
World Does Wastewater®

1-800-348-9843 • www.orenco.com • www.vericomm.net

CEHA CORPORATE MEMBERS



Garrison Enterprises Inc.
 P.O. Box 690426
 Charlotte, NC, 28227
 (704) 569-0801
 contact: Cameron Garrison
 2006 AES Bronze Sponsor

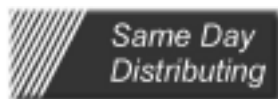


AIR DOORS

Mars Air Doors
 14716 Broadway
 Gardena, CA 90248
 (310) 532-1555
 Contact: Dana Agens
 www.marsair.com
 marsinfo@marsair.com
 2006 AES Silver Sponsor



H2O Enviro-Tech Corporation
 150 Post Street
 San Francisco, CA 94108
 (800) 667-0097
 contact: Temer Garner
 gtemer@h2o-envirotech.com
 www.wastedirect.com



Same Day Distributing, Inc.
 5692 Buckingham Dr.
 Huntington Beach, CA 92649
 Outside Orange & LA Counties
 (714) 379-2060
 (800) 735-2261
 Contact: Susan Hicks
 www.same-day.com



Taylor Technologies
 31 Loveton Circle
 Sparks, MD 21152
 (410) 472-4340
 Contact: Tom Metzbower
 www.taylortechnologies.com



American Food Safety Institute
 1 Green Street
 Hulmeville, PA 19047
 800-723-3873
 Contact: David Nash
 www.americanfoodsafety.com



Underwriters Laboratories Inc.
 333 Pflingsten Road
 Northbrook, IL 60062-2096 USA
 (847) 664-1579
 Contact : Jim Dingman
 james.d.dingman@us.ul.com
 www.ul.com/regulators



Western Exterminator
 305 North Crescent Way
 Anaheim, CA 92801
 (714) 517-9000 x148
 Contact: Jesse Fulton
 www.westernexterminator.com
 2006 AES Silver Sponsor



Southern California Gas Company
 9240 Firestone Bl. SCERC 7
 Downey, CA 90247
 (562) 803-7323
 Kristen Towner



NOON
 CAP
 THE

SAVE THE DATE

Thursday October 11, 2007



Don't Gamble With Environmental Health

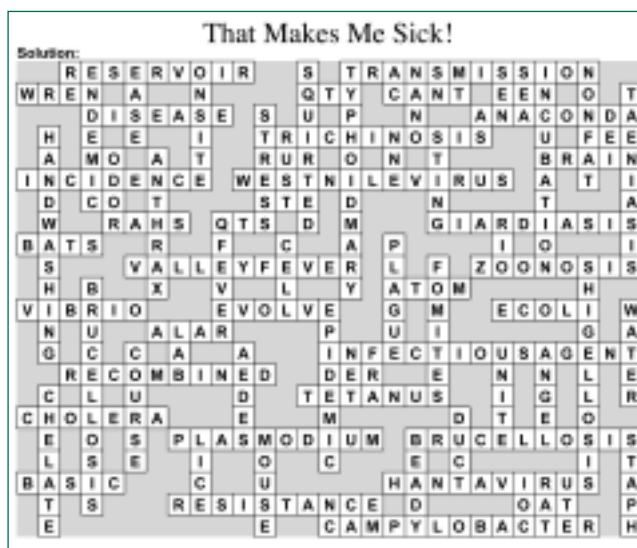


California Environmental Health Association

110 S. Fairfax Avenue, #A11-175
 Los Angeles, CA 90026
 (323) 634-7698
 support@ceha.org

Check the website
 for updated information
 www.ceha.org

CEHA CALENDAR OF EVENTS

April 7, 2007World Health Day <http://www.who.int/en>**April 23 -27, 2007**CEHA AES - Radisson Resort Hotel
500 Leisure Lane, Sacramento, CA 95815
(916) 920-7362; www.radisson.com**April 24, 2007**Board of Directors Meeting (1:00 pm to 5:00 pm)
Radisson Hotel; 500 Leisure Lane, Sacramento, CA 95815**April 28, 2007**Board of Directors Meeting (9:30 am to 4:30 pm)
Radisson Hotel; 500 Leisure Lane, Sacramento, CA 95815**June 18-21, 2007**NEHA 71st Annual Educational Conference, Atlantic City, NJ
<http://www.neha.org>**October 11, 2007**CEHA Northern Update, Lake Tahoe Conference Center
<http://www.ceha.org>

Please Note: CEHA has a new mailing address. The new address is:
110 South Fairfax Avenue, #A11-175
Los Angeles, California, 90036

The new phone, fax and email are:
(323) 634-7698 Phone
(323) 571-1889 Fax
support@ceha.org

Please visit the CEHA website at www.ceha.org



California Environmental Health Association

110 South Fairfax Avenue, #A11-175
Los Angeles, California, 90036

Address Service Requested

PRSR STD
US POSTAGE
PAID
CAREFUL DESIGN
94565