METROHEALTH

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

VOLUME 3, ISSUE 3 FALL, 2003

INSIDE THIS ISSUE:

SARS: UNDER CONTROL FOR NOW: ARE WE READY FOR ANOTHER OUTBREAK?

By Brittany Moya Del-Pino

Last winter, Severe Acute Respiratory Syndrome (SARS) was front-page news for months on end, fanning fears of its possible spread within the United States. The World Health Organization (WHO) officially declared SARS under control this past July, but not before it had wreaked havoc around the globe. Spreading to more than two-dozen countries in Asia, North America, South America, and Europe, the SARS outbreak killed more than 900 people (with most deaths concentrated in Asia).

Media coverage of SARS was quiet this summer. The early September diagnosis of a 27-year old Singapore researcher, however, has served as an uncomfortable reminder that we probably have not seen the last of this illness.

The most frightening aspect of the SARS virus has been its novelty. What progress has been made in unraveling the etiology of SARS, and preparing for the possibility of another outbreak?

The First New Infectious Agent of the 21st Century

In November of 2002, health care workers in China's Guangdong Province encountered the first new infectious agent of the 21st century. Patients were arriving at hospitals with an atypical respiratory illness; their symptoms included a moderately high fever (usually above 100.4° F), headache, malaise, and a dry cough that, at its most severe, caused breathing difficulties for its victims.

Doctors treated these patients as though they had pneumonia, but the patients tested negative for known causes. (Several tested

(Continued, Page 4)

HEALTH DISPARITIES COMMITTEE LAUNCHES NEW EFFORTS

The MWPHA Disparities committee has been meeting regularly to establish a plan for its forthcoming work with community organizations across the region. As a first step, the committee established a goal, "To increase awareness of, and action to reduce, disparities in health status in the metro Washington DC area by: 1. increasing awareness of the social determinants of health and their contribution to health disparities; 2. bringing together organizations and individuals across ethnic groups, disciplines, and communities that influence health; and 3. taking advantage of this effort to increase the voice of individual organizations and participants."

Our next step will be to establish objectives and activities for the next year. We would like to identify existing materials to introduce the concept of "social determinants of health." Committee members also hope to exhibit at local health fairs, meetings, and other community forums. For more information, contact Kay W. Eilbert (kk81@cox.net) or Karyn Pomerantz kpomeran@gwu.edu .•

MetroHealth MWPHA

MWPHA Governing Council Members

Barbara Guest, *President*
guestb@mail.nih.gov

Kay Eibert, *Vice President*
kk81@cox.net

Lois Gray, *President-Elect*

Irene Sandvold
Immediate Past President

Linda Green, *Secretary*

Henry Montes
Chair of Membership Committee

Mildred Brooks-McDow
Chair, Nominating Committee

Barbara Hatcher
Chair, Policy/ Advocacy Committee

Karyn Pomerantz
Chair, MWPHA/ Ad Hoc
APHA Scholarships Committee

Lewis Ross Brown, III
Chair, Environmental Health Committee

Mary Villendrouin
Chair, Continuing Education Committee

Sandra Land
Public Health Nursing Chair

Sam Seeman
Health Assessment Center

Paola Barhona

Lewis Brown

Monica Latham

Karen Harris
Newsletter Editor
karenah68@earthlink.net

MESSAGE FROM THE PRESIDENT...

By Barbara Guest, MPH, MSW

This is a dynamic time, both in our organization's development, and in the field of Public Health. MWPHA is playing a significant role in identifying key public health issues facing communities in the Metropolitan Washington area. Examples of programs we are developing include: efforts to help African American overcome obesity and overweight through exercise, diet and stress reduction; traffic safety for children and youth in the public schools; and scholarships for health workers and public health students.

Our members have been creative in designing outreach programs, such as the APHA Scholars program (funded last year to help community public health activists attend the annual meeting of the American Public Health Association).

We also disseminated the MWPHA Assessment Center's *Community Health* Indicators, documenting the health status of people in the metropolitan region. MPWHA is committed to ending health disparities by addressing issues of racism and inequities in service delivery systems based on income, gender, age, and ability. Last year, MWPHA pledged to reach out to people in the Metropolitan Washington area. Now, our members are active in Prince Georges and Montgomery Counties in Maryland; Alexandria and Arlington, in Northern Virginia, and the District of Columbia.

This year, our Governing Council underwent a strategic planning process; we have decided to focus on reaching more people with prevention messages, and increasing our health promotion, prevention, and education activities. We need your help to accomplish our goals, and welcome your voice to reach as many as we can with information about fighting for the public's health, and improving quality of life. Governing Council meetings are open, and held on the third Wednesday of each month. The location is posted on our website at http://www.mpwha.org. We will find new ways this year, to reach out to our current members, and also recruit new ones. We look forward to hearing from you.•

ON MEMBERSHIP AND THE FALL SOCIAL

For a number of years, MWPHA 's membership has been holding steady at about 150 individuals. Our consistent membership is something to be proud of, but we need to focus on a vision of organizational growth.

As a membership organization, it is critical for MWPHA to focus on enhancing the professional lives of our members. Offering members a variety of activities has been a longstanding goal of MWPHA, but few take advantage of these opportunities.

A core of stalwart members has worked over the years to ensure MWPHA remains a valued public health entity in the Metropolitan Washington area, but WE NEED MORE TO COME FORWARD to help us a solid public health professional agenda for this region.

There is always more to do than there are resources available, we must view this as a challenge to be more innovative and aggressive about pursuing and obtaining resources to improve the public's health.

Continued, Page 3

MEMBERSHIP, FALL SOCIAL OPPORTUNITIES...

One of the major ways you, as a MWPHA member, can contribute to the growth of the organization is to encourage ONE fellow public health worker or person related to learn about MWPHA and join. Our website at www.mwpha.org has information to educate potential members about what we are doing, and also offers a mail-in membership form.

An upcoming chance to invite potential new members to learn about MWPHA will be the annual Fall Event and Social, on Friday October 24 (4:00 to 7:30 pm). The event will take place at the historic Sumner School, at 1201 17th Street, near M St. NW and Rhode Island Avenue NW, in Washington, DC . (near the Farragut North metro stop on the Red Line, or McPherson Square). There will be ime to connect with public health colleagues, a thought provoking public health continuing education program, a silent auction to benefit the MWPHA scholarship program, and refreshments. Parkling will be available near the intersection of M and Rhode Island.

By having more MWPHA members, we can enhance public health workers' strength as a credible force for change in the area. Individuals, no matter how talented they may be, a usually become lost in the cacophony of other individuals and groups, shouting for attention.

On the other hand, many voices united as one serve as a powerhouse for getting attention and bringing change!! Let's all work to get our colleagues to join our one voice at MWPHA for the good of the public's health and for our professional growth as public health workers. Please contact the MWPHA Membership Committee Chair, Henry Montes, at 301-443-2320 if you need more information. •

"MANY VOICES UNITED AS ONE SERVE AS A POWERHOUSE FOR GETTING ATTENTION AND BRINGING ABOUT CHANGE!!"

THE NATIONAL HEALTH MUSEUM: A UNIQUE PARTNERSHIP

By Sonbol Shahid-Salles

One-of-a-kind interactive exhibits, a state-of-the-art health conference center and high-tech classrooms are expected to attract more then two million annual visitors to Washington's newest cultural gem — the proposed National Health Museum (NHM). To be located in the nation's capital, the NHM will empower visitors to make positive lifestyle changes, help them understand their role in the new era of health and medicine, and motivate them to consider health-related careers.

Already, the NHM is achieving its mission of helping improve public health by serving millions of health and life science educators and eager students each year via the Internet. *Access Excellence @ The National Health Museum*, the Museum's award winning Web site for health and biology teachers, attracts a monthly audience of more than 600,000 individual visitors and over 6 million "hits" each month.

Through the National Public Health Partnership (NPHP), a pioneering initiative funded by The Robert Wood Johnson Foundation, the Museum is also creating a nexus of communication between the public health and museum and science center communities. The American Public Health Association (APHA), the American Association of Museums (AAM) and the Association of Science-Technology Centers (ASTC) are joining the Museum in convening the NPHP, and helping bring public health information and resources into museums and science centers across the country, such as the Denver Museum of Nature and Science, California Science Center and New York Hall of Science.

At the inaugural meeting of the NPHP during APHA's 2002 annual meeting last November, former APHA Executive Director Mohammad Akhter, MD, MPH, declared the initiative a "truly unique partnership with tremendous potential for the future of our country."

For more information about the NHM and the NPHP, log onto: www.nationalhealthmuseum.org

The museum's Web site, AccessExcellence@TheNationalHealthMuseum, receives about 600,000 visitors monthly.

Courtesy CommunityWebshots.com/ Christine Gaspar

SARS, CONTINUED...

positive for avian influenza virus, an initial false lead in the search for the infectious agent.) Standard antibiotics and antivirals were ineffective in treating the malady, and the number of cases began to balloon. In mid-February of 2003, the news finally broke: China's health ministry reported 305 people had been afflicted with SARS; 5 of these cases had ended in death. Approximately one-third of those infected were health care workers.

Subsequent investigation revealed one such individual was a physician who had treated patients with SARS, and subsequently left Guangdong for a business trip. He checked in at a four-star hotel in Hong Kong on February 21; along with his luggage, the Chinese doctor unpacked the SARS virus, passing it through respiratory droplets to at least 12 other lodgers and their guests on the ninth floor. One by one, these unknowing victims left the hotel, spreading the virus within the city of Hong Kong and carrying it to Vietnam, Singapore, and Toronto.

> "ALONG WITH HIS LUGGAGE, THE DOCTOR UNPACKED THE SARS VIRUS, PASSING IT THROUGH RESPIRATORY DROPLETS TO AT LEAST 12 OTHER LODGERS...."

Transmission of the virus continued unchecked via commercial airline travel and health care workers who treated victims without proper prophylaxis. Cases were reported in Europe and North America; most of these outbreaks were localized in hospitals. The WHO posted updates on its Web site, with the numbers increasing by dozens of new cases each day.

Still, the scope of spread remained unknown until March 26, when the shocking count from greater China was revealed: 792 cases in Guangdong between November 2002 and March 2003, with 31 deaths. This revelation more than tripled the number of known cases worldwide. By July 2003, a total of 8,437 cases of infection had been recorded- mostly in China- and 813 deaths had occurred. In the United States, there were SARS 192 cases, all of whom got better.

An Urgent Search for Answers

Medical officials initially didn't know the cause of SARS, and could provide few definitive answers to an increasingly anxious public's questions. Early stories focused on the rising infection rate and death toll. Alarming statistics were accompanied by sobering video footage of people in Taiwan, wearing surgical masks as they went about their day-to-day business.

In April of 2003, WHO researchers successfully identified the infectious agent for SARS as a member of the "coronavirus" family. Coronaviruses cause about one-third of the cases of the common cold, and are notorious for high mutation rates (-leading to annual outbreaks of seasonal colds). Because this particular virus has never been seen before in either animals or humans, scientists believe it may have made the jump from animals to human hosts through a chance mutation.

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One month after the infectious agent was implicated, scientists in Canada unraveled its genetic code. This was a crucial first step towards developing a vaccine or treatments. In the United States, the National Institute of Allergy and Infectious Disease is now working alongside the Food and Drug Administration and the CDC to develop a vaccine. Vaccine clinical trials are expected to begin sometime this winter, with public release estimated in two years.

Additional trials will examine the effectiveness of current medications in stopping virus replication. So far, two drugs look promising, for treating SARS but further study is needed before they can be endorsed for treatment. In the meantime, the CDC is acknowledging antivirals as an acceptable, though still unproven, treatment for physicians to prescribe to confirmed SARS patients.

SARS...

Public Health Infrastructure in the Spotlight

SARS revealed strengths and weaknesses in the public health infrastructure and practice, both in the United States and abroad. In the United States, these systems were receiving fresh attention due to the newly urgent threat of terrorism, and an infusion of funding to address this issue.

The CDC's state-of-the-art Marcus Emergency Operations Center, headquartered in Atlanta, opened only a couple of weeks after SARS first appeared in China. The Center includes a communications hub capable of supporting, organizing and managing emergency operations at CDC. It allows for immediate communication between CDC and the Department of Health and Human Services, as well as federal intelligence and emergency response officials, the Department of Homeland Security, and state and local public health officials. SARS offered an opportunity to test the new center, and officials reported being satisfied with its effectiveness.

Yet SARS also highlighted weaknesses in the global public health infrastructure, and these flaws ultimately cost lives. Key among these was a breakdown in international communication across political lines. The Chinese government's delay in communicating the severity of the SARS outbreak to the Chinese people, as well as the outside world, cost valuable time in addressing the epidemic.

Another issue contributing to the disease's rapid spread was the commonplace nature of global travel in today's world.

Lastly, some Canadian health professionals argued that SARS offered a reminder that their nation's shortage of health care workers (nurses, in particular) made them vulnerable to the effects of an epidemic. The same could be said in this country, as well.

How Would the Metropolitan Washington Region Fare?

Despite public alarm, SARS proved to be a relatively benign threat. Though the likelihood of a person developing SARS after coming into contact virus is high (because the virus is new, and most of the world's population has not come into contact with it) its current death rate is less than 10%. By comparison, in 2001, pneumonia and the common flu killed approximately 62,000 people in the United States, accounting for 1% of all deaths that year (an overall mortality rate of around 9%).

The Metropolitan DC region is highly urban, and thus could facilitate easy transmission. Nonetheless, the DC Department of Health has cited reasons to avoid alarm.

The first is public health preparedness. In a recent interview, the DC Department of Health's Chief Medical Officer, Dr. Michael S.A. Richardson, explained that area health care workers—particularly those assigned to hospital emergency rooms—have been given ample information and training on the symptoms of SARS, and the appropriate protocol for prophylaxis and containment.

Last winter, a toll-free number was established for citizens to report SARS, or request information about the disease; a section of the agency's Web site was also devoted to the topic. In addition, the DOH has its own surveillance system to monitor public health, and maintains close communication with officials at CDC.

Dr. Richardson has stated that information and awareness are the keys to fighting SARS, and he has encouraged local citizens to stay informed. But has also supported personal hygiene as an effective means for combating SARS. "Remember hygiene at the right times, such as before you eat, and when you use the bathroom," he has said.•

Despite public alarm, SARS proved to be a relatively Benign Threat, with a death rate of less than 10%.

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OPINION

PUBLIC HEALTH WORKERS SPEAK THEIR MINDS

WAR IS BAD FOR THE PUBLIC'S HEALTH*

By Amy Hagopian

*This article is re-printed with the author's permission. It was originally published in the Northwest Public Health Association's Spring/ Summer Newsletter issue, and was written during the war. For more information, see: http://healthlinks.washington.edu/nwcphp/nph/s2003/viewpoint_s2003.html

Our country seems to have won the war against Iraq. The opening military strategy meant days and nights of cruise missiles and "smart" bombs crashing into Baghdad, creating the "shock and awe" that resulted in a brutally short conflict, one that would not tax the attention span or patience of the American people. The subsequent looting of hospitals, museums, universities, and public spaces has nonetheless been painful to watch.

Health workers reported hospitals were overflowing, although few Iraqi casualty counts have been reported in the mainstream press. The killing of civilians was not intentional, but we were willing to kill them in the pursuit of victory. Whether intentional or not matters little to the victims. Half of Iraq's population of 24 million are children. Bombing and then laying siege to Baghdad meant maiming and killing children. We never ruled out the use of nuclear weapons (and could still use them against the next target of our imperial interests in the Middle East), and we have not shied away from the use of depleted uranium materiel, despite the disastrous health consequences in the last Gulf War for both our soldiers and the citizens of Iraq (*The Lancet* 351; 2/28/98).

Our "National Security Strategy" defines terrorism as "premeditated, politically motivated violence perpetrated against innocents" (9/02, p.5). The United Nations' worst case scenario estimated the war would result in 500,000 direct and indirect casualties. If this estimate was even close, we-the mightiest military power in the world's history-were willing to bring on more death, mutilation, and misery than all the combined terrorist acts carried out by private criminals in the last 20 years.

Wendell Berry, in an essay in the *New York Times* (2/09/03) says, "One cannot reduce terror by holding over the world the threat of what it most fears." He notes we are the ones who have taught the world that the best economic system for all is the one that serves U.S. corporate greed, wastefulness, and selfishness at the expense of poor countries' staggering indebtedness at usurious interest rates. These policies are reaping their rewards in acts both small and terrifyingly large, and won't cease with the bombing of Baghdad.

We are public health workers. Our job is to promote public health in academe and in the community. And yet, as a profession, we sit silently while our government plans a vicious assault on the public's health in Iraq. In contrast, more than 500 staff, students, and alumni of the London School of Hygiene and Tropical Medicine published an open letter in the BMJ (2003; 326: 220) opposing war. "Health professionals worldwide care for the casualties of war," the statement says. "We accept this responsibility. However, it is also our responsibility to argue for the prevention of violence and peaceful resolution of conflict."

Individual participation is not sufficient for a profession with our collective responsibilities. We speak out on health problems-the need for exercise, women's hormone problems, internal fat. Why do we shy away from this most pressing current health problem?

In its 2002 resolution against war as "an undertaking that runs counter to the health and well-being of people," the American Public Health Association quotes Nazi war criminal Hermann Goering: "The people can always be brought to the bidding of the leaders. That is easy. All you have to do is tell them they are being attacked and denounce the peacemakers for lack of patriotism. It works the same in any country."

It is time for us to work together as friends of public health. We need to move beyond indi-

Note: MWPHA opposes war in Iraq and endorses the APHA resolution, Opposing War in Central Asia and the Persian Gulf (see http://www.apha.org/legislative/policy/policysearch/index.cfm?fuseaction=view&id=287). If you'd like to march against the continued war on October 25, contact Karyn Pomerantz at kpomeran@gwu.edu

FALL EVENTS CALENDAR, 2003

Compiled by Trisha Lamphear, MPH

SEPTEMBER

National Alcohol and Drug Addiction Recovery Month
U.S. DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment
5600 Fishers Lane, Rockwall II
Rockville, MD 20857
(301) 443-5052
(301) 443-7801 (fax)
www.samhsa.gov
Recovery month kit and posters, radio and television PSAs available. Theme for 2003: Join the Voices for Recovery: Celebrating Health.

Make a Difference! A Strategic and Multisectoral Approach to HIV/AIDS Communication
City: Baltimore
State: MD
Dates: 09/15/2003 - 10/03/2003
Description: The Center for Communication Programs presents the second annual "Make a Difference": A Strategic and Multisectoral Approach to HIV/AIDS Communication workshop.
Sponsor: Johns Hopkins University, Center for Communication Programs.
Contact: Nicole Bouver, Center for Communications Programs. Write: 111 Market Place, Ste 310, Baltimore, MD 21202-4024, USA; Phone: (410) 659-6349; E-mail nbouver@jhuccp.org; Web site: www.jhuccp.org.

Improving Health Care
The Agency for Health Care Research and Quality and Academy Health will host the 5th International Conference on the Scientific Basis of Health Services on **Sept. 20-23** in Washington, D.C. For more information, visit www.icsbhs.org.

The 2nd Annual DC Chronic Disease Conference
City: Washington, D.C
Date: September 25, 2003
Sponsor: The MidAtlantic Public Health Training Center
Location: The George Washington University, Caftitz Conference Center, 21st and Eye Streets, NW
Description: William H. Dietz, MD, PhD, Director, Division of Nutrition and Physical Activity, National Center for Chronic Disease Prevention and Health Promotion, US Centers for Disease Control and Prevention
Contact: Enroll online for free @ http://www.DCChronicDiseaseConference.info

OCTOBER

MWPHA Disparity Committee Meeting
Date: October 2, 6:00pm to 8:00pm
Location: Elizabeth Taylor Center, Whitman Walker
Contact: Karyn Pomerantz, kpomeran@gwu.edu

ADHD Senate Briefing
Date: 10/03/2003
Location: Washington, DC
Contact: Bryan Goodman at CHADD, 301-306-7070 ext. 128, bryan_goodman@chadd.org

6th International Conference on Healthcare Resource Allocation for HIV/AIDS
Date(s): 10/13/2003 - 10/15/2003
Location: Washington, DC
Contact: Lynn-Marie Holland, McGill University (514) 398-3231; lholland@iapac.org; www.iapac.org.

BioSecurity 2003 Conference
Date(s): 10/20/2003 - 10/22/2003
Location: Washington DC
Contact: Kevin Kempskie, (617) 421-9607, kkempskie@vocepr.com, http://www.biosecuritysummit.com/

AAHP's Medicare & Medicaid Conference
Date(s): 10/20/2003 - 10/24/2003
Location: Washington, DC
Contact: http://www.aahp.org/mcmc2003

Sexually Transmitted Diseases & the HIV Connection
Date(s): 10/21/2003
Location: Satellite Broadcast
Contact:
www.amc.edu/Patient/hiv/hivconf/index.htm

HIV Prevention Strategies -- Reaching Minority Communities Conference
Date(s): 10/21/2003 - 10/21/2003
Location: Arlington, VA
Contact: (703) 204-3313 or (703) 531-4976

DC Primary Care Association Annual Conference
Date: October 24
Location: 1330 G St. NW DC
Contact: http://www.dcpca.org

MWPHA Fall Social
Date: October 24, 4:30pm to 7:30pm
Location: Sumner School, 1201 17th St NW
Contact: Irene Sandvold, Isandvold@hrsa.gov

March Against the Occupation of Iraq
Date: October 25
Contact: kpomeran@gwu.edu

State of the Art in Addiction Medicine
Date(s): 10/30/2003 - 11/01/2003
Location: Washington DC
Contact: (301) 656-3920, email@asam.org

NOVEMBER

Buprenorphine & Office-Based Treatment of Opioid Dependence
Date(s): 11/02/2003
Location: Washington DC
Contact: (301) 656-3920, email@asam.org, http://www.asam.org

HIV Counseling Skills Level II: Meeting Special Challenges in HIV Counseling
Date(s): 11/06/2003 - 11/07/2003
Location: Baltimore, MD
Contact: Danielle Confer, (410) 328-9101

Second National Youth Summit
Date(s): 11/06/2003 - 11/08/2003
Location: Washington DC
Contact: National Clearinghouse on Families & Youth, (301) 608-8098, info@ncfy.com, http://conferences.jbs.biz/ncfy/index.php

HIV Case Management Training
Date(s): 11/07/2003 - 11/07/2003
Location: Towson MD
Contact: Nancy C. Davis, (410) 328-1215.

NOAPPP Conference: Blueprint For Success
Date(s): 11/10/2003 - 11/13/2003
Location: Arlington, VA
Contact: (202) 293-8370; noappp@noappp.org; www.noappp.org.

National Conference for Nurse Practitioners
Date(s): 11/12/2003- 11/15/2003
Location: Baltimore, MD
Contact: www.ncnpconference.com/

HIV Prevention in Care Settings
Date(s): 11/13/2003
Location: Satellite Broadcast
Contact:
www.phppo.cdc.gov/phtn/default.asp

HIV Prevention Training: Training of Trainers
Date(s): 11/13/2003 - 11/14/2003
Location: Catonsville MD
Contact: Danielle Confer, (410) 328-9101

Strategies to Improve Health Care by Removing Communication Barriers
Date(s): 11/17/2003
Location: Washington, DC
Contact: Bridget Mc-Henry-Ali, (877) **208-4189, foundation@acponline.org, http://foundation.acponline.org/healthcom/hcc.htm**

Forensic Issues in Addiction Medicine Workshop
Date(s): 11/20/2003
Location: Washington DC
Contact: ASAM Conference Department, **(301) 656-3920, email@asam.org, http://www.asam.org**

MWPHA

***Metro*Health**

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VISIT US ON THE WEB!

HTTP://WWW.MWPHA.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 MWPHA, and mail with completed membership form to:

MWPHA– 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.*