



American Association of **PUBLIC HEALTH** **PHYSICIANS** *BULLETIN*

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President's Message

As AAPHP approaches its 60th anniversary, we are an all-volunteer organization with no obligations to outside funders. We are slowly improving our website to be more user friendly and a better educational and collaboration tool. We have an AAPHP google group, and an active Resolution, Policy and Legislation Committee open to input from all members.

Our member's only membership directory allows you to contact other

members and our ebriefs provide you with timely information. We truly are the voice of Public Health Physicians, Guardians of the Public Health.

There are many individuals both physician and non-physician who have helped AAPHP greatly during my tenure. I will reserve awards for the many dedicated public health physicians until our meeting in conjunction with Preventive Medicine 2014.

For this November meeting I have chosen to honor the non-physicians who have served us well. Sandy Magyar MEd continues to provide AAPHP with a physical home. In addition she has been instrumental in the development of our new website and has served us for years with membership. I am truly grateful for her service.

Wendy Opsahl, PhD is Vice President of Communications for Atlas Research and provided us with an excellent rebranding and website plan. I have not yet been able to implement all suggestions and we already have a great improvement.

One important aspect is our new logo. Megan Weibye, a graphic designer with Atlas Research provided our membership with many possible logos. The selection was narrowed by our board and the final version was chosen by the membership.

Our final awardee is Bruce Kaplan, DVM, a "retired" veterinarian from Florida. Dr. Kaplan is a tireless supporter of the One Health Initiative. One Health is dedicated to improving

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the lives of all species—human and animal—through the integration of human medicine, veterinary medicine and environmental science.

AAPHP continues our important collaborations with One Health, and Next Gen U. Our most active recent collaboration is with the American Society of Addiction Medicine (ASAM). Dave Cundiff MD MPH attended the Advancing Access to Addiction Medications Stakeholder Summit and Press Conference on June 20, 2013. As a result AAPHP co-sponsored a policy briefing on Capitol Hill about Advancing Access to Addiction Treatment Medications on September 30, 2013.

In this bulletin you will find articles on the need for local health capacity, better funding of addiction medications, and the AMA Medical Student Section Committee on Global and Public Health. You will see the agenda for our upcoming meeting at the American Public Health Association, minutes from the previous meeting and resolutions submitted to the AMA.

It is an honor to serve as your President. In February, I will be passing the gavel to Dr. Ryung Suh. By then I am hopeful that our rebranding/retransformation will be complete and AAPHP poised to continue our important mission for the next 60 years.

Virginia M Dato MD MPH
President,
American Association of Public Health Physicians 2012-2014

AAPHP Member News

AAPHP Board Member CAPT Jim Lando, MD, MPH, is the new Regional Health Administrator (RHA) for Region V, U.S. Department of Health & Human Services effective 11/1/2013.

New members 2013 include Charlene Brown MD MPH, James Canterbury DPM MBA, Scott Cherry DO MPH, Jacqueline Christman MD MBA MS, Robert DeFraites MD MPH, Ronald Easterly MD MPH, Bernard Goldstein MD, Amir Jourabchi MD, Anna-Binney McCague MD, Lidia Nelkovski MD, Celeste Philip MD MPH, Nicole Poole MD MPH, Peter Rumm MD MPH, Devin Wiles DO MTM, and Nancy Williams MD MPH. Medical students members include Mahreen Arshad, Helen Myers, Poornima Oruganti, Ariel Postone, Liyan Wang, and Rohin Vij. Affiliate Members are Jennifer Jackson, Wendy Opsahl PhD, Megan Weibley, and Giorgio Piccagli PhD MPH

Articles

Going Local: A Call to Strengthen the Capacity for Local Public Health Action

The Black Death. Small pox. Swine flu. The West Nile virus. Cyclospora. All of these disease epidemics, from our historical past to our present day, begin with tiny mutations in individual cells that spread to affect larger communities and populations. Stopping outbreaks early requires science, cooperation, resources, and national, state and local public health action. Without all four, we may go back to a time when outbreaks regularly killed many people.

The importance of a properly functioning public health infrastructure could not be more relevant. On June 28th, 2013, the Centers for Disease Control and Prevention (CDC) were notified of two laboratory confirmed cases of

Cyclospora infection in Iowa. By September 20, the count had grown to 623 cases in 25 states.¹ The cases assessed by Dallas, Tarrant, Denton, and Collin Counties in Texas represent the core of the outbreak in the state, and provide crucial information to the Texas State Health Department and nationally to the CDC.² The outbreak data collected, assessed, and responded to by Dallas, Tarrant, Denton, and Collin Counties in Texas proves how crucial local public health departments are in maintaining a properly functioning public health infrastructure.

Local public health departments are the first level of defense against bad health. They maintain healthy tap water, healthy air, healthy food, and, as in the Cyclospora outbreak, detect, investigate and stop disease outbreaks. They facilitate programming to help the public make better health decisions, including community exercise programs, smoking cessation support groups, and diabetes informational sessions. Local public health departments have one motto: Don't treat disease, do one better and prevent it.

Examples of local public health action include:

- Interview a recently diagnosed measles patient, and give measles vaccine to their contacts.
- Assist medical staff in obtaining laboratory confirmation of a rare disease.
- Take samples to test for dangerous bacteria and chemicals such as lead.
- Visit restaurants, sewage plants, pools, camps and hospitals to verify that the correct procedures are used to prevent outbreaks.
- Train local volunteers and interact with local healthcare and first responder workers.
- Facilitate the testing and treatment of individuals who were exposed to tuberculosis or a

sexually transmitted infections.

- Monitor patients taking tuberculosis medication to prevent the development of antibiotic-resistant bacteria
- Educate the community through nursing homes, schools, day care centers, and other institutions on control measures for epidemics.
- Arrange for a bat or raccoon that was in contact with humans to be tested for rabies.
- Provide advice and expertise on when rabies vaccines are needed.
- Interview individuals who might have food poisoning to obtain information about where, when, and what they ate.
- Interview individuals who went to a party or meeting where people got sick afterwards.
- Provide medication and medication instructions to community members who live near nuclear power plants.
- Prevent individuals with contagious disease from infecting other community members.

The roles of local public health departments are essential, but not glamorous. Most community members are unaware of local public health department activities that is until the department stops functioning as it should. This is due in part to the policies guiding public health department structure and function. For example, in Pennsylvania, the Section 15 of the Disease Prevention and Control Law of 1955 states that public health workers cannot disclose information about certain diseases unless the intent is to prevent future disease. This policy is reflected nationally, as an extension of the Health Insurance Portability and

Accountability Act of 1996, commonly referred to as HIPAA.³

The community can be thought of as a patient population. Therefore, public health departments, national, state, and local, have a responsibility to keep information confidential unless needed for specific public health purposes. Public health information is disclosed only on a need-to-know basis, meaning that many in the community are unaware of the important roles played by the local public health department.

But, local public health departments need to disclose one big secret: they have an illness all their own. Staff and funding are being cut from many local public health departments all over the nation. Of the 1.7 trillion dollars that are spent on healthcare in the United States every year, less than four cents of every dollar are spent on public health.⁴ This is a problem, as funding and adequate staffing for local health departments is required to keep community illness, outbreaks, and epidemics at bay.

Preventive and public health services are unique from disease care services: every individual in the community uses them, depends on them, and expects them. Without public health services, communities may lose access to clean drinking water, safe food, safe air, vaccine services, and disease prevention services. Adequate increases in funding for local health departments are required to maintain public health services, and everyone is a stakeholder in the issue.

Poornima Oruganti is a medical student attending Northeast Ohio Medical University in Rootstown, Ohio and is a former American Association of Public Health Physicians (AAPHP) Summer Health Policy Fellow and American Medical Association Government Relations Intern.

Virginia M. Dato, M.D., MPH is a federally funded public health

physician employed by the Pennsylvania Department of Health, based in Pittsburgh. She is also President of the American Association of Public Health Physicians. The views set forth in this article are her own and do not represent the positions of any Commonwealth of Pennsylvania or private agency.

1. <http://www.cdc.gov/parasites/cyclosporiasis/outbreaks/investigation-2013.html>
2. <http://www.nbcdfw.com/news/health/Health-Officials-Look-for-Cyclospora-Cause-in-North-Texas-217779191.html>
3. <http://www.cdc.gov/mmwr/preview/mmwrhtml/m2e411a1.htm>
4. http://www.brookings.edu/~/media/research/files/papers/2007/4/useconomics%20lambrew/04useconomics_lambrew.pdf

State Insurance Companies Thwart Use of Medication to Reverse the Opioid Epidemic

By Stuart Gitlow, MD, President of the American Society of Addiction Medicine

Drug overdose death rates in the United States have more than tripled since 1990, and today kill more people than traffic crashes, according to the Centers for Disease Control and Prevention.

And yet, state governments and insurance companies regularly deny patients access to FDA-approved medications that could help reverse the epidemic of opioid addiction and overdose deaths. A new report released by the American Society of Addiction Medicine (ASAM) examined the effectiveness of opioid medications and found these medications to be effective, safe and cost-effective when used for long-

term maintenance treatment. The study, by the Treatment Research Institute and The AVISA Group, found that the costs for these medications to treat opioid addiction are roughly comparable to costs for diabetes medications.

The study also reviewed restrictions on these medications and found that nearly every state and most insurance companies are arbitrarily restricting their use. Restrictions vary widely from state to state and from insurance company to insurance company, with almost none of them adhering to best practices research-based protocols for these medications.

The report included a meta-analysis of research on the effectiveness of buprenorphine, including brand names Suboxone and Subutex, Methadone and injectable extended-release naltrexone, including brand name Vivitrol. The report concludes that the disease of opioid addiction is best managed with an appropriate combination of treatments, including family engagement, behavioral interventions and medications.

Evidence shows that we could be saving lives and effectively treating the disease of addiction if state governments and insurance companies remove roadblocks to the use of these medications. Treatment professionals need every evidence-based tool available to end suffering from this chronic disease.

Medical science supports the use of addiction medications to treat the disease of addiction. This science should be the basis of state policies, insurance coverage and national standards for the treatment of addiction, the report found. Also, the report brings attention to the fact that addiction is a treatable chronic disease with success and relapse rates comparable to other chronic diseases such as diabetes and hypertension.

None of the medications by themselves should be considered effective treatments for opioid dependence. All medications are designed for use as part of comprehensive treatment strategies that usually include counseling, social supports and behavioral change strategies. But the medications can be vital treatment components that raise treatment success rates, research shows.

Whitney Englander, a patient in long-term recovery using buprenorphine, reported she was regularly denied access to medication even after she and her doctor completed exhaustive paperwork for the necessary pre-authorization. Ms. Englander told her story at a recent summit on addiction medications. She said she was often forced to pay for her medication out of pocket or risk relapse. Her insurance company, she said, arbitrarily decided that she shouldn't receive the dosage of buprenorphine prescribed by her addiction medicine doctor.

"This is discrimination – pure and simple," she said. "Insurance companies would never deny insulin to a person with diabetes. States would never pass laws limiting Medicaid coverage of medication for hypertension. Yet people with addiction are routinely treated this way."

The report found one of the biggest hurdles to overcoming this arbitrary denial of access is the stigma associated with addiction treatment medications. Many people – including those working in treatment and recovery – believe it is somehow wrong to treat the disease of addiction with medication. However, these medications have shown good success in helping opioid addiction patients recover and lead healthy and productive lives.

State governments and insurance

companies must recognize that their policies restricting access to FDA-approved opioid addiction medications are causing preventable suffering and death. And treatment professions need to overcome their own prejudices against addiction medications and begin using them in comprehensive treatment protocols for the disease of addiction.

To read the full report, go to <http://www.asam.org/docs/advocacy/Implications-for-Opioid-Addiction-Treatment>.

The AMA Medical Student Section Committee on Global and Public Health

The 2013 – 2014 Committee on Global and Public Health (CGPH) of the Medical Student Section (MSS) of the AMA has been hard at work this fall creating a number of programs aimed at increasing awareness and involvement with public health among medical students. The committee this year is led by Chair, Divya Sharma, a medical student at Rutgers New Jersey Medical School and Vice Chair, Helen Myers, a medical and masters of public health student at The University of Iowa Carver College of Medicine. The committee is comprised of five additional medical students, each from different regions of the MSS and in different levels of training.

A major effort of CGPH this year has been to develop programming for the AMA-MSS Interim Meeting in November. The program this year is *Outbreak, Natural Disaster, and HazMat Relief Teams*, which will expose and train students for the important role that they may have to play in response to some of our greatest challenges. This program is scheduled to take place the morning of Saturday, November 16th at the AMA-MSS meeting in National Harbor, MD. The committee is also joining forces this year with other student committees and groups within the AMA to promote section-lead

public health initiatives at a local level. Finally, CGPH reviews resolutions considered by both within the MSS and at the AMA House of Delegates and has prepared feedback, reports and testimony related to those impacting public health. Questions or comments regarding the AMA-MSS CGPH can be directed to Divya Sharma at dsnjms@gmail.com and Helen Myers at helenivymyers@gmail.com.

AAPHP Resolutions submitted to HOD for consideration in November, 2013

Res. 206 FDA to Extend Regulatory Jurisdiction Over All Non-Pharmaceutical Tobacco Products

Whereas, US Food and Drug Administration regulation of non-pharmaceutical tobacco products is needed to assure proper labeling, absence of adulteration, and enforcement of prohibition against sales of tobacco products to minors; therefore be it

RESOLVED, That our American Medical Association urge the US Food and Drug Administration (FDA) to immediately implement the deeming authority written into the FDA tobacco law to extend FDA regulation of tobacco products to pipes, cigars, hookahs, e-cigarettes and all other non-pharmaceutical tobacco/nicotine products not currently covered by the FDA tobacco law.

Res 207 Tobacco and International Trade

Whereas, The recently adopted Trans Pacific Partnership (TPP) international trade agreement, a free trade pact between twelve Pacific Rim nations including the USA does not adequately support national tariffs or restrictions on advertising, selling and use of tobacco products for public

health purposes; therefore be it

RESOLVED, That our American Medical Association urge the Obama Administration to carve tobacco products out of the Trans Pacific Partnership and all other international trade agreements in a manner that will enable any country interested in doing so to impose whatever tariffs and restrictions on the advertising, sale and use of tobacco products that it feels appropriate to reduce addiction, illness and death from tobacco products within its borders.

November 3, 2013 Meeting Program

2:00 PM - 5:00 PM (EST)

Griffin Room at the Westin Waterfront Hotel, Boston MA Dial-in:
1-712-432-3066 Conference Code:
280904 4* MUTE YOUR OWN LINE

Agenda

2:00 PM: Welcome and Call to Order
2:15 PM:

Trends in Local Health Department Programming and Funding: Results from NACCHO's National Profile of Local Health Departments and Job Losses and Program Cuts Survey
By

Jan Wilhoit

Program Manager

Sarah Newman, MPH

Research and Evaluation Analyst
National Association of County and City Health Officials (NACCHO)
Discussion: Ensuring the Capacity to ACT LOCALLY

3:15 PM Break

3:30 PM: Minutes, Reports, Dues and Awards

Approval of Minutes from the Spring Meeting

President's Report

Treasurer's Report and approval of 2014 Dues Recommendation

Presidential Awards to;

Bruce Kaplan, DVM, Sandra Magyar, Med, Wendy Opsahl, PhD and

Megan Weibye for Meritorious Service.

Membership Report Dr. Alkon
Business Committee Report Dr. Suh
Resolutions, Policy and Legislative Committee Report Dr. Sherin
Discussion
5:00 PM Adjournment

Feb 11, 2013 Annual General Membership Meeting Minutes

The in-person meeting convened at 8:03 am MST in Scottsdale, Arizona. Present personally or by phone were Drs. Virginia Dato, President; Ellen Alkon, Perianne Lurie, Katrina Rhodes, Peter Rumm, Marc Safran, Ryung Suh, and Dave Cundiff. A quorum was present. Drs. Richard Biek, Mary Ellen Bradshaw, Erica Frank, Laura Kahn, Doug Mack, Charles Mashek, Kevin Sherin, Kate Tairyam, and Nancy Williams joined us later, as did Membership Director Sandy Magyar Med and guest Susanne Zentener PhD. Dr. Cundiff was asked to serve as Parliamentarian for this meeting, and also served as interim recorder

The minutes of the fall 2012 meeting were approved unanimously.

Proposed bylaws changes were circulated prior to the meeting and were summarized by Dr. Alkon, who moved their adoption. The intent of the first change is to allow physicians who are not currently licensed in the United States to join as Associate members, with a maximum of one Associate member on the Board of Trustees at one time. A new category of membership, Affiliate membership, would remain open to non-physicians. The second amendment would clarify AAPHP's policy of non-discrimination in membership.

Dr. Safran moved an amendment to require U.S. medical licensure as a prerequisite for service as an AAPHP

officer. The amendment was seconded. Dr. Alkon noted that, in her opinion, this requirement is present by implication. After discussion, the amendment was approved unanimously.

Dr. Lurie moved an amendment that the Affiliate member category allow Affiliate membership to any person who does not meet criteria for other dues-paying membership categories. The amendment was seconded. After discussion, the amendment was approved unanimously.

Dr. Lurie moved an amendment to add "disabilities" to our non-discrimination clause. The motion was seconded and approved unanimously.

After discussion, both bylaws amendments – as further amended above – were approved unanimously. It was subsequently clarified that active licensure is also not required for Retiree members, who are eligible to hold office whether or not they have an active U.S. license.

Dr. Suh presented the Nominating Committee report, beginning with a list of Nominating Committee members and a description of the selection process. Dr. Jaspal Ahluwalia was nominated for a first term as Secretary and Dr. Cundiff was nominated for a second term as Treasurer. Drs. Katrina Rhodes, Karsten Lunze, Scott Cherry, and Sami Beg were nominated for service on the Board of Trustees. After discussion, all nominees were unanimously elected by acclamation.

Dr. Dato presented Presidential Awards to Dr. Charles Mashek for meritorious service as AAPHP Secretary, to Dr. Alfio Rausa for meritorious service on the AAPHP Board and to Dr. Joel Nitzkin for leadership in Harm Reduction.

Dr. Cundiff presented the Treasurer's Report. Our 2012-2013 dues income to date exceeds expenses, but current balances of \$14,768.01 are \$1000 below the balances at the same time in 2011-2012. The Treasurer's Report was accepted.

Ms. Magyar presented the Membership Report. We have 145 current members. 101 members have paid their dues for 2013. Ms. Magyar further gave a breakdown by dues category.

Ms. Magyar has designed a certificate of membership, suitable for framing and presumably suitable for E-mailing to each member.

Dr. Suh reported for the Business Committee. Most membership organizations generate revenue not only from dues, but also from conference and tuition fees and from grants and contracts. Because we are already providing member services, member recruitment appears to be our most promising short-term strategy. The Business Committee hopes we can reach 500 members by 2018. An intern, expecting to work with us in summer 2013, will help with membership recruitment. We have a lot of expertise in Public Health, so we may be able to attract contracts and grants.

Dr. Weisbuch noted that we should sponsor AMA resolutions to strengthen the Public Health Physician workforce.

Dr. Kahn spoke on "One Health: A Concept for the 21st Century," using slides archived at http://www.aaphp.org/Resources/Documents/KAHN_AAPH_02_13_.pdf. Most human pathogens are shared by humans and non-human animals. Animal health is crucial to human health, nutrition, and well-being. We catch diseases that started with

animals (measles, pertussis, brucellosis, Q fever, and tularemia) and animals catch diseases that started with humans (tuberculosis).

Some of the greatest advances in human medicine (smallpox vaccination, and the work of Koch and Pasteur) result from research at the intersection of animal and human health. Rudolf Virchow (1821-1902), a German physician and pathologist, began microscopic examination of animal and human tissues. Dr. Virchow also began food safety and inspection programs, and was one of the major teachers of Dr. William Osler. Virchow said, "between animal and human medicine there are no dividing lines--nor should there be."

The early 20th century saw divergence of medical and veterinary medicine, but the late 20th century brought an increasing recognition of "Emerging Infectious Diseases" – most of them zoonotic. Global population, land use, and migration all amplify the importance of zoonoses and make the study of microbial ecology urgent.

The "One Health" movement seeks to understand human and animal health as a single entity. This is larger than the study of zoonoses. Our understanding of Takotsobu myocardiopathy derives largely from veterinarians' study of "capture myopathy" in tamarind monkeys. UCLA cardiologist Barbara Natterson Horowitz has written a book, "Zoobiquity," popularizing the similarities between human and animal diseases.

Dr. Kahn tried to start an academic journal on "One Health," but couldn't secure enough funding. However, even without a journal devoted exclusively to this topic, there are dedicated "One Health" conferences, and many highly regarded Web resources. Physicians can help by

seeking linkages with veterinarians, and by incorporating "One Health" concepts into practice and teaching. Dr. Kahn and others noted AAPHP's support of the "One Health" initiative, and the achievements of AAPHP leadership within organized medicine.

Dr. Tairyan spoke on "NextGenU" as a means for training the 4 million new public health workers that the WHO says are needed now. High-quality, competency-based, internet-based training is needed. NextGenU is "cost-free, barrier-free, ad-free, and carbon-free." Training is online and competency-based. Outcomes so far appear to be comparable to those from traditional universities. AAPHP is a founding collaborator of NextGenU.

Dr. Rumm noted that others, with similar vision and parallel projects, are potential collaborators with NextGenU. Drs. Tairyan and Frank asked for contacts, so that they can optimize results and expand their already impressive list of collaborators.

Dr. Dato noted that we hope to have a General Meeting in June at the AMA, if affordable arrangements can be made.

Dr. Sherin noted that AMA resolutions are due in early May 2013. We hope to have a diverse portfolio of policy resolutions for AMA's consideration. To allow full consideration and participation, first drafts should be submitted by early March 2013.

Dr. Mack reported that he is still working with the Society of Correctional Physicians (SCP) on several potential collaborations of mutual benefit.

After open discussion, we adjourned at 10:06 am MST.

AAPHP Leadership

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vmdato@aaphp.org

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Washington, DC

Secretary. 2013-2016

Jaspal Ahluwalia, MD, MPH
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National Commission on Correctional Health Care [NCCHC] Liaison

Douglas Mack, M.D., MPH
Kansas City, CO

Liaison to the One Health Initiative

<http://www.onehealthinitiative.com>

Laura H. Kahn, MD, MPH, MPP
Princeton, NJ

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