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MWPCHA Annual Conference

The Local HIV Crisis: A Call to Action...A Community Responds

Wednesday, April 5, 2006

This meeting will bring together people and organizations who see the HIV and AIDS epidemic as the epitome of racism and other inequalities in this society. We invite people to come and discuss ways to launch a more public movement against the epidemic and the racism and other systemic issues that drive it.

Speakers from a variety of advocacy and health organizations will discuss specific social influences (drug policy, homophobia, education) that contribute to health inequalities and HIV. They will make recommendations for changing the social environment. Breakout groups will plan strategies for creating a grass-roots campaign against HIV. Confirmed organizations include:

Us Helping Us The Women's Collective

DC Appleseed Center DC DOH

Metro Teen AIDS DC PCA and MWPCHA Disparities Committee

In conjunction before the official conference we will hold a continuing education session **HIV/AIDS Surveillance** in the United States: History, Methods and Recent Approaches to Tracking the Epidemic, presented by Dr. Alan Greenberg, GWU School of Public Health and Health Services. The session will be held from 10am to 1pm at Tax and Revenue Building Training Center 941 North Capitol St. NE across from the Dept. of Health - near Union Station. RSVP (required) to maphtc@hotmail.com.

SAVE THIS DATE

**MWPCHA 2006
CONFERENCE**

*Wednesday, April 5, 2006
2:00-6:00 pm*

See flyer on page 3

MWPHA GOVERNING COUNCIL MEMBERS



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MWPHA RESPONDS TO GULF COAST CRISIS DUE TO HURRICANES KATRINA & RITA

BY Barbara H. Guest

Late-Breaking Resolution to the APHA Governing Council on the Crisis in the Gulf Coast Area

Approximately one month after the twin hurricanes Katrina and Rita devastated the Gulf Coast, scattered a population of over one million to many states, and caused people to experience homelessness, loss of health care, jobs and basic services in Louisiana, Mississippi, Alabama, Florida and Texas and particularly in the city of New Orleans, the MWPHA, during its Annual Fall Social and Membership Meeting, resolved to develop a resolution for the Governing Council of the American Public Health Association. The resolution calls on APHA to address the abandonment of the primarily African American population by federal, state and local public officials when the levees failed and flooded the New Orleans, as well as the further damaging effects of Hurricane Rita one month later than Katrina, which flooded the Gulf Coast area and displaced the already relocated population of New Orleans and the populations of West Louisiana and Texas.

This "late-breaking resolution" urged APHA to take three actions: 1) to work for legislation at the Federal level that would enable people from the affected States of Mississippi, Louisiana and Texas to receive Medicaid until the population could return home; 2) to renew it's advocacy for a National Health Program for all in the US to promote affordable and accessible health care for all, and 3) to establish a new task force for the purpose of restoring a publicly-funded public health system in the US. This resolution was endorsed by the Medical Care Section and presented at the JPC Hearings along with two additional late-breaking resolutions that addressed the lack of health and concern for safety of the population. The second resolution addressed the needs of the Latino population living in the Gulf Coast area, who face not only the lack of health care but mistreatment in temporary employment during the clean up. The second resolution also addressed the need to protect the health of the rescue and recovery workers and volunteers in the Gulf area.

According to APHA policy for late-breaking resolutions, LB-3 will be reintroduced to the Joint Policy Council by March 15 so that it can be considered by the Governing Council at the 2006

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**METROPOLITAN WASHINGTON PUBLIC HEALTH
ASSOCIATION**

ANNUAL CONFERENCE

Wednesday, April 5, 2006

THE LOCAL HIV CRISIS

A CALL TO ACTION

A COMMUNITY RESPONDS

DC has the highest AIDS rate of any US city. DC would rank between Mozambique and Tanzania if it were a country.

The Appleseed Report and the Campaign to End AIDS have generated renewed interest to fight the HIV and AIDS epidemic in our area. Last year the MWPCHA Annual Conference reviewed the major determinants of health inequalities, most of which are exemplified by HIV. It is time to advance a response to this crisis. Our 2006 Conference will convene many of the major players in this fight against AIDS.

We invite you to be part of this response.

REGISTRATION IS REQUIRED. SEE NEXT PAGE FOR MORE INFORMATION

LOCATION

941 North Capitol St. NE, Training Center
(Tax and Revenue Building across from DOH)

Registration: 1:30 to 2:00 pm

Conference: 2:00 to 5:00 pm

Reception: 5:00 to 6:00 pm

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\$20 Members, \$25 Non Members, \$15 Students (valid ID required)
\$10 Consumers earning under \$30,000

REGISTRATION REQUIRED

Please go to <http://www.mwpha.org/> and click on *MWPHA's Annual Conference Online Registration*

For general annual conference information please go to
<http://www.mwpha.org/events/annualconf/>
You can also call MWPHA at (202) 466-7556, or, e-mail Karyn Pomerantz at
kpomeran@gwu.edu

EXHIBIT OPPORTUNITIES

\$90 per table. For details please go to
<http://www.mwpha.org/events/annualconf/conf2006/callforexhibits.html>

CHARLES HAYMAN MEMORIAL SCHOLARSHIP

Applications are currently being accepted from qualified individuals for a \$1,000 scholarship presented in the memory of Dr. Charles Hayman. MWPHA established the *Charles Hayman Memorial Scholarship* to recognize a current or aspiring public health worker who seeks additional training in public health. Dr. Hayman was a founding member of MWPHA, and this award is given in recognition of his many years of service in public health.

Please go to <http://www.mwpha.org/committees/hayman/> for application form and qualification criteria information

2006 MWPHA ANNUAL PUBLIC HEALTH AWARDS

Awards will be given out in the following categories in recognition of work in supporting and promoting health in the metropolitan Washington, DC area:

- **Individual Achievement Organization**
 - **Program Achievement**
 - **Student/Youth Achievement**

Please go to <http://www.mwpha.org/committees/awards2006/> for nomination form and qualification criteria information

D.C. Smokefree Vote Reflects Worldwide Trend

By Angela Bradbury, Co-founder of Smokefree DC

Since the D.C. Council approved comprehensive smokefree workplace legislation that includes bars and restaurants, other jurisdictions have followed suit.

In 2006 alone, lawmakers in Puerto Rico, Utah, New Jersey and England have passed similar measures. Now, 12 states have voted to make bars and restaurants smokefree (California, Connecticut, Delaware, Maine, Massachusetts, Montana, New Hampshire, New Jersey, New York, Rhode Island, Utah and Vermont), as have several countries (Ireland, Sweden, Norway and New Zealand).

The reason: Lawmakers are becoming increasingly aware of the dangers posed by secondhand smoke in the workplace. Secondhand smoke causes lung cancer and heart disease in non-smokers and can aggravate respiratory illnesses such as asthma and bronchitis. An estimated 38,000-65,000 non-smokers in America die annually due to diseases caused by secondhand smoke, according to the American Cancer Society. People who work in smoky environments are particularly vulnerable.

Until this year, the District has had one of the worst laws in the country when it comes to protecting workers from secondhand smoke. In the District, it has been legal to smoke in offices, health care center and day care facilities. If an office or hospital was smokefree, it was because of the management's policy – not the law.

That will soon change though. In January, the D.C. Council enacted a measure that, when fully implemented, will make virtually all workplaces – including bars and restaurants – smokefree. Exempted are tobacco retail stores, cigar bars and theatrical productions. In addition, the mayor has the power to grant waivers for economic hardship.

The bill, which passed by an 11-1 vote, is now being reviewed by Congress. If Congress doesn't interfere, it should take effect in early April with respect to all workplaces except for bars and bar areas of restaurants. Those are scheduled to become smokefree in January 2007. Regulations regarding the implementation of the waiver provision must be written and approved by the D.C. Council.

Here are some of the most recent additions to the list of smokefree jurisdictions, followed by their effective date:

- District of Columbia (restaurants in April 2006, bars in January 2007)
- Puerto Rico (March 2007)

- Uruguay (in effect)
- England (2007)
- Utah (2009)
- New Jersey (April 2006)

For more information on supporting the *Smokefree DC campaign*, please contact Angela Bradbury at 202/669-6517 or angela@smokefreedc.org.

To become involved with the *DC Tobacco Coalition*, please contact Debra Annand at the American Lung Association at 202/682-5864 or dannand@aladc.org,

Continuing Professional Education Schedule

**Sponsored by MWPFA, DOH,
MAPHTC, SOPHE, MWCOG, and
GWU SPHHS**

RSVP (required) to maphtc@hotmail.com

April 24, 2006

Program Evaluation II

Dr. Caroline Sparks,
1:00 p.m.—4:00 p.m.
Place: TBD

Please check listserv and website for updates.

May 10, 2006

Evidence Based Public Health Resources

9:00 a.m. to 1:00 p.m.
Himmelfarb Library, George Washington University

June 21, 2006

CDCynergy

Patti Coulson-Flowers,
9:00 a.m. to 1:00 p.m.
Himmelfarb Library, George Washington University

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Annual Meeting, to become a permanent part of APHA policy. **Your input and thoughts on improving this policy are more than welcome.** The entire text of the adopted late-breaking policy follows:

Submitted Nov. 10, 2005 (LB4-1)

Ensuring Access to Care Following Hurricanes Katrina and Rita

Hurricanes Katrina and Rita had devastating effects on the Gulf Coast area, including coastal communities in the states of Louisiana, Alabama, Florida Mississippi and Texas, in late August and in September 2005. In particular, the city of New Orleans was struck not only by the hurricane, but also by flooding resulting from breaks in the levees holding back the lake as the city is below sea level.^{1, 2} Despite mandatory evacuation orders for coastal communities including New Orleans being in effect, in New Orleans, tens of thousands of people, primarily African American residents, were caught in mass shelters or in residences without sufficient food and water due to the lack of financial and transportation resources.^{3,4} These thousands of people were subjected to extreme neglect, with: the lack of a well-organized, effective and targeted government response to meet the basic needs of people for food, water, sanitation and safety; severely limited attempts to reduce excess mortality, undue morbidity and intentional and unintentional injuries; and armed threats by the police and military to stop their evacuation into a neighboring parish. These same areas were battered by another Category 4 storm, Rita, which also buffeted the region and again flooded New Orleans and devastated the Louisiana and Texas border that continued to make evacuation from affected areas difficult and caused those previously evacuated to be displaced further from their residences and support systems.⁵ Rescue and evacuations separated families. Endangered physically and mentally ill, otherwise disabled and frail elderly in hospitals and nursing homes were in some cases abandoned to die and exposed to environmental hazards resulting from a lack of sanitation, contaminated water and chemical pollutants.⁶ The utter disregard for the health and safety of predominantly poor African American neighborhoods follows the pattern of racism where communities of color and poor communities suffer the worst living and social conditions and experience the most dangerous environmental exposures. According to a recent survey of New Orleans evacuees housed in the Houston shelter conducted by the Kaiser Family Foundation, the Washington Post and the Harvard School of Public Health, a majority of the people (six in 10) had family incomes of less than \$20,000 per year; one in eight people was unem-

ployed; a majority had no health insurance coverage at the time of the hurricane; 7 and of those with coverage, 35 percent had Medicaid and 16 percent Medicare. Prior to the hurricane, 60 percent of people used hospitals and clinics as their main source of care, and as a result of the hurricane, 33 percent of people reported health problems or injury with 41 percent reporting chronic health conditions like heart disease, diabetes, hypertension and asthma.⁸ These Gulf Coast residents are part of the estimated 45 million⁹ U.S. uninsured and the countless number who are underinsured and vulnerable to a for-profit health care system¹⁰ and a meagerly financed and dwindling Medicaid system¹¹ and denied health care because of their status as out-of-state residents, which perpetuates health disparities, institutional racism and denies social equity and social justice through the adequate funding of health programs.

In the absence of universal health care as previously recommended by APHA,¹² in order to ensure the health of the people displaced by these twin catastrophic storms, APHA:

1. Supports legislation which will enable people from Louisiana, particularly the city of New Orleans and the states of Mississippi, Alabama, Florida and Texas who have been displaced by hurricanes and relocated to areas within their state and in other states to have the ability to receive state-sponsored health care including Medicaid in the state of temporary residence with the federal system paying for their health care until they are able to return to their homes or until they establish residence in a different location.

References

- 1 McCash D, Byrne J. After the mighty storm came the rising water. *The Times-Picayune*, August 30, 2005.
- 2 Schwartz J, Drew C. Louisiana's levee inquiry faults Army Corp. *New York Times*, December 1, 2005.
- 3 Russell G. Nagin orders first-ever mandatory evacuation of New Orleans. *The Times-Picayune*, August 28, 2005 – online.
- 4 Filosa G. At least 10,000 find refuge at Superdome. *The Times-Picayune*, August 29, 2005 – online.
- 5 Hurricane Katrina: The overview, New Orleans is inundated as 2 levees fail; much of Gulf Coast is crippled; toll rises. *New York Times*, August 31, 2005.
- 6 Dewan S. Storm and crisis and the dead, weeks later most storm victims are unnamed. *New York Times*, October 5, 2005 – online.
- 7 *The Washington Post*, Kaiser Family Foundation and Harvard University, "Survey of Hurricane Katrina Evacuees," September 2005, available at www.kff.org, dated October 10, 2005.
- 8 Morin R, Rein L. Some of the uprooted won't go home again. *The Washington Post*, Friday, September 16, 2005. Report of Kaiser Family Foundation survey of 680 New Orleans evacuees living in

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MWPHA MEMBERS VOLUNTEER IN THE GULF COAST AREA

More than 6 months after the storms the need for ongoing support of the residents of the Gulf Coast remains. Assistance in health and mental health services, as well as support for people who are still displaced and trying to restore and rebuild their lives will be needed for the foreseeable future.

In early January Barbara Guest participated in a two week deployment with the Substance Abuse and Mental Health Services Administration who has sent "Katrina Assistance Teams" to the Gulf areas since early Fall, 2005. SAMHSA has a number of teams in the gulf region – in Mississippi, and in Louisiana in the cities of Baton Rouge, New Orleans and Lake Charles, LA.. The team mission was to identify residents in need of mental health and substance abuse treatment services as a result of the effects of the storm. The five member team was based at the Lake Charles Mental Health Clinic. Lake Charles, a city of 71,757 according to the 2000 U.S. Census in the western part of Louisiana hit by Hurricane Rita on September 24, a month after Hurricane Katrina hit New Orleans and the Gulf Coast.

In March, Linda Green will volunteer in New Orleans with Common Grounds/Voices of Katrina, along with students from Howard University and George Washington University.

To find out more here are some websites about APHA's response to the crisis in the Gulf Coast, and possible volunteer opportunities:

http://www.apha.org/preparedness/Katrina_relief.htm

<http://www.oph.dhh.state.la.us/>

<http://www.commongroundrelief.com>

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Houston area emergency shelters. Full report at
<http://www.kff.org/newsmedia/7401.cfm>

9 Editorial. Health care for Katrina victims. *New York Times*,
10/04/2005 – archives Submitted Nov. 10, 2005 (LB4-4)

10 The Kaiser Commission on Medicaid and the Uninsured. Covering
the Uninsured – Growing Need, Strained Resources. Downloaded
12/05/2005 at www.kff.org, Publication # 7429, November 4,
2005.

11 Krugman P. Miserable by design. *New York Times*, October 3, 2005
– online

12. APHA Policy Statement 9601: Maintaining the National Commit-
ment to the Nation's Health. APHA Policy Statements: INDEX
Through 2003, cumulative. Washington, DC: American Public Health
Association; current volume.

REMINDER: MEMBERS, IF YOU HAVE NOT
VOTED ON THE BYLAW CHANGES PLEASE REPLY
AS SOON AS YOU CAN.

COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH

Please join the Community-Campus Partnerships for Health (CCPH). CCPH serves as a resource for service-learning, community-based participatory research, and community-campus partnerships that are working to improve health professions education, civic engagement and the health of communities.

To receive their free E Newsletter send an email to
CCPH_news@u.washington.edu. If you have any ques-
tions, please contact them at 206/543-8178.

To read about the many benefits you would receive
by becoming a CCPH member, please visit
<http://depts.washington.edu/ccph/members.html>

MWPHA List Serve

Do you know that MWPHA has a list serve which is available to you to share and receive information about current public health events in the District of Columbia? Well it is quite easy to sign up. Members are encouraged to subscribe to the MWPHA listserv by replying to mwpha@yahoo.org.

And now a word about etiquette. If you need to reply to one certain person, please don't inadvertently reply to everyone. Take the time to check out who the message is being sent to before you hit the SEND key. This little extra courtesy will maintain a robust list of members. And hopefully this will give people the extra encouragement to renew their membership.

The list serve has mostly received kudos for its ability to reach a large audience in a short period of time. But remember you have to make the initial contact with the list serve manager.



PUBLIC HEALTH NEWS, IDEAS, AND
EVENTS IN THE CAPITAL REGION

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CALENDAR OF EVENTS

APRIL

National Public Health Week

April 3-7, 2006

Designing Healthy Communities, Raising Healthy Kids

For details please go to www.nphw.org

Community Fair

April 1, 2006

At Capitol View Library, 5001 Central Ave. SE DC

For more information please contact Christy Pryor, 202/645-0218

MAY

Washington Highlands Health Fair

May 20, 2006

11:00 a.m. to 3:00 p.m., 115 Atlantic St. SW

For more information please contact 202/645-5880

MWPHA Annual Conference

Wednesday April 5, 2006

The Local HIV Crisis: A Call to Action, A Community Responds

941 North Capitol St. NE, Training Center

Registration Required

Details at <http://www.mwpha.org/>

ON-GOING ACTIVITIES

HIV outreach at Washington Highlands Library

Every 3rd Saturday, 11:30 a.m. to 2:00 p.m.

115 Atlantic St., SW DC, 202.645-5880

Contact: Karyn Pomerantz, kpomeran@gwu.edu

Health Table at the Metro workers union, ATU 689

Every 1st Tuesday, 7:00 p.m. -9:00 p.m.,

2701 Whitney Place, Forestville, MD 20747

For more information please contact