



## American Association of Public Health Physicians

**AAPHP E-News, May 21, 2009**

*The Voice of Public Health Physicians-Guardians of the Public's Health*  
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This is an electronic update for members and friends of the American Association of Public Health Physicians (AAPHP). We issue this from time to time, whenever several items of interest come to our attention.

Please send items of interest for the E-News -- and any other feedback -- to E-News editor [Kevin Sherin, MD, MPH](mailto:Kevin.Sherin@reachone.com). . Thanks!

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### **MARK YOUR CALENDARS**

The AAPHP annual meeting will be held Saturday evening, June 13 at the AMA annual meeting in Chicago. The AMA meeting runs from the 13-17th, and is always held in Chicago. **Our AAPHP meeting will be Saturday evening, June 13 at 5:30PM in the Chicago Hilton and Towers, Room Crystal B (note change in room since last E-news).** I want as many AAPHP members as possible to attend this meeting.

Our speaker will be Rodney G. Hood, MD, Past President of the National Medical Association. His topic will be Health Disparities in Health Care Reform.

### **Proposed Resolutions**

To Comment on Resolutions:

Please send your comments to Kevin Sherin, MD at [ksherin@yahoo.com](mailto:ksherin@yahoo.com), with copies to Arvind Goyal, MD, MPH, CPE, at [arvindkgoyal@aol.com](mailto:arvindkgoyal@aol.com) and Joseph L. Murphy, MD, FACP, AGSF, at [jismurphy@sbcglobal.net](mailto:jismurphy@sbcglobal.net) (Kevin is AAPHP President, Arvind is AMA Delegate; Joe is AMA Alternate Delegate)

**AAPHP Resolution #1:** *Oppose Sale of Tobacco Products in Pharmacies*

Whereas, the health hazards associated with use of tobacco products are well known, and direct tobacco use remains our number one and a preventable public health challenge, while second hand smoke exposure ranks number three on the list of public health enemies; and

Whereas, many pharmacies are marketing themselves as comprehensive healthcare facilities and have more patients including children walk in their premises to be seen in their in-store clinics; and

Whereas, those pharmacies that sell cigarettes and other tobacco products, do so to generate additional profits, while making it convenient, and sometimes subtly enticing their customers to use a product which can only harm the health of the user and those around him/her; and

Whereas, the current AMA Policy opposes the sale of tobacco at any facility where health services are provided and further supports the restriction of sale of tobacco products to tobacco specialty stores only, that policy does not go far enough to have any effect on the practice of the pharmacies selling cigarettes; be it therefore

Resolved, that our American Medical Association specifically and publicly oppose the sale and marketing of tobacco products including cigarettes in a pharmacy; and be it further

Resolved, that our AMA communicate with appropriate federal agencies including the Bureau of Alcohol, Tobacco and Firearms, many public health groups, various pharmacy trade groups and media outlets seeking their help in removing tobacco products including cigarettes from the pharmacy shelves; and be it further

Resolved, that the AMA study the feasibility of introduction and support of such federal legislation as would ban sale of tobacco products including cigarettes in pharmacies across the country and report back to the AMA HOD at its A-2010 meeting.

**AAPHP Resolution #2:** *Study of Appropriate Use of Electronic Cigarettes in Smoking Cessation Programs*

Whereas, there are over 40 million smokers in the U.S.; and

Whereas, tobacco use kills 500,000 Americans each year; and

Whereas, the medical community employs numerous protocols, techniques and tools to help smokers quit tobacco with limited success; and

Whereas, the Electronic Cigarettes provide nicotine only with water vapors, but, do not contain the approximately 4,000 other chemicals including several proven carcinogens isolated from a burning cigarette; and

Whereas, the producers and supporters publicize the efficacy and safety of Electronic Cigarettes, and are hard at work to convince the FDA and the congressional sponsors of the FDA/Tobacco bill which is currently pending, to prevent a ban on the marketing and sale of their product in the U.S.; and

Whereas, Nicotine is addictive and has been implicated in the causation of vascular disease, oral and gingival disease; and

Whereas, helping patients quit tobacco use altogether is an ideal strategy that saves lives, disease and money, it is not always easily accomplished, and harm reduction with smokeless tobacco products (such as SNUS) and Electronic Cigarettes is being increasingly promoted, causing some confusion among physicians who want to do what is best for their patients; and

Whereas, our AMA has a unique opportunity to look at the available evidence and issue appropriate guidance to the physicians and this endeavor would be consistent with the AMA's mission and priorities previously articulated; be it therefore,

Resolved, that our AMA ask its Council on Science and Public Health to study the available evidence and develop recommendations for our profession on appropriate use of Electronic Cigarettes in smoking cessation programs, with a report back at the A-2010 meeting of the AMA HOD.

**AAPHP Resolution #3:** *Strengthen State and Local Health Department Pandemic Response Capacity*

Whereas, the public health infrastructure nationally has been in a disarray for a number of years, first cited by IOM in 1988 and again in 1994; and

Whereas, the last time significant public health infrastructure was established in the US dates back nearly 40 years; and

Whereas, the only new public health funding received in the last decade for bioterrorism is now in a phase of radical reduction; and

Whereas, the Federal, State and Local governments continue to defund the public health infrastructure and current economic circumstances make it exceedingly difficult for essential public health needs to be met; and

Whereas, the resources of the public health infrastructure were severely strained in the last few weeks while responding to the H1N1 North American outbreak and WHO level 5 declaration of imminent pandemic flu; and

Whereas, it is projected that H1N1 Influenza will return this fall, possibly in a more virulent form; be it therefore

Resolved, that our AMA urge the CDC to urgently assess, in collaboration with the leadership of state and local health departments and the national organizations representing them, the funding, staffing, vaccine, drug and data management capacity to prepare for and respond to a potential influenza pandemic as early as this coming fall of 2009; and be it further

Resolved, that our AMA urge President Obama and the Congress to take a rapid action to provide dollars and other resources necessary to bolster the capacity of various state and local health departments to prepare and respond effectively and timely to protect the population we serve from expected disease and deaths due to a potential Influenza Pandemic this year and in future years.

**AAPHP Resolution #4:** *Disease Transmission Via Foods: Public Health Disaster in Waiting*

Whereas, the safety of the food we consume is universally desired and expected; and

Whereas, there is potential of serious disease and death from contaminated food consumption among widely distributed population groups in this and other countries; and

Whereas, timely diagnosis and treatment of disease caused by contaminated food is almost always delayed due to the time spent in identification of index cases and reporting followed by epidemiological and other investigations; and

Whereas, initial reports of disease or death caused by contaminated food almost always causes concern and occasionally panic with physical and emotional consequences, and sometimes long term change in healthy eating habits; and

Whereas, the communities we serve have had to endure reports of contaminated meat supply, eggs, fish, peanut butter, pistachios, spinach, tomatoes etc. in recent months associated with spectrum of serious illness to anxiety requiring treatment; and

Whereas, it was eventually discovered that many cases of food contamination could have been prevented with safer practices during cultivation, production, processing or marketing and distribution of various food items, and some others could have been identified and contained early with proper oversight, inspection and tracking and reporting requirements; and

Whereas, the lack of sufficient protocols, authority, funding, inspectors and other personnel in the FDA, USDA, and other responsible federal agencies may have contributed to some gaps in our

otherwise reasonable food chain; and

Whereas, it was reported that produce and raw foods from many different sources and different countries are not tracked to the point of processing, storage or distribution, thus requiring destruction or withdrawal of all foods of a kind suspected to have caused a disease; and

Whereas, it was also reported that Salmonella grown on a culture from a peanuts warehouse/processing plant was ignored and not reported while further distributions continued; be it therefore

Resolved, that our AMA publicly call for and closely monitor Congressional review and enhancement of the protocols, authority, oversight, funding and public health leadership at the FDA, the USDA and other Federal Agencies charged with regulation of the food industry and maintenance of a safer food supply; and be it further

Resolved, that our AMA support transparency, tracking from the origin of produce and raw materials to the point of distribution and timely coordination in activities of multiple Federal agencies involved in the regulation of the food industry and maintenance of a safer food supply; and be it further

Resolved, that our AMA report back on the progress made on assuring a safer food supply for American Public at the A-2010 HOD meeting.

**AAPHP Resolution #5:** *Flu Protection Guidelines for Airline Travel*

Whereas, WHO has declared a level 5 status-imminent pandemic of H1N1 Novel strain (Swine) influenza, and a level 6 pandemic influenza will be declared if and when two or more continents develop sustained human to human transmission; and

Whereas, the US now has more confirmed or probable cases spread among many states of H1N1 novel strain (swine) influenza than any other country, some complicated by deaths; and

Whereas, airline travel poses risk to nearby passengers when droplet spread of influenza occurs by poor hygiene, repeated coughing or sneezing; and

Whereas, the TSA can and has in the past set guidelines for US airlines and for international flights bound to the US; and

Whereas, the H1N1 Novel influenza strain is likely to become tamiflu resistant as it recombines with seasonal influenza; and

Whereas, no vaccine is yet available for the novel H1N1 strain influenza; and

Whereas, the said novel strain may become more virulent during the normal influenza season next Fall and Winter; and

Whereas, the CDC has issued prudent hygienic guidelines concerning novel H1N1 strain influenza for population protection during flights to and from Mexico, which are NOT being universally adhered to by ALL airlines at this time; be it therefore

Resolved, that our AMA call upon the CDC, the Department of Homeland Security and the TSA to urgently develop, disseminate and implement clear and consistent guidelines developed with input from appropriate public health, aerospace and infectious disease experts, aimed at protection of airline passengers and flight attendants from others who are known or suspected to have flu like symptoms with evidence based community hygienic measures, use of masks, use of hand washing/sanitizers and tissues; and be it further,

Resolved, that our AMA submit a progress report to the I-2009 HOD meeting on the development, dissemination and implementation of Flu Protection Guidelines for Airline Travel.

**Comments from Dr. Arvind Goyal regarding resolutions:**

Based on suggestions from the members, we have **submitted a total of 5 resolutions for consideration at the next AMA meeting starting 6/13/09. That includes one late resolution.** These 5 resolutions do not include one request for a resolution on "single payer" received after the deadline dates which we will bring for discussion at the annual AAPHP meeting on 6/13/09 in Chicago, and if there is a consensus on the proposed language, we will then submit that resolution to the AMA meeting in 11/09.

Please feel free to share your thoughts on these with me ([arvindkgoyal@aol.com](mailto:arvindkgoyal@aol.com)) and/or Joe ([jismurphy@sbcglobal.net](mailto:jismurphy@sbcglobal.net)) and/or Kevin ([ksherin@yahoo.com](mailto:ksherin@yahoo.com)) prior to 6/13, so we can include your suggestions in our testimony at the reference committee. **All AAPHP members who are also AMA members are encouraged to testify before the reference committees on Sunday, 6/14/09.** That actually strengthens our resolutions and also increases our presence in the AMA. Please let us know, if you will be available to testify; in that case we will set up a curbside meeting on Sunday morning, so we are all on the same page.

Also remember that **our alternate delegate, JOE MURPHY has been appointed to serve on the Public Health Reference Committee for this upcoming meeting.** That should be helpful in articulating our positions when the reference committee meets behind closed doors for decision making on those resolutions that are assigned to that committee.

**The procedure for Late Resolutions is as follows:**

**The Committee on Rules and Credentials will review the resolution and make a recommendation to the House on whether to accept or not accept the resolution as business.** A member of your delegation (or other representative) is invited to the Rules and Credentials Committee meeting to briefly discuss the reasons for the resolution's lateness, and explain the timeliness/urgency of the issue to the committee. **The representative should not discuss the merits of the resolution itself, but purely the reasons why it was submitted late and why it should be considered by the House at this meeting.**

**The Rules and Credentials Committee will meet at 8:30 a.m., Saturday, June 13, in the Columbus H Room at the Hyatt Regency Chicago.** Late resolutions will be among the first agenda items for the committee, so your representative should plan to arrive around 8:35 a.m., and wait outside the room until invited in to discuss the resolution. After your representative's presentation to the committee, the committee will meet in executive session to form its recommendation to the House. **A 2/3 affirmative vote by the House during its "Second" Opening Session on Sunday, June 15, is required for acceptance of a late resolution as official business of the House.**

**Membership Services**

Sandra Magyar for Green Cove Springs FL has been contracted for membership services. We look forward to rapidly getting your 2009 dues notices to you. It helps AAPHP with transaction costs if we can do this electronically. Please send your PREFERRED email address to Sandy at [magyarsf@bellsouth.net](mailto:magyarsf@bellsouth.net) Remember, renewal of your dues, membership, and updated information for AAPHP is vital as we are re-authorized by the AMA in the next two months!  
THANKS.

If you haven't done so already, please download AAPHP's 2009 Membership Form right away at <http://www.aapgh.org/Membership/2009MembForm.pdf> and send it to us by fax or postal mail. Please make your 2008 membership as generous as you can. Consider "Supporting" or "Sustaining" membership for 2009 if you are able to do so.

AAPHP is a 501(c) (6) professional membership organization that informs and represents Public Health Physicians. AAPHP dues may be deductible as an "ordinary and necessary" business expense under the Internal Revenue Code. Details may differ based on your individual situation.

AAPHP dues can be paid by credit card -- either by faxing the membership form to Sandy Magyar, Our Membership Secretary at (904) 529-7761 or by calling her at (904) 860-4686. .

Please also tell your friends and colleagues about AAPHP's representation of Public Health Physicians. E-News subscriptions are still free, on request, to any interested physician or medical

student. We welcome new subscribers and members. Thank you for your support!  
Kevin Sherin, MD, MPH AAPHP President-elect and E-News Editor

### To contact E-news

On an interim basis (May and June , 2009) Dr. Joel Nitzkin will be serving as interim editor of the AAPHP e news, Dr. Nitzkin can be reached at [jln-md@mindspring.com](mailto:jln-md@mindspring.com), or, by phone at 504 606-7043.

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\*\*\*\*\* About AAPHP E-News \*\*\*\*\*

This message is an electronic update from the American Association of Public Health Physicians (AAPHP) to public health physicians.  
More information about AAPHP is at <http://www.aaphp.org>.

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\*\*\*\*\* End of E-News Message \*\*\*\*\*