



President's Insights

by Ramon Terrazas, MD, MPH, FACOEM

Esteemed WOEMA members,

This year's educational program builds on the solid foundations of prior WOHCs, never mind the COVID-19 pandemic that threw all of us in disarray for a couple of years and subverted our ability to network and expand our collective fund of knowledge. Please remember that your WOEMA Board and officers did the very best to keep WOEMA financially viable and maintain WOEMA's legacy of excellence in delivering the latest and practical educational content. Even now as we all continue adapt to the new norm in this post-COVID world, and though the post-pandemic landscape continues to evolve your, WOEMA board, officers and committee chairs are united in ensuring WOEMA maintains its financial viability, and continues to champion advocacy, education and equity.

Although WOEMA was rocked by the tectonic shifts brought upon us by the COVID-19 pandemic, from a financial perspective WOEMA weathered the storm and continues to be a bellwether for organizational leadership in the sea of medical associations. No entity has been spared. The pandemic exposed ACOEM and our other components' weaknesses in the face of declining membership across the country. No component was spared and though some of our fellow components will need to merge with other components to remain viable, WOEMA weathered the storm, and we continue to seek new and effective strategies to increase member engagement. The new reality is that large occupational medical groups can no longer be counted as a pool of potential candidates for membership in ACOEM and WOEMA, particularly if the practitioner is not board certified in occupational medicine. Despite the aforementioned WOEMA will continue to pursue all avenues to not only retain its members, engage the membership, but also continue to seek creative strategies and partnerships to gain new members.

WOEMA continues to be the leader, and thanks to the foresight of those on the WOEMA Board who came before us, built a war chest that allowed us to weather the hurricane-force storm that was COVID-19. A

you can see below our year-end consolidated WOEMA-WOHC financials showed a downward trend during the COVID-19 pandemic but as of 2022 WOEMA reached a nadir and early indications point at an upward trend in financial success.

2019	\$42,430.00
2020	\$26,052.99
2021	\$16,596.46
2022	\$5,211.00

The aforementioned would not be possible were it not for the fiduciary oversight by a collective group of dedicated, service-oriented physicians who have served WOEMA with excellence, and Executive Director Amy Cheatham and her team at Lutine.

To all those who came before us, and all those are currently engaged in stewarding WOEMA we salute you for your service.

Collegially,

Ramón J. Terrazas, MD, MPH, QME
President, WOEMA Board of Directors
Fellow American College of Occupational and Environmental Medicine
Diplomate American Board of Preventive Medicine
Board Certified Occupational Medicine

Legislative Committee Update

Raj Das, MD, MPH

WOEMA legislative committee has been engaged on multiple fronts. The leading topic for this past year has been protecting workers from the hazards of working with engineered stone. A proposal was sent to the California Occupational Safety and Health Administration (Cal OSHA) Research and Standards Board requesting an Emergency Standard to

Strengthen enforcement efforts to mitigate workplace exposure to silica and expand medical surveillance. Silicosis has become a rapidly rising epidemic of occupational disease with a poor prognosis for survival. Efforts are underway to meet with interested legislators to advocate for a prompt response.

Other projects include a task force in collaboration with residency program directors from California's three programs to develop a white paper to promote funding for California occupational medicine residency programs. The dearth of occupational medicine physicians in California is a looming threat to the safety, health and productivity of its workforce. Training challenges are significant since occupational medicine training does not rely on traditional sources of funding such as that provided by Medicare. Task force members have devoted considerable time and energy to advocate for a solution to this significant problem.

Recently, a group headed by Wendy Thanassi, MD looks to update medical center tuberculosis policy to reflect today's realities. In maintaining tuberculosis screening as an option, this group hopes to convince interested parties to advocate for treatment of latent tuberculosis infection (LTBI) as soon as it is identified and not put the responsibility on the individual to seek treatment but rather have it easily provided by the health care system.

Upcoming legislation of interest includes a bill to considerably increase fees for physician licensure in California. Another assembly bill in California originally proposed that utilization review physicians had a "duty of care" to patients for which they conducted medical reviews of authorization requests but was later changed so that it only mandated that physicians conducting reviews of California patients be licensed in California.

The legislative committee typically meets every Friday morning at 07:30 via Zoom. However, a live meeting will be held at WOHC 2023 at the Disneyland Resort which will be open to all WOEMA members who wish to attend.

The legislative committee has dynamic and lively meetings every Friday attended by many experienced WOEMA leaders who act as a mentor and help navigate other attendees through the process of integrating medicine into policy. If interested in playing a role in the future of occupational medicine in WOEMA states, please send an email to woema@woema.org and a link to the next meetings will be provided.

Looking forward to see a healthy turnout at WOHC 2023.

News from Hawaii

Dr. Joyce Peplowski, DO, MS, FACOEM

Meetings WOEMA Ohana, and E Komo Mai!

Hawaii islands will always be your home too. Hawaii is the only place in the world that simultaneously energizes and relaxes.

Many of you have asked what it is like to practice medicine here. We have a major Achilles' heel: a huge physician shortage and lack of basic primary care for a substantial segment of our population. These 2 issues need to be our priority.

The legislative session ended May 04. Out of 3100 bills, 274 made it past Governor Green's desk. Our Hawaii Medical Association put forth diligent and tireless efforts on 70 bills with emphasis in 5 areas: access to care; quality of care; behavioral health; telehealth; and prevention.



Health Advisory

WOEMA is pleased to share this health advisory issued yesterday from the California Public Health Department re. the dire health risks for workers who cut and polish engineered stone. WOEMA has been strongly advocating for a policy response to this growing silicosis crisis, which includes our successful petition to Cal/OSHA Standards Board to develop an Emergency Temporary Standard (ETS) for the stone-cutting industry. WOEMA representatives are also currently meeting with state legislators to discuss possible legislative remedies. Members with questions about our efforts can contact WOEMA advocate Don Schinske, dschinske@calcapitol.com

Local Epidemic Comes to California: Silicosis in Countertop Workers

Messages

Individuals with a history of working in cutting and finishing countertops are at risk for silicosis, a severe, incurable lung disease. More than 70 cases have been identified among California workers, including at least 10 deaths.

Providers should educate and ask patients about their work and suspect silicosis in countertop fabrication workers.

Providers and local health departments should report identified cases to the California Department of Public Health (CDPH).

Background

Since 2010, more than 1,000 cases of silicosis in workers who fabricate countertops have been reported worldwide. Workers in this industry inhale **crystalline silica dust** as they cut and finish countertops, which places them at risk for silicosis, a severe, incurable lung disease. More than **70 cases** of silicosis have been identified in California by CDPH since 2019, and **at least 10 California workers have died**, most of whom were in their 30s and 40s.

Workers with silicosis identified so far in California are characterized by:

History of cutting and finishing stone countertops

- Working with engineered stone (also called “quartz”), an increasingly popular material with very high crystalline silica content, places workers at particularly high risk.

Young age (median age at diagnosis is 45)

Immigrant men, including from Mexico and Central America

Symptoms of cough and shortness of breath

Delayed diagnosis

- Common alternative initial diagnoses: pulmonary infections (pneumonia, tuberculosis (TB), non-TB mycobacterial infections), asthma, sarcoidosis

Accelerated course, including severe impairment and need for supplemental oxygen, referral for lung transplantation, and/or death, sometimes within several years of diagnosis.

Because silicosis is a serious disease, it is preventable with appropriate controls to reduce silica dust exposure. Identifying and reporting cases to CDPH understand where workers are at risk and protect worker health.

Refer early to pulmonary and occupational medicine providers for diagnosis and coordination of care.

Share [educational resources](#) about workplace safety with all at-risk patients and advise them that:

- Inhaling any silica dust is dangerous; workers can help protect themselves by always using water to cut or grind countertops, using special vacuums to clean dust, and wearing a respirator, which must be fit-tested to be effective.
- Employers are required to reduce silica dust to keep workers safe. If a worker has concerns about workplace safety, they can [contact Cal/OSHA](#) for assistance.

Report cases to CDPH by calling [1-800-970-6680](tel:1-800-970-6680) or emailing silicosis@cdph.ca.gov (please send via secure email if including any patient information).

Dissemination of Information and Case Reporting by Local Health Departments

Disseminate information to healthcare providers in your community; primary care, urgent care, and emergency healthcare providers are often the first to evaluate workers with undiagnosed silicosis once they become symptomatic.

Report cases to CDPH by calling [1-800-970-6680](tel:1-800-970-6680) or emailing silicosis@cdph.ca.gov (please send via secure email if including any patient information).

Resources

For more information, including educational resources for employers and workers on how to reduce silica exposures during countertop fabrication, and references for providers, please visit the CDPH Occupational Health Branch [website](#). Additional information about silica and silicosis can also be found on the [Centers for Disease Control and Prevention \(CDC\) NIOSH website](#), including information for healthcare providers about [medical monitoring](#).

References

J, Gandhi SA, Flattery J, et al. Silicosis among immigrant engineered stone (quartz) countertop fabrication workers in California. *JAMA Internal Medicine*. Published online July 24, 2023. [doi:10.1001/jamainternmed.2023.3295](https://doi.org/10.1001/jamainternmed.2023.3295)

News from ACOEM

In December, The American College of Occupational and Environmental Medicine will be developing a delegation of ACOEM members to Havana, Cuba.

We are excited to lead this delegation and invite you to join us as we meet our counterparts and learn about the healthcare system, and the government role in ensuring worker safety in Cuba.

The US is slowly reengaging with Cuba after a few years of limited access. Travel to Cuba for most US citizens, remains restricted by the Office of Foreign Assets Control (OFAC) of the United States Treasury Department. This delegation will be travelling under OFAC regulation 31 CFR 564.564 General license for professional research. This license supports our access to the highest-level professionals in Cuba.

Each member of the delegation must be in compliance with the General License issued by OFAC authorizing full-time professionals to conduct a part-time schedule of research activities in Cuba with the likelihood that this research will be publicly disseminated. To ensure compliance, each participant in the program will be required to provide a professional profile and sign an affidavit attesting to his or her status as a full-time professional, paid, or unpaid, in the focused field of the delegation.

The Citizen Ambassador Program will be coordinating all aspects of the program to ensure the delegation is in compliance with OFAC regulations. The leadership at the Citizen Ambassador Program, has developed and administered high level professional exchange agreements for

30 years, including exchanges with Cuba since the late 1990s. Citizen Ambassadors is a program of Cultural Vistas, a non-profit NGO based in Washington DC.

[Preliminary Schedule of Activities](#) outlines our planned professional exchange and cultural experiences. The interactions, site visits, and activities have been designed to enhance our appreciation and understanding of our profession in Cuba.

The delegation will convene in Miami Florida on Tuesday, December 5, 2023, fly to Havana, Cuba as a group, and return to Miami on Sunday, December 10, 2023.

Additional information will be posted on the [Delegation Communication Site](#).
