

WOHC 2006!
September 14-16
Hyatt Regency Lake Tahoe

QUARTERLY NEWSLETTER • SUMMER 2006

President's Message

Occupational Medicine: What Clearly Works

September 14-16 at Lake Tahoe



What Clearly Works is the theme of this year's Western Occupational Health Conference (WOHC).

The focus is on evidence-based medicine and the ACOEM Code of Ethics guideline to practice on a scientific basis with integrity.

WOHC is being held in beautiful Lake Tahoe at the Hyatt Regency Lake Tahoe Resort, Spa and Casino from September 14-16, 2006. The Hyatt Resort is on the water's edge of north Lake Tahoe in Incline Village. This area provides plentiful fall activities such as sailing, boating, canoeing, kayaking, fishing, hiking, mountain biking, golfing or lakeside lounging.

The past few years have seen this educational conference grow by leaps and bounds, and WOHC now, celebrating its 50th year, represents the premier occupational medicine conference in the Western United States. Conference chair, **Roger Belcourt, MD**, and the conference committee have put together

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Joining Forces in California on Workers' Comp Reimbursement

WOEMA's commitment to working with allies on its legislative advocacy is starting to yield results. Following WOEMA's Legislative Affairs Committee meeting in June, chair **Steven Schumann, MD**, convened a discussion among several organizations on possibly teaming up on efforts to push for a revision of the medical services fee schedule in California's Workers Compensation program.

A preliminary contingent of a broader coalition – including representatives from WOEMA, the California Occupational Medical Physicians (COMP), and the California Academy of Family Physicians (CAFP) – met June 27 with Carrie Nevans, the acting head of the Division of Workers' Compensation to urge the revision.

Under statute, DWC has been authorized since January 1 to adopt a new Official Medical Fee Schedule to replace the current, convoluted schedule, which is decades out-of-date and drastically undervalues cognitive services billed under the Evaluation and Management (E & M) codes. Various studies, most recently by the Lewin Group in 2002, have recommended that the underpayment be corrected, since it jeopardizes patient access and the ability of Primary Treating Providers to stay in the system.

Specifically, the coalition is seeking a new schedule that:

- 1) Sets minimum reimbursement for all codes at the 120 percent of Medicare on a specific date.
- 2) Includes an additional adjustment in E & M reimbursement to correct for the undervaluation noted in the Lewin Report.
- 3) Is pegged to RBRVS-based methodology (which allows for continual updates) but which is not linked to the Medicare conversion factor specifically. This "delinking" would ensure that Workers' Comp payments in California are not influenced by the federal Budget-balancing changes made to Medicare).

A new schedule has become particularly urgent with the impending new pharmacy schedule, which by limiting reimbursement to the Medi-Cal scale (plus a small dispensing fee) would all but eliminate providers' ability to dispense pharmaceuticals out of the office.

Ms. Nevans did remark on how the two schedules impact California's network of PTPs. She said she believed that despite some notorious abuses, many physicians simply need to dispense just to balance their books. The solution, she agreed, would hopefully come with the OMFS revision, for which DWC is now in the process of commissioning up-to-date studies.

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ACOEM Board of Examiners Encourages You to Apply for Fellow Status

The status of Fellow is the highest classification of membership in ACOEM. Fellowship distinguishes and recognizes members of the College for their training, accomplishments, and experience in occupational and environmental medicine at the national, component, and local levels, as well as the member's academic and scientific contributions. The Board of Examiners for Fellow Candidates feels passionately that the College needs more Fellows and that those who are making significant contributions to the College and the field of occupational and environmental medicine deserve special recognition.

Fellowship provides ACOEM members the opportunity to serve our organization at the highest levels and is a qualification for leadership positions such as council chair and officer of the Board of Directors. Too often, an outstanding colleague must be passed over for a leadership position because she or he is not an ACOEM Fellow. Are you eligible to apply for Fellow status within the College? If you've been an Active Member for the last three years, you've already met one of the requirements. Board certification (though not necessarily in occupational medicine) is another requirement for eligibility.

Your Fellow application must be signed by an officer of the WOEMA Board of Directors, so be sure to complete it in time to allow time to secure the required signature.

For additional requirements, visit the ACOEM web site at www.acoem.org to review the **Fellowship Point System for Eligibility**. Applications for Fellow status are also available on the ACOEM web site, or call the Membership Department at 847/818-1800, ext. 373, to request an application. Applications are accepted year-round and must be submitted to Jerrie Abrahamson at ACOEM for consideration. ♦

President's Message

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another block-buster program.

The conference will kick off with our popular "Power Orthopedics" that will emphasize the treatment of foot, ankle, knee and hip injuries. Some of the other hot topics include:

- Maintaining Function in Workers with Chronic Pain
- Focusing on the Eye - (using floor and hand-held slit lamps)
- Drugs of Abuse in the Workplace
- Controversies in Upper Extremity Musculoskeletal Disorders
- An Insider's Look at Executive Health
- The Proper Use of Acupuncture: an Evidence-Based Approach

- Nevada State Correctional Facility Site Tour / Gold Mine Site Tour
- DOT Guidelines
- Utilization Review in California
- The Delicate Environmental Balance of Lake Tahoe
- Update on Disaster Preparedness
- Travel Hazards in North America
- Advanced Power Orthopedics

A golf tournament is offered on Wednesday, September 13 prior to the start of the conference. A Thursday evening Welcome Reception features our very own "WOHC Brothers" entertainment plus a fun celebration of WOHC's 50th anniversary. On Friday, September 15th, for guests, spouses

and attendees we have a catamaran tour of Lake Tahoe during the day and a casino slot tournament in the evening that is open to all. On Saturday evening, we have our signature event, Sunset in the Sierra, with wine tasting, native dances, stargazing and dinner in a private lodge overlooking the scenic Lake Tahoe.



Craig Conlon, MD
WOEMA President

Register on-line at www.woema.org or call 415-927-5736 to attend WOHC 2006 NOW!
Make your hotel reservations by calling 1-800-233-1234. Request our group room rate of \$179 per night until August 12, 2006 based on availability.

Notice of WOEMA Annual Business Meeting

This serves as official notice of the Annual Business Meeting of the Western Occupational & Environmental Medical Association (WOEMA) to take place on Friday, September 15, 2006 at the Hyatt Regency Lake Tahoe, Incline Village, NV at 12 noon. At that meeting, there will be the election of officers and directors to fill vacancies on the Board. Proposed by the WOEMA Nominating Committee, chaired by Dr. Constantine Gean, are the following nominees:

Second Vice President (*one-year term*)

Paul J. Papanek, Jr., MD, MPH

Chief, Occupational Health Services
Metro LA Kaiser On the Job
Los Angeles, CA

Treasurer (*two-year term*)

Alan E. Randle, MD

Occupational Medicine Consultant
Stockton, CA

Candidates for Director

(*two vacancies*):

Leslie Israel, DO, MPH

Associate Clinical Professor, University
of California,
Irvine, CA

Ann Dew, DO, MPH

Program Director, Occupational Medicine Residency Program
Loma Linda University Medical Center,
Loma Linda, CA

Sarah A. Jewell, MD, MPH

Associate Clinical Professor, UCSF/
SFGH Division of Occupational and
Environmental Medicine
San Francisco, CA

Paula Lenny, MD, MPH

Kaiser Permanente Occupational
Health Services
Paia, HI

At the Annual Business Meeting, additional nominees may be offered from the membership. Because the slate submitted by the Nominating Committee names more than one candidate for a specific office (director positions), a mail ballot shall be distributed in October 2006 to all eligible voting WOEMA Members listing each candidate for each contested office. The deadline for returning ballots is December 1, 2006.

Study Shows Physician Incomes Falling

The average physician's income dropped by \$13,000 between 1995 and 2003, because of cuts in payments from Medicare and private insurance providers, according to a study released last week by the Center for Studying Health System Change (HSC).

Physicians earned 7 percent less, after adjusting for inflation, during 2003 than they did in 1995, according to HSC, a nonpartisan policy research organization in Washington, D.C. The decline in physicians' real income stands in sharp contrast to wage trends for other professionals who saw about a 7 percent increase during that same time period.

Among different types of physicians, primary care physicians fared the worst with a 10.2 percent decline between 1995 and 2003, while surgeons' income declined by 8.2 percent. But medical specialists' income essentially remained unchanged.

The study also found that the average number of hours worked by physicians fell slightly from 55.5 hours a week in 1995 to 53.2 hours in 2003. This includes time spent on administrative tasks, professional activities, and direct patient care, but not time spent on call when not actually caring for patients. Physicians are also spending



more time on direct patient care. With patient care hours increasing and total work hours falling, physicians are now spending a significantly larger proportion of their work time caring for patients, 86 percent in 2003 compared to 81 percent in 1995. ♦

News You Can Use from the Literature

COMPILED BY CONSTANTINE J. GEAN, MD, MS, MBA, FACOEM
VICE PRESIDENT AND CHIEF MEDICAL OFFICER, UNUM PROVIDENT



Only chronic lymphocytic leukaemia (CLL) was significantly associated with the use of hair dyes (OR = 2.3) and

increased with lifetime doses received according to a study of 574 incident lymphoma cases and 616 hospital controls in a multicentric study. Hair dye use information was obtained through personal interviews (excluding other known or putative risk factors for lymphoma). Ever use of hair dyes was associated with a non-significant 20% increased risk of lymphoma (OR = 1.2). Authors stress that a CLL association needs to be replicated. *Int J Epidemiol*, 2005 Oct;34(5):1118-22. Epub 2005 May 24.

■ **There is an likely an ingredient in coffee that protects against cirrhosis, especially alcoholic cirrhosis** per a prospective cohort study over 7 years ('78 to '85) of 125,580 members of a comprehensive HMO without known liver disease - through 2001, 330 of these were diagnosed with liver cirrhosis. The relative risks (RR) of alcoholic cirrhosis (199 subjects) for coffee drinking (vs none) were: <1 cup/d=0.7; 1 to 3 cups=0.6; and 4+ cups=0.2. For the 131 with nonalcoholic cirrhosis, RRs were: <1 cup=1.2; 1 to 3 cups=1.3; and 4+ cups=0.7. Tea drinking was unrelated to alcoholic or nonalcoholic cirrhosis. *Arch Intern Med* 2006 Jun 12;166(11):1190-5

■ **Fibromyalgia (FM) symptoms improved with acupuncture ac-**

ording to a randomized controlled trial of 50 FM patients (25 in the acupuncture group and 25 controls - all met Am. Coll. of Rheum FM criteria. FM Impact Q'aire and the Multidimensional Pain Inventory were taken at baseline, just after tx, and at 1 and 7 mo. showed total symptoms significantly improved in the acupuncture group vs. controls. The largest improvement was observed at 1 mo. (42.2 vs. 34.8 symptoms). Symptomatic improvement was not restricted to pain relief and was most significant for fatigue and anxiety. *Mayo Clin. Proc.* 2006 Jun;81(6):749-57

■ **Compensation status is associated with poor outcome after surgery** based on a meta-analysis of 129 studies with available data (unblinded selection) (n = 20,498 patients) that revealed summary odds ratio for an unsatisfactory outcome in compensated patients to be 3.79. Grouping studies by country, procedure, length of follow-up, completeness of follow-up, study type, and type of compensation showed the association to be consistent for all subgroups. *JAMA*, 2005 Apr 6;293(13):1644-52

■ **Reported outcomes in major cardiovascular clinical trials funded by for-profit organizations were shown to more often report positive findings on newer drugs over standard of care than trials funded by not-for-profit organizations** per a review of 324 consecutive superiority trials of cardiovascular medicine published between 1/1/00 and 7/30/05. Of the 104 trials funded by not-for-profit organizations,

51 (49%) reported evidence significantly favoring newer treatments over the standard of care. By contrast, 92 (67.2%) of 137 trials funded solely by for-profit organizations favored newer treatments over standard of care. *JAMA*. 2006 Jun 21;295(23):2726

■ **The FDA licensed Zostavax, a new live virus vaccine to reduce the risk of shingles (herpes zoster) for use in people 60+ years of age.** Zostavax was studied in 38,000 individuals 60+ years of age-half received Zostavax and half a placebo, and were followed for ~3 yrs. - in those 60+ y/o, the vaccine reduced shingles occurrence by about 50% (for ages 60-69 by 64%). FDA Website <http://www.fda.gov/bbs/topics/NEWS/2006/NEW01378.html>. (5/26/06)

■ The Food and Drug Administration (FDA) on 6/7/06 announced the approval of Gardasil, the first vaccine developed to prevent cervical cancer, precancerous genital lesions and genital warts due to human papillomavirus (HPV) types 6, 11, 16 and 18. It is approved for use in females 9-26 y/o. It is effective against HPV types 16 & 18, which cause ~70% of cervical cancers and against HPV types 6 & 11, which cause ~90% of genital warts. Cervical cancer is the second most common cancer in women; and causes over 470,000 new cases worldwide and 233,000 deaths each year. In women not already infected, Gardasil was nearly 100% effective in preventing precancerous cervical,

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News You Can Use

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vaginal and vulvar lesions, and genital warts caused by the HPV types against which the vaccine is directed. FDA Website <http://www.fda.gov/bbs/topics/NEWS/2006/NEW01385.html> (6/7/06)

■ **Varenicline's (aka, Chantix, an alpha4beta2 nicotinic acetylcholine receptor partial agonist) short-term and long-term efficacy in smoking cessation exceeded that of both placebo and bupropion SR** according to a randomized, double-blind, placebo-controlled trial conducted between 6/03 and 3/05 with a 12-week tx. period and follow-up of smoking

status to week 52. (N=1027 smokers enrolled). For weeks 9 to 52, 23% of the varenicline group were continuously abstinent vs. 10.3% in the placebo group (OR, 2.66) and 14.6% in the bupropion SR group (OR, 1.77). JAMA 2006 Jul 5;296(1):56-63.

■ **Residents of apartment buildings have substantially higher injury rates than other dwelling types** per a British retrospective population-based cohort study where over 58,000 homes were classified into 94 types. Among the 112,248 inhabitants, there were 18,044 emergency department visits for treatment of an injury suffered in the dwellings. Compared with other dwelling types, adjusted odds ratio of injuries for residents of apartments was substantially elevated for all injuries

(OR=2.07) and for poisoning episodes (OR=5.6) Am J Prev Med. 2006 Jun;30(6):513-20

■ **There were no adverse neuropsychological or renal effects related to mercury amalgam fillings observed over 5 years** (9/97 to 5/02) per a study of 534 children, 6 to 10 y/o, and with no prior amalgam restorations at baseline and 2 or more posterior teeth with amalgam restorations. Outcome measures showing no significant differences included 5-year change in full-scale IQ scores, tests of memory and visuomotor ability and GFR. JAMA 2006 Apr 19;295(15):1775-83

■ **No evidence of an association between aspirin use and ovarian cancer risk was detected** either assuming a random-effects model (RR = 0.92), or a fixed-effects model (RR = 0.93). based on a metaanalysis of 10 reports (6 case-control and 4 cohort studies), published between 1998 and 2004. Also, no evidence of an association between non-aspirin NSAID use and ovarian cancer was detected. Br. J. Clin Pharmacol 2005 Aug;60(2):194-203.

■ **Incubation periods of infection with human prions can exceed 50 years** was the conclusion after analysis of 11 patients with kuru from July, 1996, to June, 2004, all living in Papua New Guinea. All patients were born before the abrupt cessation of cannibalism in the late 1950s. The minimum estimated incubation periods (IP) ranged from 34 to 41 years (likely IPs in men were 39 to 56 years – possibly up to 7 years longer). PRNP analysis showed that most with kuru were heterozygous at codon 129, a genotype associated with extended IPs and resistance to prion disease. Lancet 2006 Jun 24;367(9528):2068-74. ♦



WOEMA members gathered in Los Angeles on May 6, 2006 at the American Occupational Health Conference at a networking reception sponsored by Workers' Comp Executive and CalOSHA Reporter newsletters. At the reception, members heard all about planning for the upcoming Western Occupational Health Conference, September 14-16 being held at Lake Tahoe.

New Utilization Management Knowledgebase

Register for a Free 30-Day Trial

ACOEM announced the premier of its Utilization Management Knowledgebase (UMK), a new breakthrough on-line workers' compensation resource that assists in evaluating, tracking, and reporting the medical necessity and/or appropriateness of health care services. This state-of-the-art relational database is fully referenced and medically consistent with ACOEM's Occupational Medicine Practice Guidelines and APG Insights newsletter.

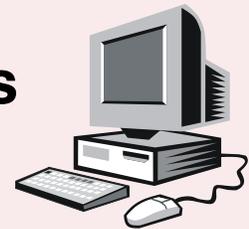
The UMK can be customized to each patient's clinical circumstance and provides precise identification of treatment plans every time. The "UMK codes" structure enables you to save time looking up ICD-9-CM search technology, and its complete treatment pathways and action plans reduce interpretation time. The clinical vignettes also provide quick reviews for case managers.

The UMK presents relevant, up-to-date utilization information for

those involved in the administration of health care programs, utilization management, or other facets of the disability management delivery system including workers' compensation insurance and administration. See for yourself - For a limited time only, you can register for a free 30-day trial at www.acoem.org or call 847/818-1800 for more information. Substantial discounts are available for ACOEM members. ♦

Interesting and Useful Web Sites

CONTRIBUTED BY CONSTANTINE J. GEAN, MD, MS, MBA, FACOEM



Medical Algorithms Project Website

<http://www.medal.org/Visitor/login.aspx>

Need a copy of the Mini Mental Status Test in a hurry? Misplaced that AST-to-ALT ratio cheat sheet for hepatic diseases? Forgot exactly how to grade reaction severity in peanut and nut allergy? ANA immunofluorescence patterns got you stumped again? See dubiety and mental clabbers shrink to bibelots due to the best "just-in-time learning" site for clinicians AND scientific types that I have ever seen. The site is part of the Texas-based nonprofit Institute for Algorithmic Medicine which maintains the Medical Algorithms Project website (<http://www.medal.org/Visitor/login.aspx>). This site contains multiple algorithms for 45 specialty/content areas including OEM, Musculoskeletal Medicine, Psychiatry, Sports Medicine, Pharmacology and Toxicology, Cardiology, Rheumatology

and 38 other areas. All algorithms are accessed through a logical and easy to navigate interface. Relevant and useful scales for clinical assessment are included and all are referenced. Included is a panoply of medical converters including SI units, metric conversions, radiation exposure and other interesting and useful stuff like JCAHO Sentinel Event Reporting, Triggers for Media Coverage of an Adverse Event, The Patient-Doctor Interaction Scale, wind chill equation, Health Restrictions on Air Travel and literally hundreds more. This site is yours for free (with a simple registration) and truly worth a look. I'd wager you'll find it indispensable.

Bonus Site #1 – Pain Website

A web site on pain is sponsored by the American College of Physicians. This is a very concise site that has it all in one place on pain. This includes

definitions, key clinical features, best tests, best therapy and best references. This aide-memoir can be found at <http://acpmedicine.com/dxrx/dxrx1114.htm>.

Bonus Site #2

From Research to Practice

Open-Source Medical Journal Helps Physicians Translate Clinical Research into Practice. The Public Library of Science's journal, PLoS Medicine, is a free, open-source, peer-reviewed medical journal (<http://www.plosmedicine.org>). The Public Library of Science (PLOS) is a nonprofit organization committed to making the world's scientific and medical literature freely available on-line. The PLoS Clinical Trials and PLoS Pathogens Journals also look quite useful. ♦

Joining Forces...

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Encouragingly, Ms. Nevans also explained she is not assuming that a revision would dollar neutral – that is, an increase in payment for one set of codes would not necessarily entail a decrease in others. Within the provider community, the idea that the “pie” for medical services could be expanded contains with it the hope for a consensus endorsement by the “house of medicine.” (Such a consensus proved painfully elusive three years ago, when various provider organizations broke ranks from a CMA-led effort to build solidarity).

In all, our small coalition met with Ms. Nevans for an hour-and-a-half. The news was not entirely positive – DWC feels it has little wiggle room on implementing the new restrictive pharmacy fee schedule. But our group

was pleased about the degree to which DWC and Ms. Nevans appears knowledgeable and sympathetic about the role of PTPs. Also, an OMFS overhaul appears to be one of her priorities.

WOEMA’s efforts to advance its participation with other organization got another huge boost too with Dr. Schumann’s June appointment to the California Medical Association’s Workers’ Compensation Technical Advisory Committee. The TAC is instrumental to informing CMA positions on Workers’ Comp issues, and Dr. Schumann’s addition adds an important voice to the group from WOEMA and the occupational medicine physician community.

Over at the Capitol, the Legislature in this election year has continued in its reluctance substantially amend the SB 899 reforms. However, one piece of WOEMA-supported legislation, AB 2068 (Nava), which would lift the April 2007 deadline on PTP predesig-

nation, is moving smartly through the committee process.

Also promising is SB 162 (Ortiz), supported by WOEMA and wide range of organizations, which would split the state’s cumbersome Department of Health Services into two separate departments – one to administer Medi-Cal and other programs that serve individuals, and a state Dept. of Public Health whose functions address the needs of whole populations. Significantly, the new DPH would be headed by a physician, who would be the governor’s appointee.

SB 162 seems destined for passage. The Governor and the Senate Health Committee chair are the prime backers, and the proposal enjoys the support of all but the most conservative legislators (who are concerned about prospective costs). Exact features, functions, and funding for the new DPH would be hashed out in next spring’s Budget process before launch in July 2007. ♦

Welcome New Members!

Marc Arnush, MD
 Steven G. Atcheson, MD
 Siva Ayyar, MD
 Vicente R Bernabe, DO, BS
 Doyle J Borchers, III, MD
 Brian W Case, MD
 Paul A Castillo, MD
 John W Chung, MD
 Johnston Co, MD, MPH
 Stewart Curtis, DO
 Thai T. Do, MD
 Dominique M. Fradin-Read, MD
 Richard Goldbach, MS, PT
 June Gonzales, MD

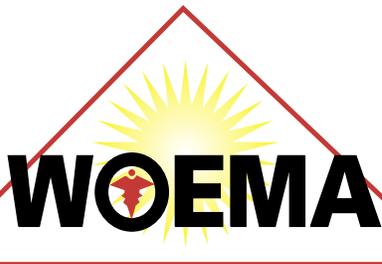
E. James Greenwald, MD
 Roberta H Guy, MD, AB
 Curtis P Hamann, MD
 Lauri Hemsley, MD
 Vanessa H. Ho, MD
 Paul M. Johnson, MD, MPH
 Ernest C. Levister, Jr, MD, BSCHE
 Tanya Mamantov, MD
 Steven W. Marles, MD, JD
 Artemio Martin, MD
 Marc Miller, MD, MBA, MPH
 Elizabeth V. Murphy, MD, MPH
 Duc T. Ngo, MD
 Amir K Nicknam, MD

Hessam Noralahi, MD, AAPM
 Sharon L. Norris, MD
 Joanne R. O’Brien, MPH, RN
 Sota Omoigui, MD
 Richard Oswald, DO
 Amit Reenu R Paliwal, MD, MBA, MPH
 Solomon Perlo, MD
 Douglas J. Roger, MD
 Kaochoy S. Saechao, MD
 Roman A. Shulze, DO
 Josef G. Thundiyl, MD, MPH
 Tuan H. Tran, MD
 Calvin Wong, MD

USE THE NEW WOEMA JOB BANK TO POST JOB OPENINGS & VIEW POSITIONS AVAILABLE

WOEMA offers a new way to find jobs. Members can post resumes and browse resumes on-line. Employers and recruiters can also advertise job opportunities. Find out about this new service by visiting www.woema.org and clicking on “Job Bank”.

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SUMMER 2006

Support Our Residency Programs

WOEMA Seeks Member Assistance for Industry Rotations

WOEMA is teaming up with Occupational Medicine Residency Programs in an effort to provide support and encourage careers in the field of Occupational Medicine. If you are interested in offering your industry site for a rotation or walk-through, please contact the residency director in your area:

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