

METRO HEALTH

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



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MWPCHA DISPARITIES COMMITTEE SUPPORTS HOTEL WORKERS' LABOR STRUGGLE

By MWPCHA Disparities Committee



Supporters of the UNITE HERE Union Local 25 leave the AFL-CIO building on 16th St. to show solidarity with the hotel workers' contract demands.

The MWPCHA Disparities Committee affirms that access to health care, safe and secure jobs, living wages, and cohesion among workers contribute to community health. It acknowledges that racism is a *practice* that discriminates against people of color resulting in huge disparities in health status and life expectancy, and a *philosophy* that divides ordinary people with the same needs into antagonistic racial and ethnic groups.

Participating in labor struggles can help achieve important benefits for workers that lead to better health outcomes and unite people. Many of these

struggles address racism by fighting for higher wages, health care, and job security for lower income black and Latino workers. For this reason, the MWPCHA Disparities Committee added its support to the hotel workers struggle for health care, job safety, and a stronger union. It also visited Metro Union's (ATU Local 689) with information on health disparities. Over the last several months, the Committee:

- *Sponsored the Forum on Public Health and Labor* to discuss the common interests of public health organizations and unions (see below)
- *Distributed leaflets at the American Public Health Association (APHA) meeting* with UNITE HERE Local 25 union organizers to generate support for the hotel workers' demands
- *Spoke and marched at a hotel workers' rally* at local hotels where workers "received" holiday gifts from the hotel bosses, such as a package of "health care" that contained aspirin, Ben Gay, and a back brace
- *Distributed leaflets to hotel guests and the public* at key hotels before the Inauguration
- *Presented an interactive talk on health disparities* at a Metro union conference
- *Displayed MWPCHA exhibit on health disparities* at a Metro union meeting and at APHA
- *Sponsored a continuing education session* on popular education methods.

SAVE THIS DATE

**MWPCHA 2005
CONFERENCE**

April 5, 2005

See flyer on page 3

The following summary of the **Forum on Public**

(Continued on page 4)

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Broad Training Opportunity Agreement

MWPHA recently signed an agreement with the MidAtlantic Public Health Training Center for MWPHA to co-sponsor and participate in the planning and implementation of five continuing education sessions and to support its annual conference. The Center located at The George Washington University Medical Center made this opportunity available to MWPHA under a subcontract with the Johns Hopkins University Bloomberg School of Public Health. The agreement with a budget of \$5000.00 specifies training in women health, racial and ethnic disparities, evaluation, critical appraisal of research and scientific literature, and health communications for public health workers in the metropolitan area.

The first of the five training sessions scheduled for Monday, March 28, 2005, in cooperation with the District of Columbia Department of Health, is an interactive session on communicating health information to the public. Education credits for this training are offered by the Society for Public Health Education (SOPHE).

For more information about this session, call Karyn Pomerantz at 202-416-0408. MWPHA's annual conference scheduled for April 5, 2005 focuses on health disparities. For more information about the conference, contact Rochelle Rollins at r1rollins1@verizon.net.

MWPHA Hosts Booth at APHA's 2004 Conference in Washington, DC

MWPHA joined hundreds of other exhibitors during the Annual Meeting of the American Public Health Association (APHA) last November. The booth was organized by the MWPHA Booth Committee, and staffed by MWPHA members, as well as members of the Maryland and Virginia Public Health Associations.



MWPHA booth volunteers—Clare Feinson (left) and Sylvia Joice (right)

Many thanks to the volunteers from MWPHA who took time out of their busy conference schedules to staff the booth, including Lois Gray, Irene Sandvold, Barbara Guest, Nisha Branch, Linda Green, and Mary McCall, as well as members of the Maryland and Virginia Public Health Associations. It was fun and educational for both the booth volunteers and for the many people who stopped to talk about healthcare in DC and compared their own experiences in other parts of the country.

We thank APHA, who provided the booth free of charge to MWPHA—being the local affiliate in the city where the APHA Annual Meeting was held.



MWP METROPOLITAN WASHINGTON PUBLIC HEALTH
ASSOCIATION

ANNUAL CONFERENCE

SAVE THE DATE

TUESDAY

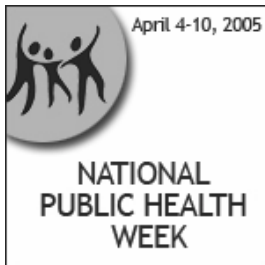
APRIL 5, 2005

THE IMPACT OF SOCIAL INJUSTICE ON HEALTH DISPARITIES
THE IMPACT OF SOCIAL INJUSTICE ON HEALTH DISPARITIES

Tuesday, April 5, 2005

8:00 AM to 4:30 PM

**ARMOUR J. BLACKBURN UNIVERSITY CENTER
HOWARD UNIVERSITY
2397 Sixth Street, N.W.
Washington, DC 20059
(Shaw-Howard Metro Station)**



....and more sponsors

(Continued from page 1)



Marchers stop at the elite Jefferson Hotel to receive the "gift" of respect from the Hotel Association. Inside was nothing.

Health and Labor presents some of the important ideas and discussions about this collaboration. The Forum was sponsored by the MWPCHA Disparities Committee, the George Washington University Public Health Student Association, the George Washington University School of Public Health and Health Services (GWU SPHHS) Advocacy Committee, and DC Jobs with Justice.

Pamela Wilson, chair of the Labor Caucus of APHA, and employee at the Department of Professional Employees, American Federation of Labor-Congress of Industrial Unions ("AFL-CIO"), presented reasons why unions are important to health:

- The wealth gap has been increasing because the strong economy has benefited mainly those in the upper income brackets. Since higher incomes usually correlate with better health, this has led to higher health disparities as well.
- Traditionally, unions raise wages, and benefits, not only their members but across industries and society as a whole. Members are more likely to have family health insurance and decent pensions that allow for health during retirement.
- Unions also decrease pay gaps based on race and gender.
- Unions improve occupational health and safety by bargaining for improvements at worksites, lobbying for better standards, and protecting whistleblowers

Dr. Laura Martin, medical director of the Washington Free Clinic (WFC) discussed the effects of poor working conditions on health:

- Most of the patients of the WFC work multiple jobs with many families in which both parents work.
- **Labor and health are related to:**
 - * Access to healthcare: If you have insurance, you can get health care; if you don't have it, you probably won't see a doctor regularly, or get needed tests and medications because you can't pay for these things
 - * Having a regular source of health care plays a huge role in one's quality of health because the person can get preventative care
 - * The number of companies that provide insurance is decreasing, while the financial contribution of employees is increasing
 - * Companies do not offer benefits to temporary and part-time workers (most WFC patients fall in this category)
 - * Local clinics are over-burdened, resulting in fewer

new patients being accepted each month

• **Workplace safety:**

- * Many workers have no recourse if they are injured on the job. Not only will they lose their jobs when injured, they are also unable to pay for medical care
- * Language difficulties resulted in poor training and many workers are not getting accurate and safe handling instructions on hazardous materials and equipment
- * Many cleaning solutions in use are often unsafe
- * People who need unions are often afraid to seek them because they have no legal work papers, can be fired at will, or don't want to draw attention to themselves.

Stephanie Steer, UNITE HERE Local 25, Hotel and Restaurant Employees Union, described the health issues confronting the local:

- There are numerous safety violation horror stories at most of her hotels despite the presence of a union
- The difficulty of hotel work causes many workers to get old before their time
- They have to meet work quotas, e.g. 30 minutes per room—the time limit remained the same even when the amount of cleaning increases
- Certain renovations and upgrades in hotel fixtures lead to increase in the amount of cleaning
- When workers cannot finish in allotted time, they are often forced to check out after their shift is over in order to meet the 30-minute deadline, then return to finish the work for free on their own time—to avoid being disciplined for exceeding the time limits set for them

Vanessa Dixon, DC Healthcare Coalition and MWPCHA Government Council member, reported on the connections between racism and unions:

- Unions have helped create a society with an 8-hour day and have been a vehicle for workers to address wrongs and improve conditions
- Unions in the past have engaged in racist and sexist practices that increased disparities; this happened because racism permeated the mindset of many labor leaders, and because employers used race to divide workers and keep them powerless
- Unions have also been a force to decrease economic and social disparities and have benefited minorities and women by addressing racism in the workplace, increasing wages and benefits
- When a community fought to keep DC General Hospital open, the labor unions SEIU*, AFSCME*, and AFGE* got involved not only because they represented hospital workers but also because they recognized the need for a community hospital.

* SEIU--Service Employees International Union; AFSCME- American Federation of State, County, and Municipal Employees; AFGE- American Federation of Government Employees

To find out more or to get involved with the activities of MWPCHA Disparities Committee, please contact Karyn Pomerantz, kpomeran@gwu.edu, or Tarsha McCrae, mccraet@mail.nih.gov.

CHARLES HAYMAN MEMORIAL SCHOLARSHIPS



*Dorothy Johnson, Winner of the
2003 Charles Hayman Scholarship*

I am originally from Camp Lejeune North Carolina; however my family of twelve moved to Washington D.C in 1968. So, I have my roots in D.C and consider myself very much a Washingtonian. My father was a 30-year veteran who served in the U.S. Marine Corps. This is partially what got me interested in the public health arena. I was always the analytical one and was extremely intrigued with the behaviors of people. At a young age, I could not help but notice the many injustices that existed all around me. My teen years which were pretty troublesome made it easy to know the population I wanted to make a great impact on. I wanted to use those seemingly unfortunate circumstances to be a blessing to others. In 1992 I received my Bachelor of Social Work degree from the University of the District of Columbia, attending school took a great toll on my family so I waited to raise my children before returning to school. I am currently continuing my post-graduate education in Counseling at the University of the District of Columbia. My greatest joy is to see lives changed by the seeds you have planted. I pride myself on not giving up.

I have worked with disadvantaged youth and families for more than fifteen years. Currently, I am employed with the Department of Health/Maternal Family health Administration/D.C. Healthy Start Project. I am the Social Worker for the H.D. Woodson Adolescent Wellness Center. I have dedicated my life to work to improve the social function of young people and am persuaded that violence is the number one public health concern confronting our young people. I am actively involved in faith based organization, and mentoring programs that support families of inmates. I also serve as youth leader of the Star of Bethlehem Church.

I heard about the Hayman awards from a co-worker, who knew that I was struggling to find money to continue my education. As you well know, financial barriers are a big deterrent for completing school. I am so grateful to have had the opportunity to be a recipient of such an award. My short term goals are to finish my graduate studies. My long term goal would be to establish an all girls home for abused children.

Again a special thanks to the Hayman Awards for all that you do to continue the legacy of public health.



Charles R. Hayman, MD, MPH

Since March 2003, MWPCHA has awarded the Charles Hayman Memorial Scholarship annually to a current or aspiring public health worker seeking additional education or training.

The scholarship recognized Dr. Hayman's many years of service in public health and commitment to MWPCHA. Dr. Hayman, a founding member maintained membership through 2002, left a bequest to the Association. This Charles Hayman Memorial Scholarship is a fitting tribute to his dedication to improving public health and commitment to preparing the public health workforce.

In 2003 each of the recipients received \$500 in scholarships while in 2004 the lone recipient received \$1,000. In 2005, MWPCHA expects to award one \$1,000 scholarship

In our efforts to maintain and expand these awards, please consider making a tax-deductible contribution to the MWPCHA Hayman scholarship fund for 2005. For information on applying for the scholarship, visit www.mwpha.org

2003 Scholarship Recipients

Jacquelynn M. Budd

Columbia Union College, Takoma Park, Maryland, Pursuing a Bachelor of Science in Nursing

Dorothy E. Johnson

University of the District of Columbia, Washington, DC, Pursuing a Masters in Counseling

Phoebe L. May

Argosy University, Arlington, Virginia, Pursuing a Psy.D. in Psychology

2004 Scholarship Recipient

Aima Payton

Junior nursing student at the University of Delaware.

Special Thanks to the following

2003 Hayman Scholarship Contributors

Joyce Abram
Mildred Brooks-McDow
Linda Green
Barbara Guest
Lorraine James
Barbara Hatcher
Mary McCall
Henry Montes
Pat O'Malley
Karyn Pomerantz
Irene Sandvold
Curtis Phinney
Marshall Spurlock

The Outlook for SmokeFree Workplace Laws in the District, Maryland and Virginia

By James F. Bogden*, MPH

The grassroots movement to require that all enclosed public spaces be free of deadly secondhand smoke is sweeping the globe. Three entire countries, seven states including nearby Delaware, and innumerable local jurisdictions including Montgomery County have adopted smokefree laws that cover restaurants, bars and nightclubs. MWPFA members currently have great opportunities to get involved with efforts to adopt 100% smokefree workplace laws in DC, Maryland, and Virginia.

CDC estimates that 3,000 lung cancer deaths and 35,000 coronary heart disease deaths occur annually among adult non-smokers in the U.S. as a result of exposure to secondhand smoke. Last April CDC issued a public warning for people risk of heart disease to avoid all buildings and gathering places that allow indoor smoking. For a summary of the harmful effects, see www.cdc.gov/tobacco/factsheets/secondhand_smoke_factsheet.htm.

This is not simply a question of non-smokers' versus smokers' rights—it is an urgent public health issue. Unfortunately, public health departments can't simply require that all public indoor spaces be free of deadly tobacco pollutants without new laws.

Here is a summary of what's happening locally:

DISTRICT OF COLUMBIA: A 100% smokefree workplaces bill was introduced into the City Council in late 2003 but Carol Schwartz, chair of the Committee on Public Works and the Environment, blocked the bill from coming before the full council. Later in 2004 smokefree advocates helped ensure that three council members who were vocal opponents of the bill were defeated for reelection.

The council bill is expected to be reintroduced any day now. Solidly in favor are 6 of the 13 council members: newly elected members Kwame Brown and Vince Gray joined by veterans Sharon Ambrose, Adrian Fenty, Phil Mendelson, and Kathy Patterson. Councilmember Jack Evans has indicated that, "If/when this issue come before the Council for a vote, I will be supporting it," but he has not agreed to cosponsor the bill. David Catania has promised to do everything in his power to kill it: the remaining council members are non-committal. Expert council-watchers say that the challenge is getting the measure to come to a vote in Carol Schwartz's committee, through which the bill must first pass before it gets to the full council. Success is iffy.

Separate effort to put an initiative on the 2004 ballot was waylaid before petition signatures could be collected by a court challenge from the Restaurant Association of Metropolitan Washington, which takes tobacco industry money. The case is still tied up in court but advocates are determined to get it on the 2006 ballot if a bill does not pass the DC Council.

Meanwhile, legal experts conclude that anyone who must endure working in a smoke-filled restaurant, bar, or nightclub would almost certainly win a lawsuit under the D.C. Workplace Safety Law, which guarantees "freedom from danger to life or health of employees as circumstances reasonably permit" (D.C. Code Sections 32-801 through 32-812). To date no one has

stepped forward to be a plaintiff in such a suit.

Several groups are working in tandem to promote smoke-free workplaces in DC:

Smokefree DC is an all-volunteer grassroots advocacy group funded entirely by member dues and donations. They are pursuing several strategies and their website (www.smokefreedc.org) features a constantly updated list of smokefree restaurants.

The American Cancer Society's Cancer Action Network and the [Campaign for Tobacco-Free Kids](http://www.cancer.org) have joined together in a professionally-directed grassroots campaign focused on getting the D.C. Council bill passed. Their website features easy to use action tools (www.breatheasydc.org).

The Washington Metro Labor Council, AFL-CIO and the Hotel and Restaurant Employees union, No. 25 are among the many organizations that actively support a smokefree workplaces law.

MARYLAND: Smoking is already prohibited in most of Maryland's indoor workplaces, but the 1995 state law exempted bars and restaurants from the ban. Montgomery and Talbot Counties have since passed 100% smokefree workplace laws.

On February 1 the Clean Indoor Air Act was introduced to the General Assembly for the fourth consecutive year, co-sponsored this year by 31 delegates and 14 senators. The proposed act would outlaw smoking in bars and restaurants as well as public restrooms, child care and health care facilities, nursing homes, sports arenas, gymnasiums, bowling alleys and at least 75 percent of the rented rooms in hotels. Key proponents are Senator Ida Ruben, D-Montgomery, and Delegate Barbara Frush, D-Prince George's. The chair of the Senate Finance Committee that killed the legislation last year says the bill might not make it out of committee this year either.

Smoke Free Maryland is a large statewide coalition of dozens organizations including the American Cancer Society, American Heart Association, American Lung Association, and MWPFA. To get involved, visit their website at www.smokefreemd.org.

VIRGINIA: Last December the Arlington County Board unanimously endorsed the concept of a statewide smokefree workplace law and directed that their resolution be sent to Virginia's governor and to the Virginia legislature as part of the county's legislative package. Unfortunately, Virginia Code § 15.2-2803 (B) prevents local counties, cities and municipalities, such as Arlington County, from enacting legislation regulating smoking in public places.

In January Senator William Mims of Leesburg introduced SB 1191, the Virginia Clean Indoor Air Act. The legislation would prohibit smoking in most indoor public places, including offices, restaurants, and common areas of apartments and condominiums. It includes a few exceptions: smoking would be permitted in private, separately enclosed and ventilated areas of bars and offices, though proprietors would be required to post "Warning:

(Continued on page 7)

HIGHLIGHTING THE CRISIS IN HEALTH CARE IN DC

By Barbara Guest, with contribution from Veronica Dixon

The crisis in the health care system in the District of Columbia was highlighted during the Annual Meeting of the American Public Health Association (APHA). The **DC Health Care Coalition**, with support of the Metropolitan Washington Public Health Association (MWPHA), the American Medical Students Association (AMSA), Physicians for a National Health Program (PNHP), the Nation of Islam Ministry of Health and Human Services, the Socialist Caucus of APHA, and Congressman John Conyers' office, gathered on the grounds of the now-closed DC General Hospital and held a press conference to declare a "Peoples State of Emergency for Health Care in the U.S." There was a small but mighty group of 40 at the press conference and rally held on Tuesday, November 9, 2004, which followed the APHA "Walk the Hill for Public Health", and activity that MWPHA members participated in.

The DC Health Care Coalition came together as a result of the closing of the DC General Hospital—to call for the restoration of a public hospital in the District. Additionally, the Coalition supports the full funding of the Prince Georges Hospital Center, which borders DC and is a major trauma center that services the county as well as the District of Columbia. The Coalition is organized around the principles of quality health care services with a public hospital at the center of the system. The principles also include universal access to health care, the integration of physical health, mental health and substance abuse treatment in a non-profit and publicly-accessible and accountable system.

Dr. Quentin Young, past-President and **Dr. Walter Tsou**, in-coming President of the American Public Health Association (APHA) spoke eloquently about the past struggles for universal health care and cited the need to overcome health disparities of poor and uninsured people and support public health institutions. Dr. Young described how the city of Chicago successfully came together to build a new public hospital. **Dr. Martha Livingston**, chair of the APHA Socialist Caucus, invited the APHA audience to join her at the rally, in a real demonstration of advocacy for public health and health care rights. **Joel Segal** of Congressman John Conyers' office described the personal struggle of seeking health care for uninsured people, and said that a model of health care to advocate for is Congressman Conyers' recently introduced legislation, *The United States National Health Insurance Act, H.R. 676*, for a Universal Health Care Program based on Medicare.

The MWPHA broadly supports the principles of the DC Health Care Coalition and congratulates **Devin Walker**, the Coalition's organizer for highlighting local health care issues



Young medical students and doctors from George Washington University looked on as Walter Tsou, M.D., MPH, President of APHA, addressed the crowd outside the closed down DC Hospital.

(Continued from page 6)

"Smoking Permitted" signs in those areas, and hotels could permit smoking in up to 25 percent of sleeping rooms. Several advocacy groups are lukewarm about the bill because of these exceptions. The bill would also repeal preemption of local ordinances. However The state senate defeated the bill 24-16 on February.

On February 3 the Virginia Clean Indoor Air Act passed the Senate Education and Health Committee by a 8-7 vote. Whether it can pass the entire Senate is doubtful, but advocates feel it is a victory to even get this far in such a strong tobacco state.

Virginians For A Healthy Future is a broad coalition including the American Cancer Society, American Heart Association, American Lung Association and the Campaign For Tobacco Free Kids. Their website at www.healthyva.org offers a variety of advocacy tools.

BECOME ACTIVE! Legislative bodies are currently considering smokefree workplace laws in all three jurisdictions. In all three, successful passage is far from being a sure thing. Advocacy efforts from every member of the public health community are needed, right now.

Mr. Bogden serves as Smokefree DC Volunteer, as well as Chair, APHA School Health Education & Services (SHES) section, Safe and Healthy Schools Project Director, National Association of State Boards of Education (NASBE)



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8th Annual Health Education Advocacy Summit

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Health Education Organizations
*Details in www.healtheducationadvocate.org or
call 202/408-9804*

APRIL 5

MWPHA 2005 Annual Conference “The Impact of Social Injustices on Health Disparities”

8:30 a.m. to 4:30 p.m

Armour J. Blackburn University Center
Howard University

*Details and registration information in
www.mwpha.org/events/conf20051*

MWPHA Seeking NEW Governing Council Members and Officers for 2005-2006

MWPHA is seeking members to serve
on the Nominating Committee for the
Governing Council, as well as on the
Governing Council.

If interested please contact

Lois Gray, MWPHA president,

at sociomet@aol.com.