This is my last column as president of NEHA. As I write this, my term is about 75% completed, so it’s a little like writing my obituary before I’m dead! Writing these columns, especially so far in advance, has been one of the many challenges that have come my way as president.

As my term of office comes to a close, I’d like to thank many people. I realize that for some of you this may be boring, but it’s important to know that this is a team effort and many people are responsible for helping the president do the job well.

First, I’d like to thank the members of NEHA. I’ve had a chance during my term and the 17 prior years that I’ve been on the board of directors of NEHA to meet many of you and to attend many of your meetings and conferences. I’m truly proud to represent such a noble and dedicated association of professionals. The job is not always easy; the pay will never make you rich; there is often little recognition for the work that you do; but you faithfully do what is necessary to protect the public’s health and the environment. You do it whether it’s hot or cold, wet or dry, dark or light, dealing with friendly or hostile people, and you do it with true professionalism.

Not only are you all a great group of professionals, but you’re a great group of people to spend time with. I’ve been entertained, hosted, and generally been shown a great time by all the groups I’ve had a chance to visit with.

Second, I’d like to thank the NEHA staff. They are a bunch of truly dedicated professionals, too. They’re there to help you. They certainly have provided assistance to me throughout this past year. That helps to make me look good, which is important, not for me, but because I represent you and the environmental health profession. The board of directors hires the executive director, and it is his responsibility to hire the staff. Executive Director Nelson Fabian will have been with NEHA for over 26 years by the time you read this. He has been a great source of institutional memory, and he has amassed a truly incredible staff.

One of the highlights of my term has been my periodic telephone conferences with Nelson. We have a chance to discuss the current matters that are occurring with NEHA, but we’ve taken the opportunity to philosophize (as old guys do!) about the future of the association and the profession, especially in these turbulent times. When we’re not talking on the phone, we’re exchanging e-mails. While I’ve been writing this last column, we’ve exchanged six e-mails so far! Nelson’s dedication to his job and the EH profession are without equal. This dedication shows in the staff that he has surrounded himself with.

Third, I’d like to thank the board of directors for their support and guidance. The board is the body that sets the course for NEHA. I’m just the figurehead for the board. Over the years the board has diligently worked to make NEHA a better, stronger association. Much of what they do is invisible to the membership, but, believe me, it is sometimes very difficult work. Nevertheless, they buckle down to the tasks at hand. At this writing, our “big” board meeting in Denver is next month. The agenda package will be about three inches thick (although most of us will be dealing with it on our laptops, which are smaller and lighter than the hard copy of the agenda package!). The meetings will last two full days. We will all be tired at the end. But, we will still be working diligently to do the best we can for NEHA. We will still discuss contentious matters politely with each other, even if our opinions differ greatly. The board is a team, and we all pitch in to help wherever necessary. As you know, most people who are on boards are busy people, and are usually on more than one board—that is the nature of those who choose to serve.

In spite of the heavy workload at this board meeting, I always think to myself, as I fly home, that I can’t wait for next years’ spring board meeting! After this meeting, I will have only one more spring board meeting, when I am the immediate past president, and then, after 19 years, there will be no more of them. It may be hard to believe, but I’ll really miss that! You are truly fortunate to have such a dedicated, professional group of people who serve on your board of directors!

continued on page 22
Thank you!

TO ALL WHO SUBMITTED 2009 NEHA AEC & EXHIBITION SCHOLARSHIP APPLICATIONS!

As part of Decade Software Company’s initiative to give back to the environmental health community by encouraging continuing education, we would like to thank you for the overwhelming response we received to this year’s scholarship!

Each essay submission provided excellent examples of how computer technology that automates agency processes is cost-justified in this tough economic climate.

The sixteen lucky recipients will be recognized at the 2009 NEHA AEC & Exhibition in Atlanta, GA! We thank you all for your participation and look forward to seeing you at the conference.

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National Environmental Health Association
73rd Annual Educational Conference (AEC) & Exhibition
Sunday, June 21—Wednesday, June 24
Hyatt Regency Atlanta

WHY SHOULD YOU ATTEND? WHAT’S IN IT FOR YOU? WHAT’S IN IT FOR YOUR ORGANIZATION?
In today’s world, we must have a return on our investment. NEHA’s AEC & Exhibition is an investment in your future. It will also provide you with privileged information on the future direction of the profession.
In these uncertain times, more than ever, environmental health professionals need the knowledge, skills, and abilities to prepare for where the practice of environmental health is heading. This year’s conference will give serious attention to how the profession is changing—especially in response to economic pressures and the emergence of profession-based performance standards.

NEHA is taking a leadership role in mapping out a new profile for the profession. The 2009 AEC & Exhibition will serve as a convergence for NEHA and the profession to explore this evolution, address present concerns and future issues, and start to pave new avenues to ensure the positive growth of the profession. Be part of this exciting movement within environmental health and take away the inspiration and key information needed to lead yourself, your organization, and your profession into the future.

**Special Features of the NEHA 2009 AEC & Exhibition Include:**

- A keynote presentation by CDC leader Howard Frumkin, MD, MPH, DrPH, Director, National Center for Environmental Health, Agency for Toxic Substances and Disease Registry, focused on the role of environmental health in sustainability, such as climate change, built communities, and sustainable development.

  - A focus on greater roles for environmental health within the areas of sustainability and all-hazards preparedness.
    - Expanded Sustainability track that provides insight into this field and how environmental health is, and can be, involved.
    - A thorough educational offering of all-hazards preparedness topics that covers the latest issues and future directions.

- Exploration of a more in-depth role in food safety—one that spans beyond our traditional work and partnerships, and one that emphasizes a stronger collaboration of industry and regulatory communities exploring burgeoning food safety issues together, both locally, nationally, and internationally.

- A symposium focused on the discussion of the “New Government Structure” and where environmental health fits.

- Robust education on the large variety of topic areas and issues facing this profession, along with professional development sessions to help equip you with tools you can use in your daily work.
A REVEALING LOOK
AT HOW THE ENVIRONMENTAL HEALTH PROFESSIONAL IS EVOLVING

The NEHA 2009 AEC & Exhibition takes a revealing look at how the environmental health profession is evolving. This year’s conference will explore this evolution and start to pave new avenues to ensure the positive growth of the profession.

Food Safety and Protection: This educational track will explore a more in-depth role for environmental health professionals that emphasizes a stronger collaboration of industry and regulatory communities.

NEHA has added a NEW Food Safety Summit on Monday afternoon, full of exciting forums that will focus on:
- Exploring sustainability in food safety
- Global food safety issues and emerging trends
- Regulators and retail operators working together

Sustainability: The topic of Sustainability has been expanded this year to explore how environmental health is, and can be, involved. NEHA is pleased to present Dr. Howard Frumkin, MD, MPH, DrPH from the Centers for Disease Control and Prevention as the keynote speaker covering sustainability and a crucial new role in the environmental health practice.

Terrorism and All-Hazards Preparedness: This educational track will thoroughly address the latest issues and future directions in preparedness planning, response, and recovery for emergency and all-hazards events.

New Government Structure Symposium: This year’s conference features a NEW symposium that will address budget cuts, staffing cuts, re-arranging government services structures, etc. Learn from the perspective of the state and local officials that make these hard decisions; hear ideas on where environmental health will end up in the future; and learn how to work with legislators to make the most difference.

Onsite Wastewater Systems and SORA/COI Conference: NEHA is pleased to have the State Onsite Regulators Alliance/Captains of Industry (SORA/COI) conference held during our 2009 AEC & Exhibition. So in addition to NEHA sessions, attendees are also welcome to attend SORA/COI sessions on Wednesday, June 24th.

Robust Education on a Large Variety of General Environmental Health Topics: The 2009 NEHA conference offers hundreds of educational sessions covering a broad range of environmental health topics and issues to advance the profession, and to provide you many opportunities to heighten your professional excellence and to nurture and develop your career!

Take a revealing look at how the environmental health profession is evolving at NEHA’s 73rd AEC & Exhibition. Be inspired to lead yourself, your organization, and your profession into the future!

CONTINUING EDUCATION CREDITS

Earn up to 24 hours of NEHA continuing education (CE) contact hours by attending the educational sessions at NEHA’s 2009 AEC & Exhibition (visiting the exhibition alone qualifies you for up to two CE contact hours)! This is enough to meet your full two-year NEHA professional credential requirement.

CE forms will be available in the registration area. CE units have also been requested for correlating portions of the conference from the: American Board of Industrial Hygiene (ABIH); American Dietetic Association (ADA); American Indoor Air Quality Council (AmIACQ); and National Environmental, Safety & Health Training Association (NESTHA).

[ VISIT NEHA.ORG FOR ADDITIONAL AND UP-TO-DATE CONFERENCE INFORMATION. ]
Dr. Frumkin will make the case for environmental health’s involvement in sustainability. He will explore how we can assist communities and governments develop far reaching and long-term strategies designed to ward off prolonged climate change and achieve sustainable ways of living with and within the natural environment. The presentation will discuss everything from the health implications of global warming to the health consequences of how our built communities function. Most importantly, it will map out an important new avenue for positive growth for the environmental health profession.

Prior to his current position at NCEH/ATSDR, Dr. Frumkin was the Chair of the Department of Environmental and Occupational Health at the Rollins School of Public Health at Emory University. He is also an internist, an environmental and occupational medicine specialist, and an epidemiologist. He serves, and has served, on numerous prestigious environmental health committees and has been a consultant to several top corporations and unions. Dr. Frumkin was named Environmental Professional of the Year by the Georgia Environmental Council in 2004, and is a national leader in the area of the built environment and health. He is the author or co-author of over 100 scientific journal articles and chapters, and has written numerous books. Dr. Frumkin’s education includes a BA from Brown University, an MD from the University of Pennsylvania, an MPH and PhD from Harvard, internal medicine training at the Hospital of the University of Pennsylvania and Cambridge Hospital, and occupational medicine training at Harvard. He is board-certified in both internal medicine and occupational medicine, and is a fellow of the American College of Physicians and the American College of Occupational and Environmental Medicine.
In addition to the hundreds of educational sessions offered, the 2009 NEHA AEC & Exhibition provides pre-conference workshops and credential courses and exams for your professional growth and advancement.

<table>
<thead>
<tr>
<th>Pre-conference Workshops</th>
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<tr>
<td>» Environmental Health Training In Emergency Response (EHTER) – Introductory Level, Thursday, Friday, &amp; Saturday, June 18-20, 8:00am – 5:00pm</td>
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<tr>
<td>» Environmental Public Health Performance Standards Workshop: Building Local and National Excellence, Saturday, June 20, 8:30am – 4:30pm</td>
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<tr>
<td>» Guidance on Moisture and Mold: A Workshop for Environmental Health Professionals and Health Practitioners, Saturday, June 20, 8:00am – 5:00pm</td>
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<tr>
<td>» NSF Plan Review Survey Course, Saturday, June 20, 8:30am – 5:00pm</td>
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<td>» Train-the-Trainer Workshop: Presentation Skills for Food Safety Educators, Saturday, June 20, 8:00am – 5:00pm</td>
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<td>» HACCP Manager Certification Course, Saturday, June 20, 8:00am – 5:00pm</td>
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<th>Credential Courses and Exams</th>
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<tr>
<td>» Certified Professional of Food Safety (CP-FS)</td>
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<tr>
<td>• Review Course: Friday, June 19, 8:00am – 5:00pm</td>
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<tr>
<td>• Exam: Saturday, June 20, 8:00 – 10:30am</td>
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<tr>
<td>» Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS)</td>
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<tr>
<td>• Review Course: Friday &amp; Saturday, June 19 &amp; 20, 8:00am – 5:00pm</td>
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<tr>
<td>• Exam: Monday, June 22, 8:00am – 12:00noon</td>
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<tr>
<td>» Healthy Homes Specialist (HHS)</td>
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<tr>
<td>• Review Course: Saturday, June 20, 8:00am – 3:00pm</td>
</tr>
<tr>
<td>• Exam: Saturday, June 20, 3:30 – 5:30pm</td>
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Meet new people, learn new things, and catch up with colleagues during the special events held at the conference.

**Saturday, June 20**

**Golf Tournament:** Enjoy an afternoon with your friends and colleagues on a beautiful golf course. The registration cost includes green fees, lunch, cart, and more.

**NEHA Ice Breaker Reception:** Get settled into your room and then come mingle with NEHA’s Board of Directors and your friends from afar. Enjoy light hors d’oeuvres as you feel the anticipation of the events of the next four days in the air. **No charge.**

**Sunday, June 21**

**Awards Ceremony & Keynote Session:** The Awards Ceremony honors the best in environmental health. Be inspired by environmental health professionals and students doing outstanding work in our field of practice. This is a morning of recognition and inspiration you’re not going to want to miss! The exciting keynote session will feature Dr. Howard Frumkin, MD, MPH, DrPH, from the National Center of Environmental Health/Agency for Toxic Substances and Disease Registry. Dr. Frumkin will make the case for environmental health’s involvement in sustainability.

**Exhibition Grand Opening & Party:** Come and meet the exhibitors and learn how they can be your partners in environmental health. There will be food, fun, and the opportunity to do business and socialize at this party. **Included with most registrations.**

**Monday, June 22**

**Annual UL Event - Night at the Aquarium:** NEHA conference attendees will get private access to the Georgia Aquarium during the Annual UL Event. The aquarium tells a global water story with more than 60 exhibits, and is home to a state-of-the-art animal health facility that is the only integration of an aquarium and a veterinarian teaching hospital. The aquarium supports, conducts, and leads research on environmental and conservation issues. This exciting evening starts with access to the exhibits from 5:30-7:30pm, and then from 7:00-9:00pm, enjoy hors d’oeuvres and a cash bar in the Atlantic Ballroom at the Aquarium.

**Tuesday, June 23**

**Networking Luncheon:** Enjoy a wonderful meal, meet new people, learn new things, and visit with old friends at the Networking Luncheon. **Included with most registrations.**

**Wednesday, June 24**

**Presidents Banquet:** Concluding the conference is this semi-formal evening of excellent food and gathering with friends. Remarks from NEHA’s new president, and the presentation of two distinctive awards highlight the evening and wrap-up the conference. **Included with most registrations.**
Conference Registration Form

NEHA Membership Number (if applicable)

NAME

SPOUSE/GUEST*

KEYCODE FROM ADDRESS PANEL

ORGANIZATION

PROFESSIONAL ASSOCIATION/AFFILIATIONS

MAILING ADDRESS**

CITY/STATE/ZIP

DAYTIME PHONE

FAX

E-MAIL

☐ Yes ☐ No

AREA OF EXPERTISE

SPECIAL DIETARY OR OTHER NEEDS?

IS THIS YOUR FIRST NEHA AEC & EXHIBITION

*If purchasing extra event tickets, please provide the name of your spouse or guest above. **Registration packets will be shipped to this address.

REGISTRATION

MEMBER/NONMEMBER

TOTAL

NEHA Membership Fee Join NEHA now and save on registration!

Thru June 8 After June 8

$95 $95

Full Conference Registration Includes Sunday–Wednesday education, plus one each of the * items below

$495/$625 $550/$680

One-Day Registration Includes education plus the * item specified below (if applicable) for the day. Does not include Presidents Banquet. Please specify: ☐ Sun ☐ Mon ☐ Tues ☐ Wed

$199/$255 $230/$285

NEHA Retired and Student Member Registration Includes Sunday–Wednesday education. Does not include food functions or special events.

$99/$159 $125/$185

CP-FS Review Course Friday, June 19. Limit 50 people.

CP-FS review course, including CP-FS study package

$299/$399 n/a

REHS/RS Review Course Friday & Saturday, June 19 & 20. Limit 50 people.

REHS/RS review course, including instructor workbook

$399/$499 n/a

HHS Refresher Course Saturday, June 20. Limit 50 people.

$99/$149 n/a

Guidance on Moisture and Mold Workshop Saturday, June 20. Limit 60 people.

☐ Please check this box to register for this workshop

n/c n/c

NSF Plan Review Survey Course Saturday, June 20. Limit 50 people.

$109/$159 n/a

Train-the-Trainer Workshop: Presentation Skills for Food Safety Educators Saturday, June 20. Limit 25 people.

$109/$159 n/a

HACCP Manager Certification Course Saturday, June 20. Limit 25 people.

$199/$249 n/a

Optional Field Trip: Waste Water Systems Inc. Monday, June 22

$25 $30

NEHA Golf Tournament Saturday, June 20 [includes green fees, cart, lunch, bus, & more!] HANDICAP ______

TBA TBA

*Exhibition Grand Opening & Party Sunday, June 21

$n/a

Uniform Services Luncheon & Business Meeting

TBA TBA

AAS Luncheon & Business Meeting

$49/$49 $49/$49

UL Event Monday, June 22: Limit 300 registrations. Note: Any registrations beyond 300 will be handled by the NEHA office and priced accordingly.

$15 for the first 300 registrations n/a

*Networking Luncheon Tuesday, June 23

$44/$49 $49/$54

*Presidents Banquet Wednesday, June 24

$65/$75 $75/$80

PAYMENT METHOD

Full payment must be made in advance

☐ Check Enclosed [payable to NEHA]

☐ Purchase Order (# )

☐ Credit Card: [Mastercard or Visa only]

Credit Card Number

Exp. Date

Signature

Payment Due

Register Online: neha.org

By Fax: 303.691.9490

By Mail: 720 S Colorado Blvd, Ste 100N

Denver, CO 80246-1926

On Site: See Web site for details

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Membership: Membership is 12 months from date of receipt. Confirmation: You should receive a registration confirmation by e-mail. Please call a NEHA Service Specialist at 303.756.9091, ext. 0, if you do not receive your confirmation. Your registration packet will be mailed a few weeks prior to the conference. Refund Policy: All cancellations must be received in writing for consideration. If NEHA is notified by May 15, 2009, a full refund will be issued—less a $50 non-refundable service fee for all cancellations. If NEHA is notified after May 15, 2009, but on or before May 29, 2009, a 50% refund will be issued. No refund will be granted after May 29, 2009. Extra function tickets will not be refunded after May 29, 2009.
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In its position statement on disabilities, the official Obama Administration Web site singles autism out for special comment, indicating support for “increased funding for autism research, treatment, screenings, public awareness, and support services.” Indeed, autism has increasingly been in the news. Last February, the “vaccine court,” a federal court established in 1986 to adjudicate cases involving side effects from vaccines, ruled against three plaintiffs who alleged that the mumps, measles, and rubella (MMR) vaccine had caused autism in their children.

Suddenly—or perhaps not so suddenly for those directly affected by it—the issue seems to be everywhere. Just a few weeks before the vaccine court came to its decision, the Journal of Environmental Health received a press release from the Autism Society of America (ASA) promoting an online course on “autism and environmental health.” The press release described “a new model of autism that sees it as a whole-body condition, with many opportunities for interventions and treatments that can lead to optimal outcomes for people with ASDs [autism spectrum disorders], as opposed to the old model of a hard-wired genetic brain disorder.”

Autism has not been much on environmental health practitioners’ radar. But should it be?

The controversy over ASDs and the environment encompasses the vaccine debate—and extends far beyond it. This month’s installment of Inside the Profession provides an introduction to the controversy along with the comments of two researchers who have been immersed in the issue.

Defining the Term

The Centers for Disease Control and Prevention (CDC) define autism spectrum disorders as developmental disabilities comprising not only classic autism, but also Asperger’s disorder and a cluster of other conditions grouped under the rubric “pervasive development disorder—not otherwise specified” (PDD-NOS). A range of social and behavioral symptoms characterize ASDs, including fearfulness, withdrawal, impaired ability to communicate, and rigid or repetitive behaviors. The severity of the condition varies greatly, as does the exact constellation of symptoms. Some autistic people have intellectual disabilities, some don’t. Some have linguistic impairments, some don’t. Intense sensitivities—to light or noise, for instance—are a common feature. Some researchers have suggested that immune and digestive problems are part of the syndrome.

A range of social and behavioral symptoms characterize autism spectrum disorders, including fearfulness, withdrawal, impaired ability to communicate, and rigid or repetitive behaviors.

“We call all these conditions ‘autism,’” said Julie Daniels, assistant professor of epidemiology and maternal and child health at the University of North Carolina Gillings School of Global Public Health, “but they are probably not caused by the same thing, although they might have similar components. They might all have gene x and gene y, but one condition requires gene z, and another also requires environmental condition x.”

In other words, ASDs are probably not “one disease.”

Looking for Causes—A Perennial Source of Controversy

Discussion of autism has long been plagued by the simplistic models of causality that inform so many nature-nurture debates. Because the condition involves social symptoms, mid-20th century research tended to look for social-psychological causes such as bad parenting, early-childhood trauma, or stress. When evidence began to accumulate of family inheritance separate from upbringing, the pendulum swung to genetic determinism. But no one gene has been identified as “causing” autism. While the evidence still points to a genetic component, an apparent increase in the incidence of ASDs has prompted some researchers to look again at the possibility of environmental influences on the disease.

Of course, nothing is simple here. The increase in the number of children diagnosed with ASDs almost certainly reflects changes in diagnostic criteria, as well as the younger age at which autism diagnoses are now made. Also, the availability of funding and support services has increased the motivation to obtain an autism diagnosis. But do those factors account for all of the increase? A paper recently published in the journal Epidemiology finds, according to authors Irva Hertz-Picciotto and Lora Delwiche, that “younger ages at diagnosis, differential mi-
A wide range of environmental exposures have been proposed as triggers or exacerbators of ASDs: heavy metals (including lead, mercury, cadmium, and arsenic); flame retardants; insecticides; phthalates used in vinyl and cosmetics; household cleaning products that could affect the immune system, such as antibacterial soaps; and in utero exposure to thalidomide, valproic acid, and bacterial or viral infections. Strangely enough, research published last November in the Archives of Pediatrics & Adolescent Medicine even found autism prevalence rates to be positively associated with levels of precipitation. The authors discuss the possibility that increased precipitation could entail increased television viewing, higher rates of vitamin D deficiency, or increased exposure to household cleaners.

Other studies continue to find strong indication of genetic origins. In one recent study, Daniels and her co-authors found that parents of people with autism are more likely than average to have been hospitalized for psychiatric conditions such as schizophrenia, depression, and personality disorders. That suggests, she told JEH, that genes that contribute in one combination to a psychiatric disorder might in a different combination contribute to autism. It does not mean that parents of autistic patients are “damaging” their children psychologically.

The Great Vaccine Debate
The environmental hypothesis has in popular discussion largely been associated with a crusade against childhood vaccinations. The case against vaccines is sometimes based on the presence of mercury in thimerosal, a compound used as a preservative in some vaccines. The use of thimerosal in the manufacture of early-childhood vaccines ended in 1999, and according to the National Network for Immunization Information, the last lots of vaccines made with it expired in 2003. (Thimerosal is still used in some other vaccines, including influenza and tetanus-diphtheria vaccines.) One CDC-funded study has also considered the possibility that the measles virus in the MMR vaccine might lead to autism by causing a persistent intestinal measles infection.

Daniels thinks it’s time to move on. “The bulk of evidence does not suggest that more research on vaccines is going to be useful. People have gotten this tunnel vision on vaccines, and they’ve failed to look at other environmental hypotheses,” she said.

In the meantime, the debate has sowed doubt about the safety of vaccinations among the general public.

“Vaccination rates are dropping,” Daniels said. “In the wake of all the media attention, people quite naturally think: Well maybe vaccination is not the cause—but maybe it is. And do I want to take the chance?” But, she said, “the risks associated with not being vaccinated are actually much higher than the risk of autism.”

While the evidence still points to a genetic component, an apparent increase in the incidence of ASDs has prompted some researchers to look again at the possibility of environmental influences on the disease.

Selected Web Resources on Autism

- The 2006 (fifth) edition of the Autism Advocate, a publication of the Autism Society of America, is dedicated to environmental health issues. From www.autism-society.org, click on “Research & Resources,” then on “Environmental Health and Autism.” The publication contains several relevant articles, including
  - Martha Herbert, “Time to Get a Grip: Does an Environmental Role in Autism Make Sense?” pages 18-25, and
And it puts other people at risk. Ultimately, “herd immunity” could be lost.

But Martha Herbert, who is assistant professor of neurology at Harvard Medical School and a pediatric neurologist at the Massachusetts General Hospital in Boston, does not think the issue is closed. “Thousands of parents say their child became autistic in close proximity to a vaccine. It might not even be the vaccines themselves, but something associated with them. I just think we need to be neutral scientists who are, the way we were taught in school as children, not afraid to look wherever we need to look to do the science.”

“I think we’ve had a bias in public health about thinking about the infectious, acute diseases. And we’re not so good at thinking about chronic diseases.”

What about the real-world impact of casting doubt on vaccines?

“I understand,” Herbert said, “that these other diseases are devastating. But so is autism. I think we’ve had a bias in public health about thinking about the infectious, acute diseases. And we’re not so good at thinking about chronic diseases.” She added: “I don’t want to focus on vaccines. This is the real issue: taking seriously the chronic diseases we’re seeing. They’re debilitating, and they predispose you to other things. I just think we’ve been sort of complacent.”

A New Paradigm?

ASA’s version of the environmental health argument follows what Michael Lerner, president of the research institute Commonweal, calls “autism’s new paradigm.” This hypothesis proposes a complex interaction of genes and environmental exposures, possibly during a critical window in neurodevelopment. No single substance would necessarily be the trigger; rather, a range of exposures, possibly in combination, could be involved. This argument is beginning to find some traction.

“There are probably many combinations of genes and environmental factors that contribute to the constellation of autistic traits,” Daniels wrote in an editorial that appeared in Environmental Health Perspectives in 2006.

When JEH spoke with Daniels last March, however, she emphasized the strongly genetic aspect of autism. She suspects the condition results from multiple genes working in combination with other agents. Some of those other agents might be environmental. But, she noted, environmental factors don’t necessarily mean “Environment” with a “big E.” They could consist of exposure in the intrauterine environment such as hormonal variations, immune modulation, or infection—factors “more proximal to the child.”

She added: “Most of the time when we are studying autism, we are really focused on that prenatal, early-infancy time period. That’s when the brain is developing, and that’s when it’s most sensitive to insult from an environmental agent. The things that come later, while they might, in a select few individuals in the population, cause or contribute to autism, are not likely to be the cause of autism among most affected individuals. Scientifically, I would never rule anything like that out, but it’s not going to be the cause of most cases of autism.”

But Herbert told JEH: “People assume that autism is a prenatally determined disease, and therefore postnatal influences would be relatively small. There are instances in which prenatal influences have been known to increase incidence of autism, such as in utero infection of certain kinds. But no one has shown that postnatal things don’t. The science to date has not addressed that as a question. It’s taken it as an assumption, but the basis on which that assumption is made is not really that strong.” She has been doing a lot of work in the area, she said, “and many people have observed that some children do worse with certain sorts of exposure or food allergy or environmental allergy. Or that other sorts of exposure situations can markedly affect the level of functioning.”

Crucially, if the “new paradigm” is correct, studies of the general population that have failed to find a statistically significant association between ASDs and various exposures would not be meaningful. The point is that a small subset of the general population is unusually susceptible to the triggers.

If the “new paradigm” is correct, studies of the general population that have failed to find a statistically significant association between ASDs and various exposures would not be meaningful. The point is that a small subset of the general population is unusually susceptible to the triggers.

A significant implication of the hypothesis is that both the form and the severity of the condition might depend on the kinds of exposures that the individual is subject to, especially at critical points in development. Even more to the point: some researchers believe that behavioral treatments,
management of diet, and reduction of contaminant exposures can in some circumstances so reduce symptoms that the condition is for all intents and purposes resolved, despite its genetic component. Herbert said she has seen cases of major life improvements in the wake of dietary interventions and the removal of allergens and exposures.

“I think this has been given short shrift, and there’s a terrible bias against taking this kind of thing seriously.”

She listed some of the improvements she has seen: patients may start to sleep at night. They may be able to make eye contact and carry on a conversation instead of repeating themselves over and over again. They may become better able to follow directions. Diarrhea may stop. Rashes may clear up. They may suffer fewer seizures. Sometimes measurable IQ goes up.

Daniels agreed that behavioral-modification treatments have produced a lot of improvements. She expressed reservations, however, about dietary interventions and chelation. “Those have not been well documented. There are a lot of case studies and anecdotal reports.” Also, chelating agents remove nutrients from children’s bodies along with heavy metals, so “the treatment could be dangerous. Neither kind of intervention has been tested systematically enough that she would recommend it for treatment of autism at this point. Furthermore, she thinks this kind of testing will be difficult to do. The diets might work for some people and not others, given that the ASD rubric probably comprises multiple diseases. Even if people who believe that a given diet has helped their child are right, the same diet may not work for other children.

“It’s not one-size-fits-all,” she said.

“The problem,” said Herbert, “is that people are already doing it [chelation] by the thousands.” Meanwhile, she claims, systemic study of the treatment has encountered obstacles from review boards because of the perceived dangers of the treatment. But if chelation is risky, she said, so are other, more accepted, treatments. “You could say, if you were biased against psycho-pharmaceuticals, very analogous things to what people say about chelation.”

**The Intense-World Hypothesis**

Another new hypothesis suggests a different kind of interaction between genetics and environment. The neuroscientists who are proposing it call ASDs the “intense

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**To Learn More**

- Irva Hertz-Picciotto & Lora Delwiche, “The Rise in Autism and the Role of Age at Diagnosis,” *Epidemiology*, Vol. 20, No. 1, January 2009, pp. 84-90. The authors’ data suggest that an increasing incidence of autism is not just an artifact of improved diagnostic capabilities and a broader definition of the disease, although these factors play a role. (Also available online.)
- Andrew Zimmerman (Ed.), *Autism: Current Theories and Evidence*, in the series Current Clinical Neurology, Humana Press, 2009. This book covers the major hot topics in autism research: neurology, endocrinology, and immunology, as well as “environmental mechanisms and models.” The latter section includes a chapter by Isaac Pessah and Pamela Lein titled “Evidence for Environmental Susceptibility in Autism: What We Need to Know About Gene x Environment Interactions” and a chapter by Martha Herbert and Matthew Anderson titled “An Expanding Spectrum of Autism Models: From Fixed Developmental Defects to Reversible Functional Impairments,” which will give readers a sense of the direction that those investigating environmental factors are following.

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**continued on page 18**
world syndrome.” According to this hypothesis, the brains of people with ASDs could be overperforming rather than underperforming, as science writer Maia Szalavitz puts it in an article titled “Do Supercharged Brains Give Rise to Autism?”

It is well known that the brains of autistic children grow faster than average; by the age of two or three, autistic children have brains about 10% larger than normal. One study based on autopsies has found that the extra volume comprises a layer of the cerebral cortex called “minicolumns,” which perform the most basic level of information processing. An unusual abundance of minicolumns could lead to “sensory overload,” causing autistic children to withdraw. The other common symptoms of the disease would then follow naturally—fearfulness, problems with language and social interaction, and repetitive behavior.

The intense-world hypothesis is attractive because it also suggests an explanation for the savant phenomenon—the extraordinary mental abilities that some autistic people have in specialized areas, music, for instance, or numbers.

Herbert commented that the literature on minicolumns is “modest.” She also took exception to the word “overperforming.” But she finds the hypothesis promising. And she doesn’t think it rules out the more traditional understanding of environmental impact.

“Environmental toxicants can be a prime suspect in creating an over-responsive brain. Many of them are excitatory in their impact…. There’s also an argument being made that the minicolumn thing is not necessarily prenatal. So I don’t think that whole thing is settled. But even if it were, it could interact. If you just had a slightly more baseline genetically determined excitatory level of activity, and you got exposed to the same level of excitatory toxins, you would probably go over some edge sooner than if you didn’t have it.”

A Role for Local Health Departments

Although the two experts JEH consulted for this article have positioned themselves slightly differently in relation to the debates over causes and treatments, their advice to health departments converged. Herbert said that if the apparent increase in incidence represents a real increase, then health departments needed to “take this thing seriously as an open question.” At a minimum, they ought to keep their eyes open for clusters.

“If you complacently say, ‘Well, the scientists know this is genetic, so the environmental thing must just be an illusion,’ that’s not a good attitude. I think we need to say, ‘Gee, maybe something really is going on here. Let’s put our heads to this and really think about it. Let’s use the skills we have as public health people to help us do that.”

Daniels told JEH: “From a public health perspective, it’s important to monitor the prevalence of autism. If you’re going to be able to plan for and provide services for those kids and their families, you really need to have a handle on how many kids you’re talking about. Also, if there did seem to be a continued trend, that allows you to monitor it and look for environmental agents that have increased at the same time. There have been a lot of environmental changes over the last 20 years—changes in people’s daily habits, changes in what they’re exposed to.”

Complexity is the byword here: “I suspect,” she said, “that if environmental factors are involved, a lot of factors are likely to be involved. It’s not going to be one thing.”

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**Inside the Profession**

*continued from page 17*

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The National Center for Environmental Health (NCEH) at the Centers for Disease Control and Prevention (CDC) works with many partners to strengthen the nation’s public health infrastructure and to improve environmental public health practice.

CDC is committed to supporting, adopting, and using National Public Health Performance Standards (NPHPS). In keeping with this commitment and to complement NPHPS, NCEH has developed draft Environmental Public Health Performance Standards (EnvPHPS).

In 2006, NCEH and its partners began working on EnvPHPS, available at http://www.cdc.gov/od/ocphp/nphpsp/. These standards are a companion module to the National Public Health Performance Standards (NPHPS), available at http://www.cdc.gov/od/ocphp/nphpsp/. Nationwide implementation of EnvPHPS at the state, tribal, and local levels will help NCEH build capacity, consistency, and accountability within and across the nation’s environmental public health systems. Among other things, the standards are intended to describe more clearly what every program needs to do to perform optimally the 10 essential services of environmental public health.

CDC developed EnvPHPS nationally, in cooperation with key public health partner groups. Thus, the standards have a level of credibility that makes a strong argument for improving environmental public health practice. Others have recognized for their leadership those departments that have adopted the standards—and many if not all of those departments have shown measureable environmental health practice improvements. And because the EnvPHPS were developed from a perspective of broad, systematic environmental health practice, the standards can be applied to virtually all environmental health and protection programs whether or not those programs reside in health departments.

**EnvPHPS and NPHPS**

The EnvPHPS align with the familiar NPHPS format. Using both instruments can assist in building understanding and teamwork between environmental health and other public health programs. In fact, the EnvPHPS can be used separately from or concurrently with the NPHPS to do the following.

- Assess the capacity of a state, tribal, or local jurisdiction to perform essential environmental health services; EnvPHPS is applicable at the program, agency, or system level.
- Identify and prioritize gaps in an environmental health system that inhibit or prevent that system from performing the 10 essential environmental health services.
- Develop an action plan to address identified gaps and address any other barriers to meeting the standards.
- Educate and train new and existing staff, other public health officials, policy makers, and elected officials about how environmental health can prevent disease and reduce hazards.
- Provide credible evidence to demonstrate the value of environmental health service programs and to justify the need for additional resources.
- Measure improvement in a system’s capacity to deliver essential environmental health services.
EnvPHPS Status

A free, online continuing education course related to the standards is available through NEHA. The course can provide continuing education credit for environmental health practitioners and students and is available at http://www.nehacert.org/joomlaupg/index.php; click on CDC-Sponsored Workshops.

This summer, NCEH expects to release the EnvPHPS and begin analysis and reporting of submitted self-assessment data. NCEH encourages all environmental health jurisdictions to become familiar with these new standards and to promote their use actively.

EnvPHPS Data Use

NCEH will use information gathered via the EnvPHPS to identify the greatest environmental public health needs and match resources to those needs. This continuous process of identifying service gaps and focusing resources on them will strengthen the nation’s environmental public health infrastructure. NCEH will use compiled capacity data from the self-assessment process to build an accurate picture of the challenges facing the nation’s environmental public health services delivery systems. The data collection will also provide information to Congress and to federal, tribal, state, and local agencies; to foundations; and to universities regarding where best to focus resources for performance improvement.

Visit the EnvPHPS Web site at (http://www.cdc.gov/nceh/ehs/EnvPHPS) to download and use the draft standards, and to access online resources, including the free online training offered by NEHA with CDC support. Link to the NPHPS to obtain more information about how the EnvPHPS were developed.

The EnvPHPS Web site will also include
• a tool kit,
• data entry and reporting capabilities for users, and
• an evaluation component to assess the effectiveness of the tool in improving capacity, the environment, and public health.

For additional information on EnvPHPS, e-mail Jsarisky@cdc.gov.

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President’s Message
continued from page 4

Fourth, I’d like to thank all those of you who volunteer to be committee and technical section chairs and vice chairs. I’d like to thank all of those of you who’ve volunteered to represent NEHA at the many forums to which we’ve been invited to participate. NEHA’s fame and reputation have grown by quantum leaps in recent years, and this is due in part to the excellent people that we’ve had representing us.

I’d like to extend a couple of rather personal thanks to some people who’ve done a lot for me as a NEHA board member and as president this year. I’d like to thank Past President Diane Evans, who encouraged me to run for regional VP when she decided to vacate that position to run for second VP. I’m eternally grateful to her for getting me to run for a position on the NEHA board of directors, and once there, encouraging me to run for second VP, which leads to the presidency.

Perhaps most importantly, I’d also like to thank my wife of 40 years, Sandi, for all her support. She’s probably attended more Annual Education Conference & Exhibitions (AECs) than most NEHA members! Most of the spring board meetings occur on the weekend of our wedding anniversary, and she hasn’t fussed over about that! She helps me in a variety of ways too numerous to mention, including proofreading my columns.

So many more of you out there have helped and encouraged me; you know who you are, and I thank you. One of the problems with thanking people is that you run the risk of leaving someone out. I have not done this intentionally, and I apologize if you didn’t get mentioned, but the list of names would take more space than they let me use!

Now that I’ve thanked those responsible for my being president and for any successes that I’ve had as your president, I’d like to take this opportunity to do some final reflecting and philosophizing.

In spite of the current economic situation, NEHA is well positioned to last the storm and emerge even bigger and better when everything settles down. We may take some financial losses, but, due to the diligent work of the staff and the board, we’ve pared expenses and we’ve built a surplus to help us weather situations like this. As I mentioned before, the fame and reputation of NEHA have never been higher. Although many of the manifestations of this occurred during my term as president, these things have been years in the making. Patience and perseverance on the part of the staff and the board have allowed us to be where we are today.

I’d like to cite just a few examples of things that have come about as a result of NEHA’s reputation. This last year, we inked a contract with CDC that lasts for five years and could bring in as much as $1 million per year to help CDC with a variety of projects that they need to have done. For the 17th year in a row we’ve received an IAQ (indoor air quality) grant of $250,000 from U.S. EPA, and this has occurred when U.S. EPA had to cut down on grants and grantees. Our AEC & Exhibition this June in Atlanta will have a large presence from CDC. The list goes on and on. The most important thing in these items isn’t the money (although it’s certainly important, especially in the current economic situation!), but it’s the tangible evidence of the value of NEHA’s reputation.

Personally, this profession has afforded me opportunities that I could have never dreamed of. And many similar opportunities are there for most of us. I’ve had the opportunity to develop a new procedure for on-site sewage disposal as the result of information I obtained at the first AEC I attended in 1974 in Cincinnati. I’ve had the opportunity to attend 34 AECs. This has afforded me the opportunity to visit parts of this great country that I might not have otherwise visited. The information and contacts that I’ve gotten from these conferences are invaluable.

I’ve had the opportunity to rub shoulders with some pretty famous inmates while inspecting detention facilities. I’ve had the opportunity to go to the Soviet Union, which became Russia and Uzbekistan when the USSR dissolved while I was there in 1991! I’ve also had the opportunity to implement several new programs: a local solid waste enforcement agency; a medical waste regulation program; a household hazardous waste program with three permanent facilities; and a single, unified data management system for my department.

I’ve had the opportunity to go out to a landfill in the pitch dark during a raging storm and try to find rat trap lines that seemed so easy to set out in the daylight! I eventually located the traps by foot—stepping around until the trap snapped on the steel toe of my boots. I’ve checked 20% of the male inmates at the county jail for lice. I’ve helped to ex-hume a body under the light of a full moon.

And, of course, I’ve served on the board of directors of NEHA for 18 years, including this last one as its president. I’ve had an interesting and rewarding career in environmental health, and I didn’t even know that such a career existed when I graduated from college! This is a wonderful and rewarding profession.

Finally, let me share with you some of my hopes for the future of NEHA and the environmental health profession.

First, I’d like to see a uniform national credential. By adopting the NEHA R.E.H.S./R.S. credential nationwide, we would standardize the profession. We would allow for easier movement from jurisdiction to jurisdiction. In some jurisdictions, we would elevate the level of those performing the environmental health functions there.

Second, I’d like to see the membership of NEHA grow, but not for the obvious reason of increasing revenue from dues. I’d like to see the membership grow so that NEHA will have more influence (clout, juice, or whatever you want to call it), when matters concerning the profession of environmental health are discussed. The more members we represent, the more people will listen to us.

Finally, and this is my pie-in-the-sky hope, I would like to see us agree on one name to call ourselves. I believe that this would go a long way in helping the public, our legislative bodies, and other professionals, to know and understand who we are and the important job that we do. It will help legislative bodies see that the preventive work that we do can save a lot of money, so that funds don’t have to be spent on “curative” work at the back end of the process. We can show them than “an ounce of prevention is worth a pound (or a ton) of cure.”

Thank you all, it’s been a wonderful ride. 

Dick Pardo

JEH did you know
The NEHA 2011 Annual Educational Conference & Exhibition (AEC) will be in Columbus, Ohio. Check the JEH calendar for updates.