

Virginia Dato

From: Virginia M. Dato MD MPH [vmdato@pitt.edu]
Sent: Saturday, August 31, 2002 7:22 PM
To: vdato@aol.com
Subject: AAPHP News:Job Market, Small Pox, West Nile, conference, health care, resignation

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AAPHP News

News Items

1. Job Market Update - Hits to our web site double - See Item 1.
2. Letter from AAPHP to New York Times re Small pox vaccination See Item 2 3.
MembersContributions - Conference/West Nile Resources/ BT resources/Proposal for a National Health Insurance. See Item 3
4. Resignation of Virginia Dato as President- Elect. Not President-elect but still active and supportive- See Item 4

AAPHP News is sent to members whenever we receive several items of potential interest. Send information for this newsletter to the editor Virginia Dato MD MPH at vmdato@pitt.edu. Please forward this newsletter to physicians who may be interested in joining. A membership application form can be found on our web page <http://www.aaphp.org>.

Item 1 Job Market Update From Joel Nitzkin

This last month, from mid-July to Mid-August showed an explosion in hits on our web site - more than double any previous month. Previous months had been in the range of 216-262 hits per month. This last month we had 546. In the week since that snapshot, the hits have been continuing at that same high pace. This last week, Kim Buttery (our webmaster) and I have done some significant reformatting of the site - primarily introducing the concept of career tracks. Thus, we separately list jobs in Academia, Public Health, OcMed, etc - to make these easier for a prospective applicant to find. The stage is now set for the next stage of web site development - where we seek more hotlinks from other sites and seek paid advertising from executive recruitment firms and others. Unfortunately, the press of other work has prevented action on these items. The press of other work and lack of staff and volunteer support has also inhibited our ability to pull down pertinent job listings from yet other journals and web sites. I still project, that, when fully developed, we should be running (between our own ads and the line listing) between 300 and 400 job opportunities at any point in time, plus 20 or more training opportunities. At this stage of our development, we are between half and two-thirds the way there.

If any of you have any student or resident manpower that might be interested in exploring the dynamics of the medical marketplace - and would be willing to provide some volunteer support to the site in return for material that may be of value to their master's or doctoral thesis - please let me know. We have some nice opportunities along these lines. While we have no objective data on this point (and never will) - we continue to get a nice scattering of anecdotal reports from both advertisers and PM physicians as to the value of this site in connecting people with job and training opportunities.

PLEASE: I would like each of you to check out our reformatted web page on www.aaphp.org, and offer any comments or suggestions as to perceived problems, or things that could be done to further improve the site. While still not fully developed, the JMI web page on www.aaphp.org with its 129 listings, now represents the best and most complete single print or Internet resource for PM jobs and training opportunities. Respectfully Submitted
Joel L. Nitzkin, MD, MPH Chair, ACPM/AAPHP Job Market Initiative JLN:jlN 082002 JMI
WebPageUpdate .doc

Item 2 Letter on Smallpox to the New York Times - From Mary Ellen Bradshaw

To the Editor of the New York Times

The August 25, 2002 New York Times article by Dr. Lawrence K. Altman raises important questions not addressed by Senator Frist in his Op-Ed piece published two weeks ago, in which he recommends that all Americans be given the choice to accept smallpox vaccination voluntarily. The American Association of Public Health Physicians (AAPHP) has great

respect for the Senator and is very appreciative of the work he and Senator Kennedy have done to bolster public health. We must, however, respectfully disagree with his analysis for many of the reasons raised by Dr. Altman.

Dr. Altman discussed the untoward side effects caused by the vaccine. Some can be debilitating, others, fatal. Immunizing large numbers will produce many injuries resulting in liability for both the private and the public sector, and an erosion of public confidence in the vaccine now, and in the future. On the other hand, the recommendation in May, 2002, by the CDC Advisory Council on Immunization Practices (ACIP) is sound policy. ACIP suggests training and then immunizing a small number of public health and emergency first responders. This will enhance public safety by producing a cadre of trained and protected professionals available to manage victims and rapidly initiate a mass vaccine program if a smallpox outbreak were to occur.

The ACIP plan is based upon a very low estimate of risk of intentional infection and used the medical data on vaccine injury described by Dr. Altman. When Senator Frist states that the risk of a smallpox attack outweighs the risk of immunizing millions of Americans, we infer that he must be basing his appraisal on information that differs from that used by ACIP in making its recommendations. A decision to immunize against smallpox must be based upon the best information available, shared with all the decision-making bodies.

In the absence of an exact estimate of risk of an intentional attack on the US with smallpox, AAPHP recommends adherence to the ACIP statement of late May and urges ACIP to develop additional proposals to address escalating risk scenarios. These could serve as the foundation for alternative strategies in the event of higher risk situations. Furthermore, immunizing and training public health personnel in vaccination techniques and outbreak management should begin. When trained, these public health professionals will then be ready to immunize 15-20 thousand primary providers and emergency responders, building protection for our communities.

Mary Ellen Bradshaw, MD
President
American Association of Public Health Physicians (AAPHP)
August 28, 2002

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Item 3 Resources/Announcements from members
From Kim Buttery
Conference: Social Determinants of Health 29 November 2002 to 1 December 2002, Toronto, Canada

This conference aims to increase awareness and understanding of how societal factors determine the health of Canadians. As we deepen our understanding of the relationship between social determinants and health, we develop a fresh understanding of the causes of health and illness, and correspondingly build upstream approaches to health policy. We have a unique opportunity to promote collaborative population health strategies to strengthen these determinants.

Conference themes include: health services, education, employment & working conditions, income & income distribution, unemployment, early life, food security, housing, social exclusion and social safety net. The event concludes with a panel presentation of leading policy makers who will reveal how inequalities in health status can be addressed. Poster sessions run concurrently - submissions can be made online.

This national conference is jointly sponsored by: Health Canada's Health Policy Research Program York University's School of Health Policy and Management CIHR Institute of Population and Public Health and Centre for Social Justice.

E-mail enquiries: conference@socialjustice.org

Website: <http://www.atkinson.yorku.ca/frschhstm.htm>

From Ginny

> <Special Notice>
>
> A special collection of articles from the Journal (and related web links)
> about West Nile Virus is available on the NEJM website for a limited time.
> The content in this collection is freely available to all.
> <<http://www.nejm.org/specialnotice/index.asp>>
>

From David Cundiff and AHRQ news

New Evidence Report Summary on Bioterrorism Preparedness and Response Available We issued the summary of a new evidence report by AHRQ's Evidence-based Practice Center at the University of California at San Francisco-Stanford University on the use of information technology/decision support systems in the event of a bioterrorist attack. This evidence report, Bioterrorism Preparedness and Response: Use of Information Technologies and Decision Support Systems (IT/DSS), finds that IT/DSS can help clinicians and public health officials make better decisions in responding to a bioterrorism event. It also identifies technologies and systems that could potentially aid in detection, diagnosis, management, prevention, surveillance and communication. Go to <http://www.ahrq.gov/news/press/pr2002/bioterroritpr.htm> to read our press release and <http://www.ahrq.gov/clinic/epcsums/bioitsum.htm> to read the summary. From Mary Ellen Bradshaw

August 16, 2002

Dear PNHP members and friends,

We need your help.

We have launched a campaign to invite every physician in the U.S. to endorse a proposal for single payer national health insurance, as well as to join Physicians for a National Health Program (optional). We ask your help in circulating the following statement and gathering physician and medical student endorsements.

The proposal was crafted by a distinguished physician panel, and will shortly be introduced in the Congress in legislative form. To follow is the executive summary of the proposal; the full text is available on-line at: www.physiciansproposal.org and www.pnhp.org.

We hope to publish the statement in a major medical journal with a list of all the endorsers, as well as to present the list to Congress. You may endorse the statement on-line at www.physiciansproposal.org. Alternatively, you may e-mail (pnhp@aol.com), fax (312) 782-6007, or mail endorsements to PNHP at 29 E. Madison, Suite 602, Chicago IL 60602. Our deadline is Thanksgiving, so we need to act quickly.

We believe that a majority of physicians now support single payer national health insurance. With your help, we can demonstrate that support to the public and the profession. Thanks in advance for your assistance and all your efforts in this struggle.

Quentin Young, MD, MACP
National Coordinator
Physicians for a National Health Program
29 E Madison, Suite 602
Chicago, IL 60602
(312) 782-6006; fax (312) 782-6007
pnhp@aol.com; www.pnhp.org, www.physiciansproposal.org

P.S. Save the date! PNHP's Fall Meeting is November 9 in Philadelphia. Wyndham Franklin Plaza Hotel, 1-215-448-2000.

Physicians and Medical Students' Proposal for National Health Insurance Executive Summary

The United States spends more than twice as much on health care as the average of other developed nations, all of which boast universal coverage. Yet over 39 million Americans have no health insurance whatsoever, and most others are underinsured, in the sense that they lack adequate coverage for all contingencies (e.g., long-term care and prescription drug costs).

Why is the U. S. so different? The short answer is that we alone treat health care as a commodity distributed according to the ability to pay, rather than as a social service to be distributed according to medical need. In our market-driven system, investor-owned firms compete not so much by increasing quality or lowering costs, but by avoiding unprofitable patients and shifting costs back to patients or to other payers. This creates the paradox of a health care system based on avoiding the sick. It generates huge administrative costs, which, along with profits, divert resources from clinical care to the demands of business. In addition, burgeoning satellite businesses, such as consulting firms and marketing companies, consume an increasing fraction of the health care dollar. We endorse a fundamental change in America's health care - the creation of a comprehensive National Health Insurance (NHI) Program. Such a program - which in essence would be an expanded and improved version of Medicare - would cover every American for all necessary medical care. Most hospitals and clinics would remain privately owned and operated, receiving a budget from the NHI to cover all operating costs. Investor-owned facilities would be converted to not-for-profit status, and their former owners compensated for past investments. Physicians could continue to practice on a fee-for-service basis, or receive salaries from group practices, hospitals or clinics.

A National Health Insurance Program would save at least \$150 billion annually by eliminating the high overhead and profits of the private, investor-owned insurance industry and reducing spending for marketing and other satellite services. Doctors and hospitals would be freed from the concomitant burdens and expenses of paperwork created by having to deal with multiple insurers with different rules - often rules designed to avoid payment. During the transition to an NHI, the savings on administration and profits would fully offset the costs of expanded and improved coverage. NHI would make it possible to set and enforce overall spending limits for the health care system, slowing cost growth over the long run.

A National Health Insurance Program is the only affordable option for universal, comprehensive coverage. Under the current system, expanding access to health care inevitably means increasing costs, and reducing costs inevitably means limiting access. But an NHI could both expand access and reduce costs. It would squeeze out bureaucratic waste and eliminate the perverse incentives that threaten the quality of care and the ethical foundations of medicine. (full proposal at www.physiciansproposal.org)

Please join us in the effort to assure care for all,
and to restore medicine as a calling, not a business.

"I agree to be a listed as an endorser of the Physicians' and Medical Students' Proposal for National Health Insurance"

Signature: _____
Name: _____
Medical School and Year of Graduation (for verification purposes): _____
Phone: _____
Email: _____
Specialty: _____
Address: _____

(Donations and/or membership in PNHP are optional - please endorse even if you do not wish to become a member at this time!).

I would like to donate \$_____ to fund this effort.

I would like to make a donation to join Physicians for a National Health Program \$_____.
(\$120 regular, \$40 resident/retired, \$20 student)

Charge \$ _____ to my VISA/MasterCard # _____ Exp Date ____/____

Enclosed is a check for \$_____

Mail to
PNHP
29 E. Madison, Suite 602
Chicago, IL 60602

(Donations are tax deductible under section 501(c)3 of the IRS Code)

Item 4 - President Elect Resignation Letter and Presidential response

It is with great thought and consideration that I must resign as President-elect of AAPHP. When I accepted the position, those in attendance will recall that I did state that it was only because we did not have another ready candidate and that the president-elect had few responsibilities. By my accepting President-elect, AAPHP would gain additional time to find a ready, able and willing leader for 2004. In addition I would be able to continue to provide my leadership and experience as a member of the executive board until be identified that leader. Therefore my intention had always been to resign at the next annual meeting in 2003. I knew that I could not be president in the next couple of years because I have accepted a demanding position as public health physician for the 1.5 million residents of the Southwest District of Pennsylvania at the same time that my two children (now 13 and 14 years) were at ages that they deserve and need substantial parental guidance. The ideal time for me to be president is not in 2004 but in fact in 2010 or later.

I am resigning now rather than waiting because West Nile and other infectious disease problems including Rabies ORV baiting have prevented me from doing the due diligence necessary as an officer in such a politically active organization. I can not in good conscious, not fully participate in the review of the many policies and plans of this organization. In addition, as a civil servant in the State of Pennsylvania my political activity is sharply defined by Section 905.2 of the Civil Service Act. As President-elect it is difficult to disassociate myself from the policies and activities of the organization. Therefore I have chosen to resign this position at this time rather than waiting.

Thank you for your time,
Virginia Dato MD MPH
Dear Ginny:

It is with regret and understanding that I read your letter of resignation as President-Elect of AAPHP. It was not a complete surprise as you had indicated your ambivalence from the start, anticipating the increased work-load of a new position and your family responsibilities with two teen-agers. You later expressed your growing concern as the demands of your new position and the unexpected increase in your responsibilities because of new public health crises became a reality. I am most appreciative of your willingness, under those circumstances, to have agreed to stay on as long as you did, given the restrictions of the By-Laws in appointing individuals to such a position outside of annual meetings. I understand, given your conscientiousness and your sense of duty, that you feel that you cannot continue, and I respect that.

All of us in AAPHP are fully aware of your complete commitment to the association and the outstanding services you have rendered in the past as Secretary and Vice President, and were so commended both in Certificates of Appreciation and numerous verbal kudos. You kept this organization afloat in perilous times by your phenomenal technical skills - we are in your debt. It is our sincerest wish that you remain active in the AAPHP, as a guest on the Executive Committee and Board, and encourage you to look toward assuming a top leadership position when the timing is more opportune for you and your family.

I personally empathize with you because I've been there with a responsible and most demanding position, two teenagers, and in my case, a critically ill husband, and could not imagine myself active in a leadership position in a national association requiring travel and even more of my precious time. However, I did maintain a high level of involvement with my local medical, peds and public health associations (didn't know AAPHP existed) and attained leadership positions there. I urge you to do the same, if at all possible. I found that involvement in those organizations, who could speak for me and my issues, support me and my Bureau at City Council hearings, in the media and before the Mayor and Congress, were invaluable. As you find yourself now, I too could not take public stands on key issues, but the organizations to which I belonged, could be informed by me about certain issues, and then they could put those forward and defend them. Much that I was able to accomplish in having legislation passed, policies developed and enforced came as a

result of that type of collaboration. Without it, I would have been just one public health physician without a voice.

Which brings me to the policy activism of the AAPHP. Our motto is "The Voice of Public Health Physicians, Guardians of the Public's Health" . As I interpret that, it means that AAPHP speaks for public health physicians, most of whom are employees at local, state and federal levels, and because of the restrictions inherent in working for the government and certain institutions, not free as individuals to advocate for their issues except in certain circumscribed venues. As I see it, our association acknowledges the issues facing public health physicians and, as their "voice" advocates for them where they may not be able to themselves. As far as I can see, AAPHP is the only association that speaks for public health physicians - not just for local, county or state health officials, who may or may not be public health physicians - but for and only for, the interests and concerns of public health physicians - whether that be in educating mayors and federal level appointers about the qualifications of and need for a public health trained physician in certain health department or national leadership positions; developing a public health physician-friendly job market; joining in the public debate on an issue that up close and friendly affects our membership directly, i.e., smallpox vaccination; presenting resolutions at the AMA to effect changes in colleagues' view points or challenging them to consider the public health aspects of medicine and the need to have public health representation in every medical society, the need to consider all health care systems in an effort to provide universal health care, etc., etc.. AAPHP can do this for public health physicians on a national level - what they may not be able to do for themselves.

This activism can cause some conflict in touchy political situations, and I can see where some individuals in visible positions may not wish to be at the helm because of job restrictions or for fear of negative fall-out - and that is quite understandable. But someone's got to do it or else we cave in and have no say in circumstances that we may be the experts in and/ or are significantly affected by. The paradox is that we need in leadership positions in AAPHP individuals with exactly the experience and qualifications that may make them vulnerable to back-lash if they exert their expertise in stands by the association in controversial or sensitive situations. (Will all the un-encumbered ex- or non-government employees please step forward and volunteer for assertive leadership!) However we accomplish it, in the last analysis, we should not be cowed - we must stand for what we believe is in the best interests of the public's health - that's our specialty!. The basis of our positions should be well reasoned and based on our expertise as public health professionals and should be offered respectfully and with an aim to educate, inform and move the debate in the most reasonable direction. If that causes recriminations, then, as a nation, we really are in trouble!! Time to haul out the old Constitution and act!

I have gone on far longer than I intended but your action brought forth many thoughts.

I'll end as I began. Although I'm sorry that you won't be continuing in your position, I fully understand. I hope you will stay on the Executive Committee and Board as a guest. I wish you much success in your work and with your family and hope to see you leading this association in the future. And again, on behalf of all, thank you for your many past contributions to the success and survival of AAPHP.

Sincerely,

Mary Ellen

Mary Ellen Bradshaw, MD
President AAPHP

cc to the AAPHP BOT
- 7 - August 31, 2002