

NEWSLETTER

November 2004

**Minutes of the Medichem
General Assembly,
September 2, 2004, Hotel
Sofitel Rive Gauche,
Paris, France**

Present: 47 members in good standing. Chairman Stephen Borron opened the meeting at 17:15 p.m.

TOP 1: Approval of the agenda for the 2004 General Assembly

The agenda as distributed by the Secretary was accepted without further amendments.

TOP 2: Approval of the minutes of the 2003 General Assembly in Iguassu Falls

The minutes as published in the March 2003 Newsletter and sent out to all Members by Secretary Michael Nasterlack were accepted without amendment.

TOP 3: Chairman's report

Stephen Borron provided a written report which is published following the minutes.

TOP 4: Treasurer's report

Andreas Flückiger AF reported that with expenditures amounting to CHF 10,083.25 and revenues of CHF 40,119.54, the year ended with an increase of Medichem's assets of CHF 30,036.29. The credit balance on December 31st, 2003 was CHF 224,351.39 (US \$ 182,103.40 at the exchange rate on that day). CHF 100,000 thereof remain in a certificate of deposit. By the end of the year 2004, a credit balance of 214,448 CHF is expected. The books were revised by Walter

Urbatus and found to be in good order. Chairman Stephen Borron expressed the Board's appreciation for the work done by the Treasurer. The General Assembly expressed their thanks to Andreas Flückiger, Walter Urbatus and the Treasurer's wife Marta for their ongoing good work in connection with the Medichem chest with a warm applause.

TOP 5: Secretary's report

Michael Nasterlack gave an update on the development of Medichem's membership since October 2003. As announced in the last report, a major sweep through the membership list led to the exclusion of some 40 members who had not paid their dues for at least one year, and had remained silent after several attempts to contact them. With some additional losses due to job change, retirement, and death Medichem has thus lost 52 members since October 2003. However, during the same time period we gained 27 new members, which is the highest number of new memberships in a (almost) 12 months period since 1998. As of August 31st, 2004, Medichem had 277 listed members from 43 countries.

Since October 2003 the Secretary issued three Newsletters. The Handbook was last updated and distributed with the July Newsletter, 2004. In January 2004, both Michael Nasterlack and Andreas Flückiger

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MEDICHEM - Occupational and Environmental Health in the Production and Use of Chemicals

**Honorary President:
Prof. Dr. med. Dr. h. c.
Alfred M. Thiess**

Chairman:
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Treasurer:
Dr. Andreas Flückiger (Switzerland)

Board Members:

Dr. P.J. Boogaard (Netherlands)
Dr. R. Garnier (France)
Dr. J. Ger (Taiwan)
Dr. S.S. Guirguis (Canada)
Prof. K. Kono (Japan)
Dr. P.S. Nmadu (Nigeria)
Prof. T. Popov (Bulgaria)
Dr. T. Rajgopal (India)
Dr. F.G. Rose (U.K.)
Dr. S.O. Salomon (Argentina)
Prof. F.W. Schmahl (Germany)
Dr. H. van der Merwe (South Africa)
Dr. R. Winker (Austria)
Dr. Leslie M. Yee (USA)

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had delivered keynote lectures on behalf of Medichem at the 54th National Congress of the Indian Association on Occupational Health in Kochi, India.

TOP 6: Board elections

Nine Board Members including the Chairman had come to the end of their term of office this year. The secretary issued a call for candidates, which yielded eight valid nominations, plus one for the Chairman. Thus, according to the Medichem Constitution this was considered a "silent vote" with no further election procedure necessary. The new Board Members are Koichi Kono from Japan and Robert Winker from Austria, while Oswald Jahn and Konrad Ryzdzynski stepped down from the Board. Stephen Borron on behalf of the Board and the Membership thanked both of them for their valuable contributions in the past. Both new Board Members presented themselves to the General Assembly and were greeted with a big round of applause.

TOP 7: Honorary Membership 2004

The Board had received a proposal for the nomination of a new Honorary Member, signed by the required number of 20 members in good standing. In a ceremony led by Honorary President Fred Thiess, Erwin Radek from Germany was awarded the life-long Honorary Membership of Medichem for his outstanding contribution to Medichem and his commitment to the

international field of occupational medicine. The General Assembly honoured Erwin Radek with a long applause.

TOP 8: Update on preparation of the next Medichem Congresses

The congress in Goa, India, will be held from September 21 - 23, 2005. Shrinivas Shanbhag showed a presentation introducing the congress venue and the preliminary time schedule. The first announcement of the congress was distributed to the Medichem members.

Marco Maroni informed about the preparations of the ICOH congress 2006 in Milan where Medichem is planning to organize a mini-symposium.

TOP 9: Implementation of the Medichem / ACOEM MOU

The associated activities have been postponed because of personal changes in the ACOEM Board. The initiative is going to be pursued again with Tee Guidotti becoming ACOEM Chairman. The Secretary will send out a form to obtain individual members' consent to be included into the list of potential contacts for the MOU.

TOP 10: Miscellaneous

Friedrich Schmahl on behalf of the Board and the General Assembly thanked Stephen Borron and Robert Garnier for their outstanding work in organizing this year's Congress. Both received a certificate of appreciation which was signed by the Honorary President and the Secretary, and also a huge round of applause.

Michael Nasterlack proposed that, to facilitate the participation of those Board members who otherwise would be unable to attend mid-term meetings because of financial constraints, a contribution to travel costs could be asked for out of Medichem's chest. After some discussion, the present Medichem members agreed that whilst it was generally expected from Board members to seek any necessary financial support from their own organizations, in exceptional circumstances when this is not possible some support could be available from Medichem. It was unanimously agreed to contribute up to US\$ 500 on short haul and up to US\$ 1000 on long haul travel. Each applicant is expected to use the least expensive means of travel reasonably available, and the contribution shall not exceed the effective travel costs.

Tee Guidotti indicated ACOEM's interest to hold another back-to-back meeting with Medichem, or in Medichem's providing a day or a session in one of ACOEM's SOTAC meetings. Several members present in the GA indicated their willingness to contribute to such an event.

Jorge Morales declared his interest to organize a Medichem congress in Mexico, possibly in 2007 or 2008. This offer was received with sympathy, and Jorge was encouraged to submit a concept and a formal bid to the Board for further consideration.

The Chairman adjourned the meeting at 18:30 p.m. The next General Assembly will be held during the XXXIII Medichem in Goa (see TOP 8).

Dr. Michael Nasterlack
(Ludwigshafen, Germany)



Chairman's Report

First, I wish to thank Medichem for permitting me to serve as Chairman over the last three years and for its unfaltering support. The confidence that you have placed in me has encouraged me to seek an additional term, which you have kindly accorded to me. I will do my utmost to assist the Board and the general membership to move Medichem forward, by continuing the reversal of what was a downward trend in membership, encouraging participation by younger professionals, and increasing the value offered to current members. I believe Medichem is moving forward. We have cleaned up the membership rolls, eliminating those who have long failed to pay their dues or participate at any level. This is a painful process, as those names make the membership look more robust. However, leaving them there ignores the reality that these members are not paying or participating and therefore add nothing to Medichem's value. The good news is that we are attracting new members, more than 20 this year. This is due to a combined effort. You, the members have encouraged your colleagues to join. Board members committed them-

selves to bringing new members to Medichem and have done so. This Congress offered reduced rates to members and tried, through its advertising, to encourage those who would have otherwise just paid a non-member rate to consider joining Medichem. Our challenge is to keep those new members and to encourage sustainability by offering continually improving value at a reasonable dues cost. As many of you will recall, because of the gradual loss of membership and a desire to motivate members to stay involved in Medichem, we contracted with Organizational Development Systems in 2002 to provide an analysis of Medichem's operations. OD Systems interviewed Professor Thiess and me, the Board as a whole, and focus groups including portions of the general membership, to determine what the members themselves desire from Medichem and to try to identify things that make membership attractive and things that don't. In addition, OD Systems did an e-mail survey of members. They submitted the final report to us just before the meeting here in Paris.

The OD Systems report identified a number of both strengths and weaknesses in Medichem and provided us with a rather long list of recommendations. Board Members were generally pleased with the report. While the Board and individual Board Members may not agree with the entirety of the content, we wish to share the complete

report with members. It will be posted on the website for viewing at your convenience or may be obtained from the Secretary on request. Comments on the report are solicited, and should be submitted to MedichemNet@medichem.org or by mail or fax to Dr. Nasterlack. The Board takes the comments of its members very seriously, including those expressed in the OD Systems report. Action steps for some of the recommendations of the report have already been taken or will be taken shortly. Some steps will be implemented over time. The recommendations are listed below with some of the initial responses of the Board to them.

1) Create a mandate for the future and health of Medichem through a strengths-based planning process.

Recommendations

- a) Begin formal planning process to position Medichem for success
- b) Clarify and articulate the mission of Medichem
- c) Develop realistic, attainable, sustainable goals

PRELIMINARY RESPONSE:
The Board has taken several steps to position Medichem for success. We are undertaking concrete measures to improve the Congresses and Congress participation, to encourage new membership, and to clarify the mission of Medichem. We recognize that there is a need to encourage membership and activities in developing countries, as these areas have the greatest need for Medichem's expertise and resources. The choice of

speakers for the current Congress and the venue for the next Congress reflect this thought. We have defined a number of realistic, attainable goals that we believe will be sustainable. Some of these will be outlined further below.

2) Provide resources (people and funding) to actualize the mandate

Recommendations

- a) Strengthen and build corporate relationships to underwrite support for Medichem
- b) Align membership fee structure with ICOH and similar global associations
- c) Consider establishment of a paid administrative staff position
- d) Develop and launch a comprehensive development program

PRELIMINARY RESPONSE: The Board has worked hard to maintain the current corporate sustaining memberships that we have and to seek out new ones. One example of this is a new scheme that allows sustaining memberships at various levels of participation, so that smaller companies may become sustaining members as well. This scheme also provides for a number of new individual memberships to accompany the sustaining membership, based on the total gift size, which permits sustaining members to feel as though they are getting more in return. At the same time, this encourages new individual members in Medichem, who will hopefully renew when their incentive membership comes to term. The Board feels that the current membership

fee structure for individual members is sufficient to permit participation from all geographic areas. Our dues are very modest compared with other international bodies and there exists a possibility for further decreased membership fees on request. The Board does not feel at present that a paid administrative staff position is feasible, given Medichem's limited income. The Board is examining numerous ideas for development and will work toward a comprehensive development program.

3) Strengthen Communication Architecture to Enhance Connectivity

Recommendations

- a) Redesign website for easy navigation and links to other organizations
- b) Develop an electronic as well as printed newsletter
- c) Create and support an on-line list serve and bulletin board

PRELIMINARY RESPONSE

The website has been redesigned from the ground up, with the help of Don Cook and Shoreland, who are hosting our site at no cost. The domain name Medichem.org has been obtained, which should make remembering and finding the website easier. Henceforth, mail can be sent to the Chairman, Secretary, or Treasurer simply by writing to chairman@medichem.org, secretary@medichem.org or treasurer@medichem.org. We are considering links to other organizations websites and are actively working with ACOEM to put the chemical emergency memorandum of

understanding in place. Our newsletter is now available electronically at the website. We are immediately launching an online moderated bulletin board / list serve, based on the highly successful ACMTNet. Members may submit questions, comments, and newsworthy items (Congress announcements, etc) to MedichemNet@medichem.org. These submissions will be screened for appropriateness for the net and forwarded to all members who wish to subscribe to the list. It is anticipated that the "e-mail burden" to our members will not increase by more than 2-3 postings per week. The Board actively solicits assistance in providing moderation of MedichemNet and ideas for its successful launch and improvements.

4) Focus on Relationship Building to Increase Membership and Begin Succession Planning

Recommendations

- a) Provide opportunities for practice sharing between members across industries
- b) Enter into dialogue with chemical companies on importance of Medichem
- c) Continue to strengthen relationships with other professional societies
- d) Strengthen relationships to increase membership from developing countries
- e) Enhance presence in North America
- f) Link with academic programs to establish student partnerships
- g) Create a mentor program for young professionals

h) Encourage participation by non-physician practitioners

i) Partner with contract practitioners to encourage membership

PRELIMINARY RESPONSE:

This list of recommendations will take time to implement. The Board is taking steps to strengthen relationship among members. MedichemNet should

increase communications among members by allowing inexpensive "consultation" and information sharing. Board members are individually taking steps to dialogue with companies about the importance of Medichem. We have initiated dialogue with a number of other professional societies, including the American College of Occupational and Environmental Medicine, the American College of Medical Toxicology, and the Indian Association on Occupational Health. We are open to exploring new relationships with other organizations. We are very actively seeking to increase memberships in developing countries. Our choice of Medichem 2005's Goa, India venue is evidence of this commitment. Suggestions were made last year by members to invest some of the slowly but steadily growing Medichem treasury to fund new initiatives to increase membership. In 2005, Medichem will devote \$20,000 to a one-off campaign to encourage new membership from young professionals, both in developed and developing countries. Medichem will be offering reduced fees and

travel assistance to the Medichem Congress in Goa to young professionals who are currently not members of Medichem. This program will be an interactive one, requiring submission of a paper to the Congress and will include a mentoring element, in which local organizers and Board members will spend time with these participants before the Congress, visiting local industries and discussing the value of Medichem membership. While the program is "one-off" for Medichem 2005, the Board will consider extending the program to future Congresses if it is successful.

5) Facilitate Networking and Learning Partnerships
Recommendations

a) Maximize presence and use of Regional Representatives

b) Hold conferences where the need for information on occupational medicine is the greatest

c) Create writing partnerships to enhance member skills

d) Restructure conference format to encourage information sharing

PRELIMINARY RESPONSE:

The Board is cognizant that it has insufficiently utilized its Regional Representatives (Country Representatives) in recent years. We will call on the Country Representatives for assistance in the described new young member initiative. We likewise challenge the Country Representatives to commit to find 2 or 3 new members in their area each year. Medichem is holding conferences where the need is great. Medichem 2005 in Goa

is a very deliberate attempt to bring educational opportunities to a developing region. We intend to continue to hosting Congresses in less well-served areas. In addition, the Board is exploring ways of extending training beyond just the annual Congress, to include areas that need occupational medicine information and education, but where a full Congress might not be feasible in the near term. We are looking at ways to foster assistance for publishing and to improve the interactivity of Congress sessions.

Dr. Stephen Borron
(Washington, U.S.A.)



To my pleasure, and certainly to the pleasure of many Medichem members, the following article appeared lately:

Mortality in Relation to Smoking: 50 Years' Observations on Male British Doctors

Objective: To compare the hazards of cigarette smoking in men who formed their habits at different periods, and the extent of the reduction in risk when cigarette smoking is stopped at different ages.

Design: Prospective study that has continued from 1951 to 2001.

Setting: United Kingdom.

Participants: 34,439 male British doctors. Information about their smoking habits was obtained in 1951, and periodically thereafter; cause specific mortality was monitored for 50 years.

Main outcome measures:

Overall mortality by smoking habit, considering separately men born in different periods.

Results: The excess mortality associated with smoking chiefly involved vascular, neoplastic, and respiratory diseases that can be caused by smoking. Men born in 1900-1930 who smoked only cigarettes and continued smoking died on average about 10 years younger than lifelong non-smokers. Cessation at age 60, 50, 40, or 30 years gained, respectively, about 3, 6, 9, or 10 years of life expectancy. The excess mortality associated with cigarette smoking was less for men born in the 19th century and was greatest for men born in the 1920s. The cigarette smoker versus non-smoker probabilities of dying in middle age (35-69) were 42% v 24% (a twofold death rate ratio) for those born in 1900-1909, but were 43% v 15% (a threefold death rate ratio) for those born in the 1920s. At older ages, the cigarette smoker versus non-smoker probabilities of surviving from age 70 to 90 were 10% v 12% at the death rates of the 1950s (that is, among men born around the 1870s) but were 7% v 33% (again a threefold death rate ratio) at the death rates of the 1990s (that is, among men born around the 1910s).

Conclusion: A substantial progressive decrease in the mortality rates among non-smokers over the past half century (due to prevention and improved treatment of disease) has been wholly outweighed, among cigarette smokers, by a

progressive increase in the smoker v non-smoker death rate ratio due to earlier and more intensive use of cigarettes. Among the men born around 1920, prolonged cigarette smoking from early adult life tripled age specific mortality rates, but cessation at age 50 halved the hazard, and cessation at age 30 avoided almost all of it.

(R. Doll et al., *BMJ* 328: 1519, 2004)

It is probably a rare and memorable event even for one of the most eminent researchers to author a fifty year follow-up of a groundbreaking study which he himself once brought on its way, and I confess, I am not aware whether this has happened ever before. If it happened for the first time, Sir Richard Doll, Honorary Member of Medichem, is definitely the one who we could expect it from. I am not in the position to praise him, but I may say that I feel honoured to be a member of a scientific society where he is an Honorary Member of.

Dr. Michael Nasterlack
(Ludwigshafen, Germany)



I found the following in a Newsletter from ChemAdvisor Inc. The brochure it is referring to, which is specifically targeted at women in developing economies, is really not bad, and so is this little excerpt from it. However, if you read it, you may find yourself a bit uneasy with one statement, and I wonder whether it is the same as the one I found.

ILO Publishes Guide on Reproductive Hazards

Earlier this year, the International Labour Organization (ILO) published *Healthy beginnings: Guidance on safe maternity at work* by Jane Paul. This booklet provides insight on the workplace hazards that affect men and women's reproductive health, as well as guidance on how differently hazards may affect a pregnant woman and the health of her child. Most of us are familiar with the potential hazards that chemicals in the workplace may pose to normal, healthy adults. What workers and their employers may not recognize, is that an unborn child is more susceptible to many of these hazards. Substances that pose minimal risk to an adult female may get into her bloodstream, cross the placenta, and cause serious harm to her fetus. The protective measures an employer has in place for his employees may not be sufficient to protect a fetus from harmful exposures. In addition to chemical agents, there are many other hazards that affect pregnancy and breastfeeding. These hazards may also affect men's reproductive health: biological agents (e.g., bacteria, viruses, parasites and fungi), physical agents (e.g., radiation, impacts or excessive movements, and noise), physical and mental demands (e.g., arduous work, prolonged sitting or standing, and work requiring balance), working time / conditions (e.g., night work or rotating shifts, inflexible working hours and

lone working), workplace / hygiene problems (e.g., inadequate first aid, unsanitary conditions, and lack of nursing or rest facilities) While a woman is not required to notify her employer the moment she finds out she is pregnant, her employer, physician, or other trained health worker can help keep her and her child safe throughout the pregnancy. Once a potential risk has been identified, it should be assessed, not only for the safety of the pregnant woman, but for the safety of all workers. Look for ways to avoid risks. Can it be eliminated entirely from the workplace? If not, the risk should be minimized and working conditions adapted accordingly. If necessary, the woman may require transfer to another post or excused from work for the duration of her pregnancy to keep her and her child safe.

Potential Effects of Chemical Agents on Reproduction: *Before Conception*

- Menstrual disorders (women)
- Low sperm count, infertility or sterility (men)
- Reduced sexual drive or impotence (men and women)
- Damage to male or female reproductive organs, e.g., cancer
- Heritable, irreversible genetic damage in sperm (men) and eggs (women) causing disease or birth defects, miscarriage or stillbirth

Upon Conception

- Difficulties conceiving a child

During Pregnancy

Miscarriage, stillbirth, cancer, disease, birth defects and/or developmental problems due to substances that can:

- Restrict oxygen and other essential supplies in the mother's blood
 - Cross the placenta and reach the developing fetus
 - Affect the mother's hormones or her general health
- On the child at or after birth or during breastfeeding*
- Premature birth, early neonatal death, low birth weight or developmental problems due to toxic effects of substances affecting development in the womb
 - Early childhood cancer (neoplasma) due to effects of earlier exposure to carcinogens
 - Toxic effects, including developmental problems and allergies due to substances carried in the mother's breastmilk or on parents' work clothes or skin.

Healthy beginnings: Guidance on safe maternity at work, from page 25 *Healthy beginnings* provides employers and employees with checklists for assessing workplace risks and ideas for circumventing harm. Examples of possible hazards are given for a variety of industries. Full text of this document may be viewed at www.ilo.org/public/english/protection/condtrav/pdf/wf-jp-04.pdf. Additional information on the effects of workplace hazards on male and female reproductive health may be obtained through The National Institute for Occupational Safety and Health at www.cdc.gov/niosh/homepage

.html or by consulting your local health provider.

Jennifer L. Mahoney
Taken from ChemAdvisory, October 2004

I was startled to read about "Toxic effects, including developmental problems and allergies due to substances carried in the mother's breastmilk", feeling that such a statement could easily scare mothers and discourage them from breastfeeding. Particularly, except for extreme cases of maternal poisoning, the benefits of breastfeeding for both the mother and the child regularly greatly outweigh any impairments possibly associated with xenobiotics in breast milk. And, by the way, I am not aware of any allergy which occurred as a result of allergen exposure via breast milk. However after a look at the whole brochure which is available on the internet I was relieved to find it generally very balanced and supportive of breastfeeding (although the above sentence can indeed be found in it).

Dr. Michael Nasterlack
(Ludwigshafen, Germany)



Burden of disease attributable to selected environmental factors and injury among children and adolescents in Europe

Background Environmental exposures contribute to the global burden of disease. We have estimated the burden of disease attributable to outdoor and indoor air pollution, inadequate water and sanita-

tion, lead exposure, and injury among European children and adolescents.

Methods Published studies and reports from international agencies were reviewed for calculation of risk-factor exposure in Europe. Disability-adjusted life years (DALYs) or deaths attributable to each factor, or both, were estimated by application of the potential impact fraction to the estimates of mortality and burden of disease from the WHO global database of burden of disease.

Findings Among children aged 0–4 years, between 1·8% and 6·4% of deaths from all causes were attributable to outdoor air pollution; acute lower-respiratory-tract infections attributable to indoor air pollution accounted for 4·6% of all deaths and 3·1% of DALYs; and mild mental retardation resulting from lead exposure accounted for 4·4% of DALYs. In the age-group 0–14 years, diarrhoea attributable to inadequate water and sanitation accounted for 5·3% of deaths and 3·5% of DALYs. In the age-group 0–19 years, injuries were the cause of 22·6% of all deaths and 19·0% of DALYs. The burden of disease was much higher in European subregions B and C than subregion A. There was substantial uncertainty around some of the estimates, especially for outdoor air pollution.

Interpretation Large proportions of deaths and DALYs in European children are attributable to outdoor and indoor air pollution, inadequate water and sanitation, lead exposure, and injuries. Interventions aimed at reducing children's

exposure to environmental factors and injuries could result in substantial gains. The pronounced differences by subregion and age indicate the need for targeted action.

(F. Valent et al., Lancet 363: 2032-2039, 2004)

Having read this, I sometimes wish that WHO politicians would read the publications from their own institution before making public statements on children's environment-related health risks.

Dr. Michael Nasterlack
(Ludwigshafen, Germany)

Welcome to New Members

Dr. **Thomas Birk**, ENVIRON Health Sciences Institute, Essen (Germany),

Dr. **Christine Breton**, Caisse Regionale d'Assurance Maladie d'Ile-de-France, Paris (France),

Prof. **Elpida-Niki Emmanouil-Nikoloussi**, Aristotle University of Thessaloniki (Greece),

Prof. **Saiyed Habibullah**, Nat. Institute of Occupational Health, Ahmedabad (India),

Dr. **Ede Hofsteenge**, Arbo Unie Europort, Rozenburg (Netherlands),

Dr. **John Holland**, Holland Associates Inc., Seattle (U.S.A.),

Dr. **Michael J. Kosnett**, University of Colorado Health Science Center, Denver (U.S.A.),

Dr. **Diane J. Mundt**, Dr. **Kenneth A. Mundt**, ENVIRON Health Sciences Institute, Amherst (U.S.A.),

Dr. **Pierre Rouzaud**, Centre Hospitalier Purpan, Toulouse (France),

Cyrille-Lazare Siéwé, UNEP Chemicals, Châtelaine (Switzerland)



Forthcoming Events

XXXII. Medichem 2005, Goa/India

The XXXIII Medichem Congress will be held on September 20-23, 2005 at the Goa Marriot Resort Hotel. The theme for the Congress is "Occupational Health and Safety in Chemical Industries in Transitional Economies." The first announcement and registration form can be obtained from:

Dr. C.S. Gulvady
Reliance Industries Ltd.,
19, Walchand Hirachand Marg,
Ballard Estate,
Mumbai 400038, India.
Tel: +91 22 303 27064
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International Conference on Occupational Health Services, January 25-27, 2005, Helsinki, Finland.

Information can be obtained from:
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Finnish Institute of Occupational Health
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