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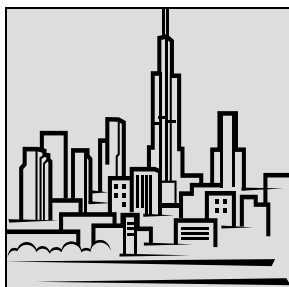
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CHICAGO
ANNUAL
MEETING
REPORT

American Association of Public Health Physicians

E-Bulletin

July/August, 2010

The Voice of Public Health Physicians-Guardians of the Public's Health

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1. Report on AAPHP Annual Membership Meeting

AAPHP held its Annual Membership Meeting on June 12, 2010 in Chicago. The meeting highlights included a presentation by AMA Incoming President Dr. Cecil Wilson, Delegates Reports, Recognitions and election of new Officers and Trustees of the Board. Summaries of each are below.

Keynote Presentation

The following are some excerpts from Dr. Cecil Wilson's presentation taken by AAPHP Secretary, Dr. Dave Cundiff.



Dr. Cecil Wilson

Cecil Wilson MD, incoming President of the AMA, reminded attendees that Dr. Edward Hill once said that, “as a clinician, he does Public Health one patient at a time”. As an internist, Dr. Wilson views himself as the “retail” side of Public Health, but admires those – such as Dr. Sherin in his county – who do Public Health “wholesale” with such enthusiasm.

A lot of the AMA's goals are Public Health goals, partly because public health physicians have been an integral part of the AMA from the very beginning.

The CDC tells us that half the deaths in the USA are premature deaths due to preventable risk factors such as tobacco use, poor diet, obesity, and alcohol abuse. These deaths – in the USA and worldwide – waste the world’s resources and cause untold heartbreak. Proper choices by individuals can reduce this suffering. Health education in public schools can help. Public investments in public projects can also help to improve health and to eliminate racial, ethnic, and gender disparities in health care. Employers can help too – the AMA is implementing best practices in Health Promotion for its employees, and is seeking to lead other employers in this direction as well. We in the AMA are working hard to overcome the nation’s “Prevention Deficit Disorder.”

The AMA focuses on partnerships in medicine. As physicians, “Together we are stronger.” All physicians benefit when the profession can speak with one voice. This is especially important with health system reform, in which we need to build on the good things in recent legislation while working to correct the things that need fixing.

Dr. Wilson challenged AAPHP members to continue to work with the AMA to make America a healthier and better place for everyone, and to contribute to a healthier and better world.

In answer to a question about special interests that corrupt Federal legislation, Dr. Wilson noted that the political process is about power. It is especially important that physicians stay well-organized in order to exert power on our patients’ behalf.

In answer to a question about electronic health records and their implications for interstate medical work, Dr. Wilson noted that more than half of America’s physicians still work in practices of three physicians or less. Because physician licensing is based in the states, there are licensing-related limitations on the full development of information technology. The AMA will continue to work on physicians’ and patients’ behalf.



Dr. Sherin and Dr. Wilson

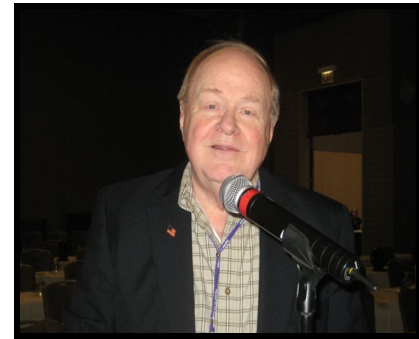
Delegate's Report From the AMA Meeting, June 12 – 16, 2010

Arvind Goyal, MD, MPH
AAPHP AMA Delegate



Arvind Goyal, MD, MPH

Joseph L. Murphy, MD
Alternate Delegate



Joseph L. Murphy, MD

1. **The AMA Medical Specialty Showcase for Medical Students** was a tremendous success, second year in a row. Drs. Kevin Sherin, Tim Barth, Doug Mack and Ginny Dato volunteered to represent the AAPHP at the table. Thanks to their conversations with the Medical Students who visited, several of them may be in the process of joining our membership ranks.

2. **Our AAPHP annual meeting on June 12 attracted 34 attendees** including some non-members who stayed to hear the **incoming AMA President, Cecil Wilson** on the AMA's Public Health Agenda. Dr. Wilson, who is a prolific speaker and excellent representative for our profession, also answered audience questions. Two members of the AMA's Council on Science and Public Health, including an **AAPHP member, Dr. Ilse Levin** participated in our deliberations and strategic discussion of our resolutions. **Dr. Ho Tran, a public health physician and the President/CEO of the National Council of Asian and Pacific Islander Physicians** was successful in educating those present on the public health needs of the special population she represents. **We were also honored to have among us, the Assistant Surgeon General of the United States, Dr. Jim Galloway.** The minutes of the meeting including an **inspiring address by our new president, Dr. Tim Barth** have already been distributed. Your delegates were honored to receive a special commendation from Dr. Sherin. **The delegates also wish to recognize the hands on leadership, clear direction and constant support provided by Dr. Kevin Sherin during his just ended 2 year term as President of the AAPHP.**

3. **Reference Committee D (Public Health) was ably chaired by an AAPHP member, Diana Ramos, MD, MPH,** who performed her responsibilities with finesse and passion for public health.

4. **Your delegates appreciated the marvelous supporting testimony provided by our board members, Drs. Dennis Mallory and Doug Mack, and members Jim Felsen and Ilse Levin on several of our resolutions; their presence and wise counsel at the reference committee, along with board members, Drs. Alfio Rausa and John Montgomery, helped guide our comments and statements on your behalf to the reference committee. As you would recall, we had submitted a total of 4 resolutions for consideration at this meeting, one of which was reaffirmed, one adopted with amendments and two referred to the AMA Board/Councils.**

*** Resolution #422, Legislation to Ban the Sale of Cigarettes in Nation's Pharmacies, was reaffirmed**, meaning the AMA "will work to pass legislation at the local, state and federal levels to accomplish the goal of banning tobacco sales in pharmacies nationwide. "Reaffirmed policies stay on the books of the AMA for 10 years.

*** Resolution 421, Public Health Lessons from the Massive Oil Spill in the Gulf of Mexico, was adopted with substituted language as follows:**

Resolved that our AMA work with the Department of HHS and other appropriate federal agencies to promptly convene an expert panel, comprised of all appropriate public and private sector health agencies and organizations, to address the immediate and long-term human and environmental health impacts of the massive oil spill in the Gulf of Mexico; and be it further

Resolved, that our AMA utilize its electronic and print communication vehicles to educate physicians, other health professionals, and the public about public health risks associated with exposure to crude oil, crude oil byproducts, and dispersants associated with the massive spill in the Gulf of Mexico and encourage patients to talk to their physicians about their concerns; and be it further

Resolved, that our AMA urge congressional support for the design and implementation of longitudinal/prospective studies to assess the human and environmental health impact of the massive oil spill in the Gulf of Mexico; such studies should be used to inform future oil spill mitigation, preparedness, response, and recovery efforts; and be it further

Resolved, that our AMA report back on efforts to protect human and environmental health from the massive oil spill in the gulf of Mexico at the 2010 interim Meeting.

*** Resolution 420, Dietary Intake of Incarcerated Populations, was referred to the AMA's Council on Science and Public Health** based on their stated interest in submitting a report after consultation with the American Dietary Association. Hopefully, that report will be available for discussion at the 2011 Annual Meeting.

*** Resolution 612, Establishment of a Senior Physicians Section, was referred to the AMA's Council on Long Range Planning for report back at the Interim meeting in November, 2010.**

5. **The AMA's Council on Science and Public Health presented its Report # 6-A-10 on Use of Electronic Cigarettes in Smoking Cessation Programs, in response to our Resolution 420 submitted at the 2009 Annual meeting.** In keeping with the unanimous direction received from those present at the Annual AAPHP meeting prior to hearing by the Reference Committee, **your delegates made a strong case to delete the wording about "drug delivery devices"**. However, opposing testimony was presented by Dr. Sandra Fryhofer from the Council on Science and Public Health and some others.

The following recommendations were adopted:

***E-Cigarettes be classified as (nicotine) drug delivery devices and should be subject to FDA regulation with appropriate standards for identity, strength, purity, packaging, and labeling with instructions and contraindications for use, including age of the user.**

***State legislatures prohibit the sales of e-cigarettes and all other nicotine devices that are not FDA-approved.**

***As currently marketed, e-cigarettes be included in smokefree laws but separately defined from tobacco products.**

6. The following public health resolutions introduced by others but actively supported by your delegates may be of substantial interest to the AAPHP members.

***Resolution 405, Issuing a Postage Stamp to Commemorate the First Surgeon General's Report on Smoking and Health was adopted.**

***Resolution 403, Tobacco Smoke Exposure in Multi-Unit housing was adopted.**

7. Another item of substantial pride, and interest was presentation of a 3 hour version of the Core Disaster Life support course attended by several AAPHP members. This presentation was asked for in an AAPHP resolution submitted and adopted by the AMA in 2004.

8. And, finally, Congratulations are in order for our Alternate Delegate and AAPHP Board member, Dr. Joseph Murphy who was elected Chair of the AMA's Senior Physicians Group at this meeting.



9. This may be as good a time as any to think and share with us at arvindkgoyal@aol.com your ideas that can be translated into resolutions for consideration at the next AMA meeting starting November 6, 2010 in San Diego. Remember, AMA's support of our public health agenda makes us stronger and more effective. **Official deadline for introduction of resolutions is 9/24/2010.**

I and your Alternate Delegate, Dr. Joe Murphy consider it our privilege and honor to represent you at the AMA. Thank you for your confidence in our abilities.

Arvind Goyal, MD, MPH

Recognitions

Dr. Sherin, outgoing AAPHP President, presented Recognition Certificates to Drs. Barth, Cundiff, Goyal, and Murphy for their services to AAPHP. A separate certificate will be mailed to Dr. Poundstone, with our gratitude for his years of service as AAPHP Treasurer.



Drs. Joseph Murphy, Kevin Sherin, Arvind Goyal

New AAPHP Officers Take Office

Nominating Committee Report

Dr. Barth reported for the Nominating Committee with the following recommendations:

- Drs. Arvind Goyal and Joseph Murphy be re-elected as AMA Delegate and Alternate Delegate, respectively.
- Drs. Doug Mack and John Montgomery be re-elected to full terms as Board members.
- Ellen S. Alkon, MD, MPH for election as Vice President
- Charles C. Mashek, MD, MBA for election as Secretary
- Dave Cundiff, MD, MPH for election as Treasurer
- Virginia Dato, MD, MPH for election as President-Elec
- Christopher Coppola DO, Alfio Rausa MD MPH, A. Dennis McBride MD MPH, and Takeisha C. Davis MD MPH for election as Trustees
- Takeisha C. Davis MD MPH for the AMA's Young Physician Section (YPS) House of Delegates.

All of the candidates were elected as recommended. A full listing of all Officers, Trustees and Appointees is listed on pages 20 & 21 and the AAPHP.org website. Dr. Sherin then passed the AAPHP President's gavel to Dr. Timothy P. Barth, who will serve as AAPHP's President for 2010-2012.



Dr. Sherin Presents Gavel to New AAPHP President Dr. Timothy P. Barth

AAPHP President's Remarks — AMA, Chicago — June 12, 2010

I want to start with some personal thanks; but I cannot thank these individuals without recognizing that our organization also owes these fine physicians a debt of gratitude.

Doug Mack, past president and long-time member of the Board, has labored many years to recruit physicians for our organization. I stopped at the AAPHP booth at the NCCHC Conference a number of times before Doug finally got me to re-join this organization after almost 12 years. I cannot forget Jonathan Weisbuch as well, who, after I joined the Board, brought me up to speed in a hurry from his extensive public health and correctional health care experience. Jonathan has certainly reflected on many aspects of the work we do, and has developed an opinion on just about everything :o)

John Poundstone, our retiring treasurer for the last eight years, has served our organization with distinction in many capacities including past president. I am sure he has discovered that we seldom acknowledge the weighty burdens of stewardship that accompany the treasurer's responsibilities. Let me thank you John for your dedication and service to our organization.

I would like to thank Arvind Goyal and especially, Joe Murphy, for their tireless efforts to keep us visible and cogent in the House of organized medicine. Their judgment, advice and contacts have been invaluable over the past few years, presenting us at our best, while our organization has gone through some difficult times. In this regard I cannot omit Joel Nitzkin, whose tobacco, PSTK and JMI efforts have also kept us above the radar as an organization with something to offer physicians who practice and provide population medicine.

I would like to thank Al Rausa, Dave Cundiff and Kevin Sherin. You thought of me for this position at least four years ago, and I hope to repay you for your vote of confidence



Kevin, we are all indebted to you for your tireless efforts and boundless enthusiasm, which have sustained this organization over the past two years. In a moment of discouragement, you and I once characterized the organization as being “on life support.” We are definitely not out of the ICU, but we are ex-tubated, breathing on our own and our vitals show some stability. We all owe you a debt of gratitude for your engagement and commitment to our success, while being extremely busy with your responsibilities to Orange County and the State of Florida. I can only hope to serve this organization as ably as you have over the past two years.

I am not going to spend a lot of time talking about my goals as President of this organization. My desire has always been to develop programs and operations in a broad and inclusive way. I hope this will be apparent during the course of my presidency. This organization has appealed to me specifically, because it has made a virtue of this inclusiveness. It gives a voice to those physicians who are self-identified as providers and practitioners of public health medicine. But, we all recognize that only a small percentage of those engaged in these efforts have even heard of our organization and that even fewer have joined the ranks of the AAPHP. I would like to focus on three areas that I feel would heighten our visibility and broaden our appeal to our fellow laborers in the vineyard of Public Health:

First, we need to develop a coherent vision and plan that incorporates the broadening of health care access resulting from the Patient Protection and Affordable Care Act. We’ve all been waiting for something like this even if single payer, universal health access wasn’t achieved. Almost certainly, hospital employed/affiliated physicians, already a major factor in the health care economy will become increasingly important as will the organizations and hospitals who seek their association. With broadened access, the population served by these health care entities is in a state of flux. Health care disparities related to ethnic or minority status or poverty (presently indicated by being uninsured or on Medicaid) will have to be re-examined from a new perspective. These disparities will not necessarily just disappear. We must redefine the issues to be addressed by the new circumstances. These are just a few thoughts that give me pause as we enter a new era of population based health care delivery.

We must define our mission in this new environment. This is already being done externally for us by the elimination of physician leadership positions in significant numbers in health departments and other public sector operations. Graduate training requirements have diminished the value of certain kinds of training and education that previously defined our expertise and gave credence to our specialty. The uniqueness and value of physician leadership has repeatedly run aground on the shoals of cost/benefit analysis.

In a free market economy and government fiscal climate in which the lowest bid gets the contract or “the private sector can do it better”, we must clarify our value to these operations. Our leadership skills are neither requisite for medical school admission nor developed by much of the education and training we subsequently receive (even in an MPH program.) The value of the concepts that developed into PSTK, and adding what are frequently thought to be MBA knowledge and skills to our armamentarium, may improve our value in this new health care economy. Nonetheless, we should also recognize that bang for buck may limit our curb appeal.

We therefore need to refine our message as an organization and be able to demonstrate to our colleagues that we have something to offer them. My wife, Bona, and I have manned the AAPHP booth at many NCCHC conferences and the first question that we are always asked is, “What can you do for me?” We are a “voice” and a “guardian” but do we have any services that we can offer our membership. The appeal of the Job Market Initiative was that it offered a service. However, it appears that we have more to offer than just a list of jobs in our sector. We have the experience of many seasoned physicians who have practiced medicine as appointees or in other difficult circumstances and go through an employment process that is alien to most physicians practicing their profession. We move a lot and depend on academia much more than most of our colleagues. Should we offer mentoring, or advice to those suffering from the instabilities of our professional venues? Should we consider offering other aspects of professional development like PSTK? I don’t know the answers to these questions and I am open to suggestions. Hopefully some progress in developing meaningful services to our membership can come to fruition over the next two years.

We need to build our organization with membership. The dimensions of vision, mission and service need further development, but personal enthusiasm and your personal appeals to your colleagues are the most effective means of building our organization. That’s why, even when servicing a booth at the NCCHC for eight hours over three days results in only two or three new members, it is worthwhile in the long run. Pick up the phone and invite people! Mention the value of the organization at meetings! Impress upon the managers of the purse strings in your organization that we have something to offer their physicians and their clientele. We advocate for the health and health care of the public, as we individually provide health care and services to our defined populations. We are the voice of public health physicians and the guardians of the public’s health. I have always liked the possessive in our motto—the apostrophe s. It gives a human dimension to our practice of medicine and gives personal value to our organization and its purpose. We guard the people’s health.

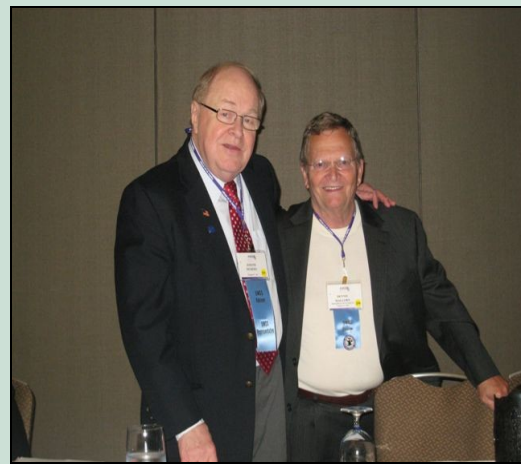
Let’s build this organization together. Thank you!

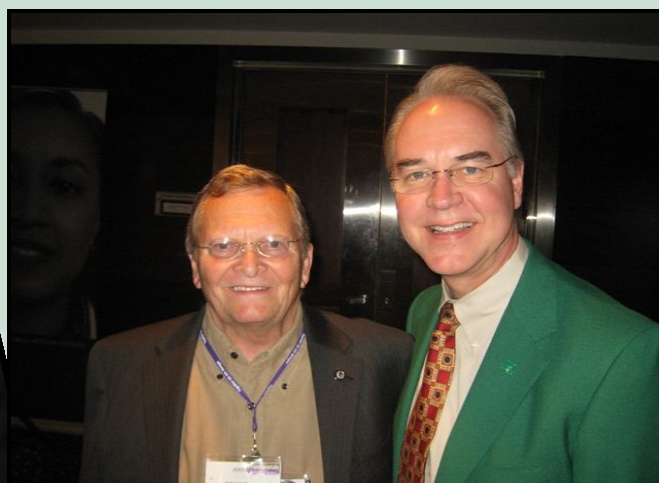
Photos from AAPHP Meeting in Chicago



Officers: Drs Dato, Barth, Sherin and Cundiff







2. Updated Scientific Status of Tobacco Harm Reduction 2008-2010

Brad Rodu, DDS and Joel L Nitzkin, MD
June 28, 2010

Abstract and Summary

In October 2008 the American Association of Public Health Physicians (AAPHP) became the first medical organization in the U.S. to officially endorse tobacco harm reduction as a viable strategy to reduce the death toll related to cigarette smoking. Since the AAPHP endorsement there have been numerous contributions to the scientific literature that add to the scientific foundation for tobacco harm reduction. This report describes these published studies, which include meta-analyses of the risk of cancer and cardiovascular diseases among smokeless tobacco (ST) users and evidence from clinical trials that ST is an effective substitute for cigarettes. It also discusses American studies concerning whether ST use is a gateway to smoking and other topics relevant to tobacco harm reduction. The new research significantly strengthens AAPHP's position on harm reduction, which encourages inveterate smokers – who are unable or unwilling to abstain from all nicotine and tobacco – to switch to lower risk smokeless tobacco products.

Those wishing to read the entire report can download it from the Tobacco Issues page of our www.aaphp.org web site.

3. Know your Officers and Board

A new feature in the E Bulletin will highlight some of your elected officers in each issue. This issue will start with the new AAPHP President, Timothy P. Barth, MD, CCHP and President Elect, Virginia Dato, MD, MPH.

Timothy P. Barth, MD, CCHP
President, American Association of Public Health Physicians (AAPHP)



Timothy (Tim) P. Barth, MD, CCHP, a *locum tenens* internist working as a hospitalist in Michigan and Indiana, is a nationally recognized correctional health care expert/consultant. Prior to 2009, he had a 31-year professional career in correctional health care, rising to positions of increasing responsibility in the Federal Bureau of Prisons (BoP), Michigan Department of Corrections, and as Medical Director of the Wayne County Jails, a large urban jail system including Detroit and its metropolitan area. He is a Certified Correctional Health Professional (CCHP).

Dr. Barth graduated from Indiana University (IU) School of Medicine and trained in internal medicine and general psychiatry. As one of the first National Health Service Corp scholarship recipients, he completed his service obligation with the U.S. Public Health Service assigned to a Bureau of Prisons short term detention facility in New York City. In 1985, he became Chief Medical Officer of the Public Health Service Hospital at Lexington, Kentucky, where, as the result of an increasing population of incarcerated women and HIV/AIDS cases, he was charged with converting the institutional hospital and ambulatory health services into the Federal Medical Center for Women Prisoners.

Dr. Barth's original acquaintance with the AAPHP was in 1974. As Vice President of the IU Student American Medical Association, he was assigned as a student observer to the American Medical Association Jail Project. The AAPHP strongly supported the Jail Project from its inception and continued to do so after its development into the National Commission on Correctional Health Care (NCCHC). He joined the AAPHP in 1977 and was active through 1988. After a twelve year hiatus he rejoined the organization in 2000. He was elected to the Board in 2002 and reelected in 2005. In 2006, Dr. Barth was elected Vice President, President-elect in 2008 and he assumed the presidency in June, 2010. He has been a physician surveyor for the NCCHC correctional health care accreditation program since 1999.

His interests in public health stem from a long awareness of correctional health care as a subspecialty in population medicine. Jail assignments have been most gratifying professionally. There, a specific subset of a defined metropolitan population is brought together by environmental, sociologic and behavioral (including certain mental health dimensional) activities. The interface between correctional facilities and their communities is most fluid in jails where the average length of stay is relatively short.

Development of programs for health screening and disease identification (especially communicable diseases) is a major challenge of health care provision in correctional facilities. Of special interest to Dr. Barth have been the design, development and implementation of voluntary, rapid HIV screening programs in jails. He presented a model program at the *2007 CDC National HIV Prevention Conference* in Atlanta, GA.

Virginia M. Dato, MD, MPH

President Elect, American Association of Public Health Physicians (AAPHP)



Virginia (Ginny) M. Dato, MD, MPH, is a public health physician with over 20 years experience in academia and two state governments. She is currently with the Division of Infectious Disease Epidemiology, Pennsylvania Department of Health and also adjunct faculty at the University of Pittsburgh, Graduate School of Public Health.

Dr. Dato graduated from the University of Pittsburgh Medical School in 1983. Her post graduate training included a pediatric residency at Bellevue Hospital/NYU, a pediatric infectious disease fellowship at Children's Hospital of Michigan and a public health residency at the New Jersey Department of Health. She earned an executive MPH from Columbia University School of Public Health and is Board Certified in Pediatrics and Preventive Medicine/Public Health.

Dr Dato joined the AAPHP in 1994. While a Senior Public Health Physician at the University of Pittsburgh Center for Public Health Practice, she served in a variety of elected positions within the AAPHP including Board member, Secretary and Vice President. From 2002 to 2008, she was less active because of job and family commitments. In 2009, she responded to the request to serve on the AAPHP's Tobacco Control Task Force and was elected President-elect in June, 2010.

Interests and Goals:

"I believe that epidemiology, economics, ethics and public health law are the four legs upon which our discipline stands; the foundation for public health. The AAPHP can be a vehicle for Public Health Physicians to advocate for and help develop improved public health systems. Our strength is that we are small, nimble and independent. The Internet provides many valuable tools that we can harness. Only members can join our AAPHP Google Group – <http://groups.google.com/group/aaphp>, however, everyone is welcome to follow us on Twitter – <https://twitter.com/AAPHP>."

4. AAPHP Twitter Update

As of July 17, we now have 51 followers and we are following 99 accounts.

Here are some Virginia Dato's favorite AAPHA retweets and tweets -

Justice: What's The Right Thing To Do? Episode 02: "PUTTING A PRICE
TAG ... <http://goo.gl/fb/WnTbn> 4:09 PM Jul 14th

Measuring the Impact of Public Health Policy
http://www.cdc.gov/pcd/issues/2010/jul/09_0249.htm

Combustion (smoke) dramatically increases the lethality of tobacco products. Learn the truth -
<http://www.biomedcentral.com/1471-2458/5/31>

See them all at twitter.com/aaphp (You don't need an account to see our tweets and retweets) . Do you have a Twitter account? Let us know so we can follow you. Send suggestions for AAPHP tweets (140 spaces only) and other Twitter communications to vmdato@gmail.com.

5. Selected Information from AMA Updates and Others

The following items were taken from the AMA Update. To see the entire article, click on the link.

[News for AIDS & HIV breakthrough](#)

Reuters (press release) [A breakthrough in AIDS research](#) - 12 hours ago

HIV, the virus that causes **AIDS**, is notoriously mutable, changing the composition of proteins on its surface with ease to escape pressure from the immune ...

Los Angeles Times - [308 related articles](#) »

[Breakthrough antibodies neutralize most known AIDS strains - Yahoo ...](#)

Jul 8, 2010 ... The find is a potential **breakthrough** for advancing **HIV** vaccine design, ... More on **AIDS & HIV**. New Anti-HIV Weapons Found in Immune System ...

news.yahoo.com/s/afp/20100708/hl_afp/healthaids - 18 hours ago

From Kelly Davis, Co-Founder, the Health Harbinger to President Barth:

I just wanted to inform you about a new piece we've just posted over here at The Health Harbinger called "Top 50 Free Public Health Resources Worth Bookmarking." I found American Association of Public Health Physicians to be very interesting and relevant, so I thought that both you and your readers might enjoy reading our article. Please do let me know if you have any questions or comments -- <http://masterinpublichealth.com/2010/top-50-free-public-health-resources-worth-bookmarking/>

6. Looking for an AAPHP/CSTE Liaison and a Representative to AHRQ

AAPHP has received an invitation to partner with the **Agency for Healthcare Research** to promote the use of evidence-based information in its Effective Health Care Program. This program is sponsored by AHRQ to help clinicians get access to vital evidence-based bottom-line findings on the effectiveness and risks of treatment options for numerous health conditions. This initiative supports a growing portfolio of patient-centered outcomes research, also known as comparative effectiveness research. Because the officers have additional responsibilities, AAPHP is looking for a member who would be interested in networking with AHRQ, bringing that information back to the Board and helping determine AAPHP's action. For more information contact Ginny Dato, MD, MPH at ymdat@gmail.com.

AAPHP also needs a volunteer to serve as the liaison to Conference of State and Territorial Epidemiologists (CSTE). This is a presidential appointment so if you are interested, please contact President Tim Barth (tbarthmd@umich.edu). More information will be provided.

7. New AAPHP Officers and Board of Trustees, and Appointees

The following members are now serving you. This list is always available on the aaphp.org website.

Officers

President 2010-12 - Timothy P. Barth, MD, CCHP

President Elect 2010-12 - Virginia Dato, MD, MPH

Secretary 2010-12 - Charles C. Mashek, MD, MBA

Vice President (and Program Chair) 2010-12 - Ellen Alkon, MD, MPH

Treasurer 2010-13 - Dave Cundiff, MD, MPH

Immediate Past President 2010-12 - Kevin M. Sherin, MD, MPH

AMA Delegate - Arvind Goyal, MD, MPH

AMA Alternate Delegate - Joseph L. Murphy, MD

Trustees

Quentin D. Young, MD, MS

Sharon Marable, MD, MPH

Mary Ellen Bradshaw, MD

John Montgomery, MD, MPH

Douglas Mack, MD, MPH

Christopher Coppola, DO

Dennis Mallory, DO, MPH

Alfio Rausa, MD, MPH

A. Dennis McBride, MD, MPH

Takeisha C. Davis, MD, MPH

Appointees

Young Physician AMA Delegate - Takeisha C. Davis, MD, MPH

ACPM Liaison - Sindy Paul, MD, MPH

Archives & History Committee Chair - Alfio Rausa, MD, MPH

Conference of State and Territorial Epidemiologists (CSTE) Liaison - Vacant

Current Procedural Terminology (CPT) Liaison & Commission to End Healthcare

Disparities - Arvind Goyal, MD, MPH

National Commission on Correctional Health Care (NCCHC) Liaison - Douglas Mack, MD, MPH

E Bulletin Editor - Kevin Sherin, MD, MPH

Webmaster - CMG Buttery, MD, MPH

Chair, Job Market Initiative and

Chair, Tobacco Task Force & Chair, PSTK - Joel Nitzkin, MD, MPH, DPA

Membership Development, Co-Chair - Virginia M. Dato, MD, MPH

Membership Director - Sandra F. Magyar, MEd

8. Join Us

AAPHP is the voice of public health physicians and welcomes all physicians who are committed to the public's health

AAPHP accomplishes its work with a maximum of volunteer labor and a minimum of cash expense. We are proud to make the E Bulletin and other **AAPHP** materials available without charge to physicians and medical students interested in public health.

If you haven't done so already, please download **AAPHP's 2010 Membership Form** right away at <http://www.aapHP.org/Membership/2010MembForm.pdf> and send it to us by fax or postal mail. Please make your 2010 membership as generous as you can. Consider "Supporting" or "Sustaining" membership for 2010 if you are able to do so.

Remember, renewal of your dues, membership, and updated information for AAPHP is vital as we try to increase our membership ranks. YOUR BOARD CHALLENGES ALL AAPHP MEMBERS TO RECRUIT AT LEAST ONE OF YOUR COLLEAGUES OVER THE NEXT YEAR. HAVE YOU TALKED TO YOUR FRIENDS AND COLLEAGUES ABOUT AAPHP?

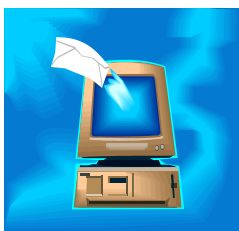
AAPHP is a 501(c) (6) professional membership organization that informs and represents Public Health Physicians. AAPHP dues may be deductible as an "ordinary and necessary" business expense under the Internal Revenue Code. Details may differ based on your individual situation.

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) 860-9208

Please also tell your friends and colleagues about AAPHP's representation of Public Health Physicians. E-Bulletin subscriptions are still free, on request, to any interested physician or medical student. We welcome new subscribers and members. Thank you for your support!

Sandy Magyar, Membership Director

9. To Contact E-Bulletin



AAPHP E Bulletin Editor

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