



METROHEALTH

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

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SPRING, 2003

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PROPOSED CHANGES TO MEDICAID: WHAT IMPACT ON D.C.?

By Mary Titus Villedrouin, MPH & Erica Berry, JD, MPH

As states experience extreme economic shortfalls, many are targeting the Medicaid program as a "big spender." In 2002, forty-nine states took steps to limit Medicaid spending, voting to slash coverage, eligibility, and/ or services. Because state budgets are continuing to decline in 2003, this year is likely to yield additional Medicaid cuts.

The problem of state budget cuts may soon be compounded by new proposals from the Bush administration. Capitol Hill recently announced it would not provide additional monetary assistance to help states cope with revenue shortfalls. Moreover, the Bush administration has put forth new policies that would begin gradually disassembling central features of the Medicaid Program.

The administration's proposed \$2.23 trillion budget includes new policies that would loosen federal standards, providing states with enormous authority over Medicaid and

other social programs. According to the Kaiser Family Foundation, these policies represent "a more radical change than we've seen in more than 30 years."

The administration's budget proposal seeks to give states block grants for Medicaid and State Children's Health Insurance Program (SCHIP) funds. It would offer states a slight increase in Medicaid funding during the first years, but would significantly reduce federal aid for low-income families over the long term. By placing a cap on health care spending for low-income families, the new policies would diminish states' capacity to meet their needs during times of economic hardship.

Medicaid, the public insurance program for Americans who are poor or disabled, helped pay for essential health services for 47 million people nationwide during 2002. Medicaid reaches people of all

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MWPHA ANNUAL CONFERENCE PLANNED FOR APRIL 9TH

By Barbara Guest, MPH, MSW

The Annual Meeting and Conference of the Metropolitan Washington Public Health Association (MWPHA) will be held on Wednesday, April 9, 2003 at the George Washington University Marvin Center, Continental Ballroom. The theme of this year's conference is: **Universal Health Care: Public Health Strategies for Action in the Metropolitan Washington D.C. Area.**

According to APHA, an estimated 75 million people lacked health insurance at some point during the past two years. Many major foundations and health organizations are intensifying their focus on the uninsured this year, calling for the nation's 44 million uninsured to be covered. The conference objectives are to:

1. Understand the history of the movement for Universal Health Care in the U.S.

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MESSAGE FROM THE PRESIDENT...

By Irene Sandvold, DrPH

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This year has passed too quickly! I assumed the office of President after last year's April 3 annual meeting. Tom Kelly and Mary McCall spoke then of their vision of a fully staffed MWPCHA office to support the work that needs to be done. This year has taught me how important such a capacity is.

Our Governing Council has worked hard. Linda Randolph led a committee to finalize our Mission, Vision, Values, Goals, Objectives. Committees and the Governing Council will complete MWPCHA's strategic planning process by identifying specific activities, measurable indicators, and timeline for both a short range (18-month) and long-range (five year) span. The GC approved a Development Plan. Lorraine James and committee have launched the Hayman scholarship; the first award will be granted at our annual meeting. We view this scholarship as an evolving program, which will grow with your help.

The conference committee is finalizing plans for the annual conference. We also offered the Fall Event, the Smallpox Forum, an annual conference on public health infrastructure, and a public health nursing lecture and discussion with Bobbie Berkowitz.

Sam Seeman continues to implement the Community Indicators Follow-up to help communities understand how they can use community indicators to promote health and advocate for effective policies. Volunteers are needed for this project. Mary McCall is the glue that keeps operations going, from picking up and distributing the mail, to working with membership and the database, serving as our liaison with CareFirst Watch, offering testimony at hearings, acting as Secretary and institutional memory, and knowing what needs to be done.

I want to thank all of you for your support, and extend special appreciation to our Governing Councilors who are completing their term of office – Pernell Crockett, Rhoda Knaff, Linda Randolph, and Mary McCall. I hope to see you at the annual conference and meeting. •

MWPCHA WINS GRANT TO REDUCE ALCOHOL-RELATED TRAFFIC ACCIDENTS

By Irene Sandvold, DrPH

On March 21, MWPCHA was notified that our National Highway Traffic Safety Administration proposal to reduce impaired driving had been selected as a state-level traffic safety initiative.

The one-year project, with a budget of \$8,400, is to be completed by March 31, 2004. Governing Council member Lorraine James will serve as the project director, assisted by Kay Eilbert.

The project, the DC Youth Campaign to Reduce Alcohol Related Traffic Accidents, brings together DC high school

students, school nurses, the Metropolitan Police Department, the DC Transportation Safety Division, and MWPCHA members to support student-led activities promoting responsible driving.

The project will be piloted in three DC high schools, where interested students will develop materials for a responsible driving campaign. The full proposal will be posted on MWPCHA's website at www.mwpha.org. •

PROPOSED CHANGES TO MEDICAID...

Continued from Page 1

classes, from low-income children and their parents to the elderly and disabled.

Current Medicaid policy requires states to cover beneficiaries whose incomes fall below a certain level, but they may opt to cover beneficiaries with slightly higher incomes. The federal government covers a little less than half the cost of Medicaid with subsidies. Although states pay for the rest, every dollar a state spends on Medicaid brings in federal matching funds that contribute to the state's economy.

The Administration's budget proposal would obligate states to maintain comprehensive Medicaid coverage for two-thirds of "mandatory" beneficiaries, but it allows states more opportunities to modify or cut benefits for "optional" beneficiaries. In lieu of matching funds, states would receive a fixed amount of money to cover recipients.

The new block grant structure of federal subsidies for Medicaid would remove current incentives for states to provide coverage to as many beneficiaries as possible. States that choose to join the new optional Medicaid program would obtain additional federal funding of \$3.25 billion in 2004, and \$12.7 billion over the next seven years. However, this funding would decrease for the three years after that, generating a net of no cost to the federal government.

Fiscal year 2003 was a year of budget cuts in the District of Columbia, as it was across the nation. The burden of these cuts fell upon many social service programs, but services for D.C. Medicaid recipients remained intact. However, there are signs that the District government may consider slashing Medicaid coverage and benefits in fiscal year 2004. This would be an ominous development, in a city known for a liberal Medicaid managed care program that reflects common sense public health priorities.

The District of Columbia has one of the nation's highest percentages of Medicaid recipients. In 1994-95, 18.9 percent of District residents had Medicaid coverage, exceeding the national average (12.2 percent) by more than 50 percent. The Medicaid Managed Care program in Wash-

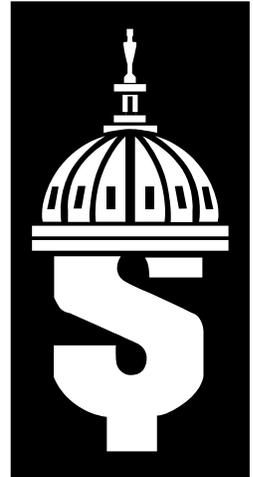
ington D.C. is entitled, "DC Healthy Families."

Currently, DC Healthy Families pays for "mandatory services," including: physician visits, laboratory and x-ray, inpatient care, outpatient care, Early Periodic Screening Diagnosis and Testing (EPSDT) for children 21 and under, family planning, Federally Qualified Health Centers, nurse-midwives, certified pediatric nurse practitioner or family nurse practitioner, nursing facilities, and home health care.

D.C. Healthy Families also offers a number of "optional health care services," such as dental care for adults. The District has sought to improve access to health care providers by increasing reimbursement rates for dispensing medication, offering dental care and other critical services.

The District is undergoing a major economic development process, and seeks to invite profitable business into its fold. Yet human beings are this city's most valuable resource. As the economic status of individuals declines, it affects their housing, education, mental and spiritual well-being, and physical health. If the citizens of Washington D.C. are not healthy, they cannot be productive. Health status indicators for the District are among the worst in the country, and the level of poverty is striking to say the least.

Given the ties between poverty and health, members of the Metropolitan Washington public health community will be required to respond to the needs of low-income, underserved people in this city. As a community that is fair and just, it is our responsibility to speak out. Under these already-harsh economic times, we must prepare to respond to the Bush administration's measures, which risk further alienating the underserved population. •



"THE DISTRICT OF COLUMBIA HAS ONE OF THE NATION'S HIGHEST PERCENTAGES OF MEDICAID RECIPIENTS."



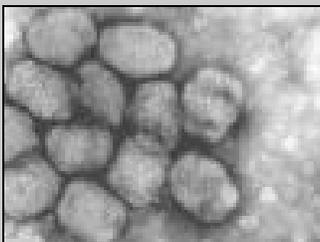
OPINION

MWPHA MEMBERS
SPEAK THEIR MINDS

THE SMALLPOX VACCINATION CAMPAIGN:

*Is It Good
Public Health
Practice?*

By Linda Green, M.D.



A transmission electron micrograph of smallpox viruses. Courtesy CDC.
www.phil.cdc.gov

The Bush administration's campaign to vaccinate 500,000 health workers to protect Americans from a bioterrorist attack has raised serious questions among health departments, hospitals, and Public Health Association Members. Where is evidence that the virus has fallen into the hands of "rogue" nations or terrorist groups? How likely is it that the U.S. could fall prey to an attack that cannot be contained through "ring" vaccination strategies? How much will the vaccination campaign cost, not just financially, but in resources diverted from immediate public health concerns? What about immuno-compromised patient populations in hospitals and clinics; will they be placed at risk when health workers are vaccinated? --And health workers themselves: who will accept liability if they become ill from the vaccine?

Such questions have led to resistance against the vaccination campaign throughout the country. Here in the metropolitan Washington area, Maryland has vaccinated only 18 health workers, Virginia 162, and the District of Columbia has just begun its campaign. Why is an altruistic, educated population such as the health care workforce reluctant to step forward and bare their arms for the needle? One answer is that, in the absence of clear evidence of a threat, the campaign appears driven by military concerns rather than public health priorities. It smacks of war propaganda. And like other military spending, it is diverting funds from domestic health services.

The smallpox vaccination campaign is diverting public health resources

When the President announced that his administration would initiate a \$2 billion program to combat bioterrorism, the public health community excitedly discussed how this might present opportunities to bolster the nation's long-neglected public health infrastructure. Ironically, the smallpox vaccination campaign has had the opposite effect, diverting funds and staff time from other public health priorities.

In February, the National Association of County and City Health Officials released a survey of 539 health departments nationwide. Seventy-nine percent said the smallpox campaign was draining resources from other bioterrorism defense issues, and approximately half said it was causing them to "defer, delay, or cancel" projects such as flu vaccinations, STD clinics, and check-ups for poor children. According to Susan Allen from Arlington County, the program leaves "little time for anything else."

Widespread community infection unlikely, but vaccination could save lives

Once an individual has contracted smallpox, the risk of dying is approximately 30%. (This estimate is based on our experience of over 30 years ago.) There is no doubt: it's a nasty virus. The disease's high mortality rate, infectiousness, and particularly unpleasant symptoms are at the heart of public health workers' fears of a major epidemic or attack.

Yet in the January 30, 2003 issue of *The New England Journal of Medicine (NEJM)*, Thomas Mack points out that widespread community infection appears unlikely. The disease is easily diagnosed once the rash appears, and infected persons invariably seek medical attention. During an outbreak in Europe after World War II (945 cases) most cases were transmitted through prolonged, close contact. None were traced to exposure on public transportation. The risk of contracting the disease would be most severe for victims of an attack, and for the health workers who treat them.

In the same *NEJM* issue, Dr. Bozzette et al. explore various attack scenarios and vaccination strategies. Vaccination of health workers and the public prior to an outbreak save lives only in high-impact scenarios involving multiple airports. Based on such studies, the CDC has recommended the vaccination of health workers who are most impacted by the disease, and a plan of ring vaccination and isolating infected individuals in the event of an attack.

There are concerns and unanswered questions about the vaccine's safety

Questions about the safety of the vaccine have dampened the public health community's support for this strategy. In addition to worrying about complications from the vaccine itself, health workers express concern about the risk of vaccinia (cowpox) spreading from vaccinated workers into hospital populations.

Current projections of deaths due to the vaccine are 3 per million, as long as persons are carefully screened for risk factors. The CDC estimates that, for every million people vaccinated, up to 52 will have severe reactions, and 20-60 cases of contact transmission will occur.

In the February, 2003 issue of *The AIDS Reader* Dr. Kristine Gebbie notes current vaccination scenarios do not take into account HIV. In large, port cities, it is assumed the need to prepare for attack is great; yet these cities have large HIV positive populations. Pushing ahead too quickly under such circumstances carries substantial risks.

Advances in chronic disease treatment over the past 30 years also contribute to larger populations of immuno-compromised patients. Patients with lupus, rheumatoid arthritis, cancer, transplants and dialysis are among the hospital populations at risk for vaccinia spread. This is uncharted territory.

Dr. Sepkowitz provides an explanation of potential pitfalls in the hospital setting. Urinary catheters, ancillary personnel, and delays in isolation pose risks for on-site spread. This raises liability issues for hospitals and health departments. Dr. Susan Fernyak, director of communicable disease prevention and smallpox planning for the San Francisco Department of Public Health said recently, "We don't want anyone who is vaccinated, and still infectious, to be working with patients directly. We have a high number of patients with HIV, with certain skin conditions, with cancer, with transplanted organs or who are taking immunosuppressive agents."

An independent voice for public health is needed

Those of us who work in public health must challenge the CDC, the President, and local health leaders on this initiative. In November, the APHA passed resolution (LB02-1) support-

ing "the independent and unrestricted practice of public health, including the protection of public health workers from recriminations for refusal to carry out military, police or intelligence tasks which are not properly part of the practice of public health."

The administration has linked smallpox vaccination to the war on terrorism and war with Iraq. Yet health policy should be set by health priorities, not political ones. This campaign has tied public health workers more closely to the military, making them depend on intelligence sources for decision-making.

We cannot let fear and intimidation to confound our ability to make sound decisions. While health workers worry about being able to vaccinate everyone in their county or city in case of an attack, other problems emerge and exist in front of us every day. Many more people would benefit if the same urgency were brought to HIV surveillance, education, and treatment efforts, or to childhood immunizations! Yet when the issue is one of war and terrorism, we act as if it is more important.

A bioterrorist attack might take place in a building or other public place, but it will not be nationwide. Smallpox takes time to develop. Close contacts are the primary individuals at risk. In the event of attack, ring vaccination and isolating exposed individuals will limit death, but not eliminate it.

Many people find this a frightening bargain—difficult to accept. But public health policy decisions involve setting priorities. How can we compare the possibility of a smallpox attack, even if it were to take as many as 3,000 lives, to the certainty of 2.4 million annual AIDS deaths in Africa?

Let us call for the vaccination campaign to be placed on hold unless the disease reemerges. We can best contribute to public health by retaining our focus on the major diseases and risk factors that contribute to mortality and morbidity. A forum on this subject will take place on March 26.

For full-length article with citations, contact Linda Green at: green_linda@hotmail.com

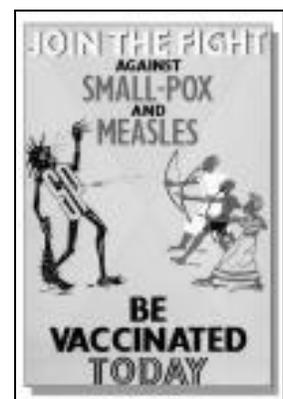
Advocacy Committee Volunteers



Skin reaction at a smallpox vaccination site. Courtesy CDC.

www.phil.cdc.gov

"HOW CAN WE COMPARE THE POSSIBILITY OF A SMALLPOX ATTACK, EVEN IF IT WERE TO TAKE 3,000 LIVES, TO THE CERTAINTY OF 2.4 MILLION ANNUAL DEATHS IN AFRICA?"



A pre-1979 poster from Western, Nigeria promoting vaccination for Smallpox and Measles. Courtesy CDC. www.phil.cdc.gov

ANNOUNCEMENTS

Needed!

Volunteers are needed in June 2003 to comment on proposed APHA policies. The final recommendations are made to the MWPHA Governing Council and help decide MWPHA policy positions. The policies will be made available to you online by e-mail or the MWPHA website, and your time commitment will be kept to a minimum. If interested, please e-mail barbhatcher@att.net.

CDC Foundation Offers HIV Prevention Fellowship for Community Leaders

Deadline: May 1, 2003

The Price Fellowships for HIV Prevention Leadership program annually provides three U.S. nongovernmental organization leaders with the opportunity to visit the Centers for Disease Control and Prevention in Atlanta, Georgia, and learn about HIV prevention at the national level. See the CDC Foundation Web site: www.cdcfoundation.org

Members Contribute to Scholarship Fund

Thanks to MWPHA members Tom

Kelly, Curtis Phinney, Irene Sandvold, Marshall Spurlock and Mary McCall for their recent contributions to the Charles Hayman Memorial Scholarship fund. Awards will be made annually to a current or aspiring public health worker who seeks additional training, beginning with the announcement of the first award at the MWPHA annual conference. Please consider making a tax-exempt contribution to this important effort. For information www.mwpha.org.

MWPHA ANNUAL CONFERENCE, CONTINUED...

Continued from Page 1

2. Learn how organizing for Universal Health Care benefits the public health needs of people in the Metropolitan Washington area.
3. Learn examples of proposed plans to extend coverage for the underinsured and uninsured in Maryland, Northern Virginia and the District of Columbia.
4. Understand how a public health approach to prevention of obesity and overweight can impact the incidence of disease and disability in the population.
5. Learn how the nursing shortage in U.S. health care affects service delivery and quality of care, and discuss strategies to increase recruitment and training of nursing personnel.
6. Apply social justice and health disparities concepts to show how strengthening the consumer voice in the health care system can expand equitable access to health care.

The conference's dynamic program will include discussion of the need for universal health care at the national level, as well as examples of how organizations in the Metropolitan Washington area are thinking about and planning models of universal health care. The main speakers at the conference are:

- Congressman John Conyers, (D, MI) (Invited), who recently introduced the "U.S. National Health Insurance Act" a Single-Payer National Health Program.
- Ellen Shaffer, MPH, PhD, Assistant Clinical Professor, University of California San Francisco and Director, Center for Policy Analysis is the Conference Keynote Speaker.

A morning panel will focus on the needs of the residents of the Metropolitan D.C. area for equitable, affordable and accessible public health and health care services, with speakers from the District of Columbia, Prince Georges and Montgomery Counties in Maryland and representatives from Northern Virginia.

The afternoon sessions will include a series of independent workshops on the theme of Universal Health Care and related public health issues including this year's theme for Public Health Week: Overweight and Obesity. For more information see www.mwpha.org •

SPRING EVENTS CALENDAR, 2003

Compiled by Trisha Lampear, MPH

APRIL

April 3-4, 2003, Baltimore, MD.

13th Annual Clinical Care of Patients with HIV Infection Course

Sponsored by the Department of Medicine, Division of Infectious Diseases at Johns Hopkins University School of Medicine. The course will offer an overview of the clinical care of patients with HIV infection for practicing clinicians and other health professionals. Call (410) 955-2959 or e-mail cmenet@jhmi.edu

April 5-7, 2003, Arlington, VA.

Society for Healthcare Epidemiology (SHEA) Annual Meeting

Features submitted papers, symposia, plenary sessions, "Meet the Consultant" sessions and an opportunity to discuss the pressing issues in healthcare epidemiology with colleagues from around the world. www.sheaonline.org/Annmtg.html.

April 7, 2003, Washington, D.C.

AAHSA-Future for Aging Services Conference

The American Association of Homes and Services for the Aging presents a conference examining the technology paradigm shift, policy issues, and new strategies. Contact Bruce Rosenthal, (202) 508-9499.

April 7-13, Nationwide

Public Health Week 2003

The eighth annual celebration will focus on overweight and obesity. E-mail lakitia.mayo@apha.org or call (202) 777-2515.

April 8-10, 2003, Washington, D.C.

Children's Defense Fund's 2003 National Conference

Includes visits on Capitol Hill with Senators and Representatives; workshop sessions; Capitol Hill Rally. Call 202-662-1907.

April 15-16, 2003, Baltimore, MD

Healthy People Summit

Will highlight best practices from communities, state programs and other organizations in promoting Healthy People goals. E-mail Nancy Stanisc nstanisc@osophs.dhhs.gov, or Sue Martone at smartone@osophs.dhhs.gov

April 15-16, 2003, Baltimore, MD

Healthier US: Putting Prevention First (formerly the Healthy People Conference).

See Web site: www.healthypeople.go

April 25-28, Washington D.C.

One United Voice: Capitalizing on Knowledge

The Society for Healthcare Consumer Advocacy presents its 32nd Annual Conference and Exhibition.

April 28-29, 2003, Washington D.C.

National Low Income Housing Coalition, Annual Housing Policy Conference

Watch for details at: <http://www.nlihc.org>.

MAY

May 2003, Nationwide

Healthy Vision Month

May 2003 will be the first observance of the new national Healthy Vision Month, which will focus on reducing blindness and visual impairment in children and adolescents, a Health People 2010 objective.

Visit www.healthyvision2010.org/HVM2003

May 3-6, 2003, Washington D.C.

Annual Advocacy Training Conference

Join hundreds of breast cancer advocates from across the nation and around the world to learn how to push in the right direction to end breast cancer. Build and strengthen advocacy skills through finding out more about breast cancer science, research, and public policy. Contact the National Breast Cancer Coalition Fund at: (866) 333-8368,

www.stopbreastcancer.org/

May 5-7, 2003, Arlington, VA

Vaccine Research Conference

The conference, which is sponsored by the National Foundation for Infectious Diseases, will cover basic science, product development and clinical and field studies. Call (301) 565-0003, ext. 19, or e-mail

vaccine@nfid.org

May 5-7, 2003, Washington, D.C.

National Coalition for Homeless Veterans Annual Membership Meeting and Conference

Visit <http://www.nchv.org> or contact nchv@nchv.org.

May 27-30, 2003, Washington, D.C.

Global Health Council's 30th Annual Conference: Our Future on Common Ground: Health and the Environment

Visit: www.globalhealth.org

May 28-29, 2003, Baltimore, MD

Laboratory Medicine Continuing Education Program

The session, sponsored by the Johns Hopkins University School of Medicine Department of Pathology, will focus on technical and administrative issues of interest to lab directors and pathologists, including new regulations and technological advances. Visit www.hopkinscme.org/cme, call (410) 955-2959 or e-mail cmenet.jhmi.edu

May 29-31, 2003, Washington, D.C.

National Health Care for the Homeless Conference Contact hch@prainc.com or 888-439-3300.

JUNE

June 2-6, 2003, Arlington, VA

11th Washington Health Policy Institute, "Securing the Homeland: An Exploration of Health Policy-making in Action"

The institute will examine health care issues in the homeland security arena. Meeting faculty will include speakers from federal and state health agencies, congressional staff members, media experts and leaders in health policy, homeland security and disaster preparedness. Call (703) 993-1959 or visit <http://hpi.gmu.edu>

June 4-7, 2003, Washington, DC

National Mental Health Association, America's Mental Health Crisis: Finding Solutions Together

Watch for details at www.nmha.org.

June 4-7, 2003, Washington, DC

NMHA 2003 Annual Conference: America's Mental Health Crisis: Finding Solutions Together

Visit: www.nmha.org/annualconference/index.cfm

June 12-14, 2003, Washington, DC

Society for Prevention Research 11th Annual Meeting "Research to Policy"

Contact Society for Prevention Research at 202.216.9670. Email: info@preventionresearch.org.

June 19-21, 2003, Washington, DC

The National Conference on Asthma 2003

Visit: asthma@courtesyassoc.com

June 22-24, 2003, Washington, DC

Institute for Women's Policy Research Seventh International Conference "Women Working to Make a Difference"

The conference will address a range of issues related to women's economic, political, health, and social status. The 2003 Conference will bring together policymakers, advocates, researchers, and practitioners from the academic, labor, corporate, government, non-profit and media worlds to discuss new research findings, current trends, and policy strategies relating to women's lives in the United States and throughout the world.

Visit our web site at www.iwpr.org

June 23-26, 2003, Washington, DC

National Family Planning and Reproductive Health Association Conference

The conference will focus on "Advancing Reproductive Health: Why We Must Succeed." Visit www.nfprha.org or call (202) 293-3114

On-line program, available nationwide

Saint Louis University School of Nursing Continuing Nursing Education

The Saint Louis University School of Nursing and School of Public Health Centers for the Study of Bioterrorism and Emerging Infections certificate program in disaster preparedness is designed for registered nurses who wish to take a front-line role in case of a terrorist attack. Visit:

<http://nursing.slu.edu>



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

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Comments? Write to us!
Submit your articles, feedback, and ideas!

VISIT US ON THE WEB!
HTTP://WWW.MWPCHA.ORG

Membership Dues, 2003-2004

	One-Year	Two-Year
Regular:	\$30 __	\$50 __
Student:	\$25 __	\$40 __
Retired:	\$25 __	\$40 __

Optional Contribution to the Charles Hayman Memorial Scholarship Fund*: _____

Total Amount Enclosed: _____

Please make checks payable to MWPCHA, and mail with completed membership form to:

MWPCHA— Membership Committee
P.O. Box 4843
Cleveland Park Station
Washington, D.C. 20009

Become a member of the Metropolitan Washington Public Health Association, or renew your membership! (You may also use this form to let us know if you've moved.)

Name: _____ Degree: _____

Occupation/ Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Fax Number: _____ E-mail Address: _____

Please check [✓] any committees in which you would like to participate:

- Membership
- Public Policy
- Continuing Education
- Awards
- Annual Conference
- Scholarship*

**The Charles Hayman Memorial Scholarship fund provides annual grants to current or aspiring public health professionals who are seeking additional training. All contributions are tax deductible.*