

American Association of Public Health Physicians (AAPHP)

General Membership Meeting – DRAFT minutes

Room 258, Moscone Center South, San Francisco, California

October 28, 2012

President Dato called the meeting to order at 2:23 pm PDT. Physically present were Drs. Ellen Alkon, Mary Ellen Bradshaw, Dave Cundiff, Virginia Dato, Perriane Lurie, Joel Nitzkin, and Jonathan Weisbuch. Present by phone were Drs. James Lando, Doug Mack, and Kevin Sherin. We welcomed Margaret Alkon as our guest. Drs. Amina Aitsi-Selmi, Robert Benjamin, Anand Chabra, Takeisha Davis, Giorgio Piccagli, Heather Readhead, Catharine Riley, Yuri Walker, and Sophia Yen joined us later. Dr. Mashek has been deployed to assist with weather-related emergencies on the East Coast. Dr. Cundiff volunteered to take minutes in the Secretary's absence.

The minutes of the General Membership Meeting of June 16, 2012 were approved unanimously.

Dr. Cundiff presented the Treasurer's Report for the fiscal year from 2011-10-01 to 2012-09-30. We lost about \$200 of operating expenses. Differences in the timing of paying our membership director, Sandy Magyar, mean that our operating losses are underestimated by about \$1300. If we had paid Ms. Magyar in advance for September and October 2012, as we did for September and October 2011, we would have lost approximately \$1500. However, our working balance of \$4,636.61, at the lowest point of our dues year, is enough to pay for about six months of operating expenses at the current rate. We also have \$8,103.67 in savings, reserved to cover the future costs of Lifetime members, and we did not withdraw any of these savings in 2011-2012.

The Treasurer's Report was accepted unanimously.

Dr. Alkon gave the Membership report. We have 127 current members for 2012, including 22 lifetime members and 26 who have renewed or joined for 2013.

Dr. Cundiff gave a summary of this morning's Executive Committee discussions, focusing on opportunities to expand our membership services and educational services. There may be additional possibilities to develop outside business opportunities. President-Elect Ryung Suh MD will chair AAPHP's Business Development Committee. The AAPHP Executive Committee will be responsible for expanding educational services and for membership recruitment.

We discussed concerns about our AMA House of Delegates position, and opportunities to represent correctional physicians in health policy matters. Dr. Weisbuch hopes Dr. Mack and Dr. Suh will make a concrete proposal, in writing by the Board meeting preceding the next AAPHP Membership meeting. A motion to that effect was unanimously approved.

Drs. Mack and Sherin noted that our member and friend Ilse Levin MD hopes to be re-elected to the AMA Council on Science and Public Health. A motion to support Dr. Levin's candidacy was unanimously approved.

Dr. Alkon reported for the Bylaws Committee, requesting three bylaws changes.

Bylaws change #1 would allow AAPHP Trustee positions vacated in mid-term to be filled at the next membership meeting, without limitation as to whether it is the annual meeting or not.

Bylaws change #2 would remove AAPHP's appointment of a liaison to the Board of Regents of the American College of Preventive Medicine (ACPM), since ACPM no longer has a position for such a liaison.

Bylaws change #3 would update AAPHP's definition of a "Young Physician" to reflect the AMA's current definition of a "Young Physician". After discussion, Dr. Alkon proposed an amendment to add wording that would update our definition in the future if the AMA definition should change. The amendment passed unanimously.

After approval of the amendment and after discussion of all amendments, the proposed amendments passed unanimously.

Dr. Dato presented the Board of Trustees' proposal for 2013 AAPHP dues. These would be the same as 2012 dues, except that the new "Young Physician" dues category would be set at \$25 for 2013. Dr. Lurie moved approval, with the caveat that the Board is instructed to review the Young Physician dues during the year and is authorized to adjust the Young Physician dues in mid-year if deemed appropriate. After discussion, the motion was unanimously approved.

At 3:30, Dr. Jonathan Weisbuch gave a presentation, "The Patient Protection and Affordable Care Act (PP ACA): Will it Help Public Health?" Information about the Affordable Care act is available at www.healthcare.org, at the Kaiser Family Foundation, and at the AARP web site.

Ancient Egypt provided universal health care, although it was faith-based and limited to one treatment annually, 5000 years ago. In 1798, the U.S. passed the Merchant Seaman Act, providing a system of prepaid medical care to merchant seamen, who worked as itinerants and who would need health care in many different communities. The merchant seamen's health care system was a precursor of the U.S. Public Health Service.

In the mid-19th century, under urging of Dorothea Dix, the United States built a hospital for indigent people with mental illness. This hospital eventually became St. Elizabeth's Hospital in Washington DC. President Franklin Pierce later vetoed a bill to provide for similar services in every state. Policy considerations in the 1850's, debating the desirability of government's provision for vulnerable people, re-surfaced in the 20th and 21st centuries with respect to proposals by Theodore Roosevelt, Franklin Roosevelt, Lyndon Johnson, and Barack Obama.

Ironically, in 1912, the AMA supported universal health care financing and the labor unions opposed it.

US medicine is the most expensive in the world. The USA is #37 worldwide in infant mortality. We have an amazingly fragmented Federal, state, local, and private health system. There is no organization or individual that has the opportunity to provide system-wide health care leadership in the USA.

The American people need attention to physical/environmental, biologic, and socio-cultural/economic issues affecting their health. These include air pollution control, STD control, reproductive health, and many others.

The community's health is affected by public health (which affects everyone); pre-hospital care; ambulatory primary and specialty care; hospital care; long-term care; and home care. As we go down that list, the numbers affected are smaller but the costs rise.

The ACA includes funds for Community Prevention (\$298M); Clinical Prevention (\$182M); Public Health Infrastructure and Training (\$137M, including capacity development); and Research and Tracking (\$133M). Each of these presents an opportunity for Public Health. Each can help us to re-think and improve the health of the nation.

More than half of the country's health expenses (\$1.3 trillion/year) are spent on the 42 million (14% of the people) who are insured and unhealthy. What could we have done to prevent these complications earlier? The ACA framework may give us a chance to try it out.

At present, the uninsured are mostly working and mostly reasonably healthy. Their lack of insurance, or other factors, can cause expensive complications. Under the ACA, most uninsured people will now have insurance. Providing needed services early will be a challenge – but when these services are provided, we may be able to prevent lots of illness and complications.

The Supreme Court ruling on the ACA was promising in one respect – the Roberts Court affirmed Congress' power to use taxes to achieve a behavioral objective. This allows taxes on tanning salons, on pollution, on tobacco and alcohol, on smokers, on obese people – or a tax credit for healthy behaviors, such as vaccinating children. The Supreme Court hasn't foreclosed our future.

Our future will be determined by the 2012 elections. The Presidency, the House, and the Senate all could go either way, and in almost any combination. Mixed power could bring a continuation of the current gridlock. Unified Republican power will likely result in repeal of the ACA, privatization of Medicare, and elimination of Medicaid. Unified Democratic power might consider Medicare for all, perhaps making Medicaid unnecessary. Public Health might prosper if Democrats do well in 2012.

Dr. Sophia Yen gave the response. Dr. Yen is a pediatrician and adolescent medicine specialist at Stanford University and a founder of the Silver Ribbon Campaign to support reproductive rights; to support free access to birth control; and to keep abortion legal and accessible.

Dr. Yen noted that the artificial division between “health care” and other services leads to irrational decisions. We could treat obese adolescents with personal nutrition and exercise coaching for a fraction of the cost of bariatric surgery – but we don’t, even though we might get even better results more safely.

Dr. Yen noted that when progressives bring a moderate proposal to the table, and when conservatives bring an irrational proposal to the same table, the ultimate result is likely to be irrationally conservative. This has been the story of the first-term Obama administration, in Dr. Yen’s opinion.

In response to questions, the presenters noted that the ACA requires health insurers to spend a strong proportion of revenues on front-line health care. This may incentivize the bad insurance companies to choose another line of work. Also, it is possible that the federal government will implant a “public option” into the insurance exchanges.

Resuming the business session, Dr. Dato showed us the thank-you awards that will be sent to Immediate Past President Timothy P. Barth MD CCHP; to past AMA Delegate Arvind K Goyal MD MPH; and to past AMA Alternate Delegate Joseph L. Murphy MD FACP AGSF.

On behalf of Nominating Committee chair Ryung Suh MD, Dr. Dato nominated Bruce Gibson MD MPH for the vacant Trustee seat. Dr. Gibson’s nomination was approved unanimously.

Dr. Dato noted that AAPHP member Erica Frank MD MPH is the founding Executive Director of Next Generation University (NextGenU), which will offer advanced medical and Public Health training on-line to local students in impoverished countries. Dr. Frank, working with AAPHP, has also induced the FDA to begin monitoring of radioactive products in migratory fish, which can cross the Pacific and which may be affected by the Fukushima Daichi [sp?] nuclear disaster. Monitoring data so far are reassuring – but the FDA will continue to monitor, based partly on work by Dr. Frank and by AAPHP.

Dr. Nitzkin spoke on Tobacco Harm Reduction. It is clear that the health risks from currently marketed smokeless tobacco products are very small – at most 2% of the risks from smoking, and probably much less. Harm reduction has great potential to reduce Americans’ suffering and premature death. Dr. Nitzkin distributed copies of a Harm Reduction presentation that he made to a joint committee of the Oklahoma House and Senate on October 3, 2012.

We have submitted a Tobacco Harm Reduction resolution to the AMA for consideration at this fall’s Interim Meeting. The American Society of Addiction Medicine is co-sponsoring the Harm Reduction resolution, and we are optimistic about its passage. We have also introduced a resolution supporting Cold Turkey quitting as a policy option. We expect this resolution to be referred to AMA staff for further study.

Dr. Sherin noted that we have also endorsed a resolution supporting Preventive Medicine funding under the Affordable Care Act, and a resolution honoring the life and service of Lester Breslow MD.

Dr. Dato inquired whether we should continue annual meetings in conjunction with the AMA Annual Meeting, which is held at Chicago each June. Members spoke to the advantages of meeting with the AMA, with the American College of Preventive Medicine (ACPM), and with the National Commission on Correctional Health Care (NCCHC). With virtual-meeting technology, we can arrange more meetings without necessarily incurring much more expense.

Dr. Cundiff asked that we defer decision about the location(s) of our spring Membership Meeting, asking the Board to survey the cost of various facilities and the wishes of our members. After discussion, we agreed to refer this question to our Board of Trustees.

Dr. Nitzkin thanked Dr. Dato for her tireless work on our behalf, and for providing technical support to our organization for many years. All members applauded.

We adjourned at 5:23 pm PDT, with thanks to all.

Respectfully submitted,

Dave Cundiff, MD, MPH

AAPHP Treasurer (and secretary *pro tem*)