Association of Occupational and Environmental Clinics (AOEC):

Pediatric Environmental Health Specialty Units

SHARON N. KRAMER, JOELLEN PEREZ

The Association of Occupational and Environmental Clinics (AOEC) has established a network of Pediatric Environmental Health Specialty Units (PEHSUs), each based at an AOEC center, to provide education and consultation for health professionals about children's environmental health. The American College of Occupational and Environmental Medicine (ACOEM) and AOEC are involved with this program, which influences the direction of environmental health research, teaching, and distribution of government funding. If ACOEM and AOEC, with their capability to influence government, are allowed to become nationally recognized as authorities on pediatric environmental health, the interest of the public will not be served. Rigorous government oversight is required to assure that outsourcing the management of funds and responsibilities of advancing the understanding of environmental illnesses are not misdirected by those conflicted by industrial ties. *Key words*: Association of Occupational and Environmental Clinics; American College of Occupational and Environmental Medicine; public health; industry influence; policy; pediatrics; environmental health.

INT J OCCUP ENVIRON HEALTH 2007;13:427–430

The Centers for Disease Control and Prevention (CDC) is funding Pediatric Environmental Health Specialty Units (PEHSUs) for the purpose of advancing the understanding of how environmental factors are negatively impacting the health of children.[1] Pediatric organizations are included in the endeavor, as they should be. However, there is cause for concern regarding inherently conflicted interests among those who control the funding and the dissemination of information for the endeavor. Occupational medicine has been provided a key role. Occupational medicine primarily serves industrial interests when promoting risk-management measures. Environmental medicine must serve the public interest without reservation of the financial risk of industry. In the case of the Pediatric Units, the funding is first given to the Association of Occupational and Environmental Clinics (AOEC), which in turn distributes the funds to the PEHSUs. As part of its cooperative agreements with the U.S. Environmental Protection Agency (EPA) and the Agency for Toxic Substances and Disease Registry (ATSDR), AOEC established a network of PEHSUs, each based at an AOEC member clinic or at an academic center. The units are to provide education and consultation for private and public health professionals and others on the topic of children's environmental health. Millions of dollars are involved.[2]

The arrangement is deeply flawed at its core, because the government funding for research of environmental illness in children first passes through the hands of occupational physicians and nurses who have clearly demonstrated that what they are willing to promote as science is heavily biased by the influence of industry.[3] As an example of the oxymoron "occupational and environmental medicine," the medical associations that present themselves as both occupational and environmental are the very same organizations that have created vast problems for the American public by promoting misinformation regarding environmental illnesses brought on by microbial contaminated indoor environments for the benefit of those most concerned about financial liability.[4]

It is of grave concern that occupational-physician associations such as ACOEM and AOEC, which work very closely with insurers and employers to limit financial risk, are being given such a significant role in furthering the understanding of environmental illness in children. One of the most effective ways to limit financial risk for industry is to deny that a pollutant or chemical is the cause of an environmental illness. There is a long history of industry's effort to limit financial risk by exerting undue influence on occupational medicine physicians.[5] We must consider the conflicts of interest in the situation that arises when illness or source of illness that can occur in adults in industrial or commercial settings may also occur in children in schools or private settings.

When an employee is injured or made ill at work, the employer or insurer may send the employee to an AOEC clinic for evaluation. These evaluations are known as independent medical examinations (IMEs).[6] The term "independent" as applied to contracted examinations suggests that they are unbiased in com-

The authors are environmental health writer. Address correspondence and reprint requests to Sharon N. Kramer, e-mail: <MDResearch@aol.com>.

parison with the opinions of personal physicians. However, the physician conducting the IME is connected financially to the employer/insurer and not the patient, creating a fundamental conflict of interest. As a result, the IME arrangement is already strongly biased toward minimizing the recognition of occupational illness and disability. If the worker attempts to challenge the IME finding, these same physicians may then generate additional income as expert defense witnesses on behalf of the employer or the insurer.[7] Much of the funding received for the denial of illness through expert-witness testimony goes directly into the coffers of the teaching universities charged with advancing the understanding of illnesses they are profiting from by denying.[8] How far that bias and financial opportunism are carried is a matter of both pervasive commercial influence over occupational medical practice and personal ethics.

George Washington University (GWU) serves as a prime example of these conflicted arrangements. Dr. Tee Guidotti is currently the Director of the GWU AOEC and its PEHSU.[9,10] He is an AOEC–ACOEM leader in a position to determine who and what our government is funding and promoting as environmental science. In addition to having served as President of both ACOEM and AOEC,[11] Dr. Guidotti has written extensively about industry's need for environmental risk management. Much of Dr. Guidotti's writings indicate that he views the environmentally injured as an additional risk to industry.[12] Using a PowerPoint presentation designed to educate physicians regarding environmental illness entitled "Environmental Justice," Dr. Guidotti is teaching that "justice" regarding illnesses brought on by the environment is "complicated" by those who are experiencing long-term health effects after excess exposures to toxicants and toxins. He deftly uses the industry slur "junk science" that is applied to any environmental problem industry does not want recognized as legitimate.[13] Dr. Guidotti teaches that "Most environmental diseases are rare and result from specific toxic exposures; more subtle environmental disorders are difficult to document and harder for society to accept; 'environmental sensitivity' and other junk science has complicated this."[14]

The conflicts in Dr. Guidotti's dual roles in occupational medicine and in environmental medicine are even more apparent when he provides expert-witness testimony in mold litigation, denying that mold exposures can cause symptoms of toxicity in patients. He recently examined a teacher who was heavily exposed to mold toxins in a water-damaged school building and was seeking workers' compensation for her work-related injury brought on by the exposure. His diagnosis of the sick teacher was underlying neuropsychological disorder and early-onset dementia, which is a diagnosis that would release the school district from liability.[15] Despite this diagnosis, the *Washington Post* reports that a jury found the injured teacher was rightfully entitled to her workers' compensation benefits for injury *from a mold exposure* in her school environment.[16] In this instance, the AOEC, which is funded by the government to assist injured workers and advance the understanding of environmental illness, first served as a financial risk manager for the school district by denying that mold causes the symptoms the sick teacher was reporting. What happens when the patient is a child rather than a school district employee? Both the teacher and the students are exposed to the same environment day after day, and the IME is assigned by that same clinic as a result of litigation against the district. The GWU AOEC clinic and the Pediatric Unit share a Director—the same one who examined the teacher.

Although their charters remain separate, the occupational medical association AOEC is closely affiliated with the occupational medical association ACOEM.[17] Many of their members and their leadership are interchangeable. They are sometimes referred to as "sister" organizations.[18] Some physicians at AOEC clinics may simultaneously be employees of environmental-risk-management companies whose specific function is to limit financial liability for industry.[19,20] When examining the environmentally ill, these physicians play an even more conflicted role—government funded and purportedly unbiased physician examiner on the one hand; and risk manager for an industry client, willing to provide and be compensated for witnessing against the patients they examine on the other.

There are serious, and now even broader, ramifications of the conflicts of interest involved in having physicians who serve industry also in control of the government funding meant to advance the understanding of environmental illness in children. The very idea that a school child could be referred by the CDC or the EPA to a pediatric environmental clinic where that child might be seen by an "occupational and environmental" physician, who stands prepared not only to deny the child's environmental illness, but to testify against the child's family in court for the sake of saving the school district from financial risk is unconscionable.[21] Moreover, the idea that our government is funding the most inherently conflicted field of medicine in existence, occupational medicine, to be the gatekeepers of advancing the understanding of environmental illness in children is both absurd and dangerous in terms of serving the public interest.

Organizations such as the AOEC have influenced the CDC and OSHA to outsource the public trust and fund the AOEC to assume roles that the government should be taking directly.[22] Occupational medicine associations have been sending representatives to sit on committees of NIOSH's National Occupational Research Agenda (NORA) program since its beginning in 1996.[23] Originally intended to build a partnership

between industry and government for the good of the people, industry's influence through occupational medicine has pervaded the arrangement. As an example, Bonnie Rogers is possibly the longest-running industry member of NORA. She has represented more than one private occupational medicine association to the CDC over the years while consistently retaining a position as Chair of the Liaison Committee.[24–26] Rogers is now the current AOEC President, and Guidotti's successor in that role after he moved over to the presidency at ACOEM.[27] Rogers has very prominently signed some of NIOSH's official annual reports of its activities, which are ultimately used to obtain further agency funding from Congress.[28,29] Ten years into the relationship, Rogers and the AOEC Board of Directors now have control of millions of dollars routed through AOEC, some of which is meant to fund the PEHSUs. Virtually nothing has been done in the way of unbiased further research into environmental illnesses related to mold toxins during those years, although millions of taxpayer dollars have been poured into clinics. The situation has functioned to the detriment of the public and to the benefit of industry.

The ACOEM espouses the application of "evidence based medicine" (EBM).[30] The ACOEM Mold Statement, an "evidence-based statement" endorsed by occupational physicians,[31] serves as an illustration of the way in which a group of industry doctors are controlling the determination of what is evidence of environmental illness—whether scientifically supported or not. EBM has been used to establish a false and unachievable courtroom standard burden of proof before causation of environmental illness is determined, thereby limiting the financial risk of industry, stifling the understanding of environmental illnesses, and causing the sick to be unable to obtain viable medical treatment.[32]

In October 2007, George Washington University PEHSU will be co-hosting—along with ATSDR and the EPA—the 5th Annual Conference on Children's Health and the Environment.[33] If history serves as a predictor, the predetermined outcome of the government-funded conference is likely to be "Evidence-based medicine does not support that these illnesses are environmentally induced. Proof of causation is lacking. More research is needed. More government funding is required." "Paralysis by analysis," a maneuver from the Big Tobacco playbook, describes the situation.[34,35]

Environmental illnesses brought on by microbial and chemical exposures are increasing in the United States at an alarming rate. Unexplained increases in autism in children, obesity, asthma, and a whole host of autoimmune diseases such as multiple sclerosis are becoming more common by the day. The government is enthusiastically outsourcing research and the charge of disseminating information regarding environmentally induced illnesses to the most inherently conflicted medical specialty in existence—occupational medicine. Why? When medical associations allow industry to drive consensus positions, and leading members of those associations sit at the crossroads of industrial desires, the medical education curriculum, and patient care, administration of government-funded clinics intended to serve the public interest is improperly served. "Conflict" may be too small a word. *Conflagration* of interests may be the more appropriate term for the situation at hand.

The funding and control meant to advance the understanding of environmental illness in children direly need to be removed from the hands of occupational medicine altogether. The dubious history surrounding the "accepted scientific understanding" of environmentally induced illness by occupational medicine[36] demonstrates that more rigorous government oversight is required to assure research and treatment for these environmental illnesses are not stymied by those who place the interest of industry over that of the American public.

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