MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of November 13, 2024

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**PUBLIC HEALTH COUNCIL MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**Henry I. Bowditch Public Health Council Room, 2nd Floor 250 Washington Street, Boston MA**

**Docket: \*\*\*REMOTE MEETING\*\*\* Wednesday, November 13, 2024 – 9:00AM**

***Note: The November 13 Public Health Council meeting will be held remotely as a video conference consistent with St. 2021, c. 20, s. 20, which provides for certain modifications to the Massachusetts Open Meeting Law.***

Members of the public may listen to the meeting proceedings by using the information below:

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Passcode: 419760

1. **ROUTINE ITEMS**
	1. Introductions.
	2. Updates from Commissioner Robert Goldstein.
	3. Record of the Public Health Council Meeting held October 9, 2024 **(Vote)**.
2. **DETERMINATION OF NEED**
	1. Request by Weymouth Endoscopy, LLC, for a Substantial Change in Service **(Vote).**
3. **INFORMATIONAL PRESENTATION**
	1. Update on the Public Health Hospital System.

*The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council’s meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.*

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including timekeeping, attendance and votes cast.

Date of Meeting: November 13, 2024

Start Time: 9:03 am. Ending Time: 10:47 am.

| **Board Member** | **Attended** | **First Order:****Approval of****October 9, 2024 Minutes (Vote)** | **DON****Request by Weymouth Endoscopy, LLC for a Substantial Change in Service (Vote)** |
| --- | --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Yes | Yes |
| **Kathleen Carey** | Yes | Yes | Yes |
| **Emily Cooper** | No | Absent | Absent |
| **Harold Cox** | No | Absent | Absent |
| **Alba Cruz-Davis** | Yes | Yes | Yes |
| **Michele David** | No | Absent | Absent |
| **Robert Engell** | Yes | Yes | Yes |
| **Elizabeth Evans** | No | Absent | Absent |
| **Eduardo Haddad** | Yes | Yes | Yes |
| **Joanna Lambert** | Yes | Abstain | Yes |
| **Stewart Landers** | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Abstain | Yes |
| **Gregory Volturo** | Yes | Yes | Yes |
| **Summary** | 11 Members Present;4 Members Absent | 9 Members Approved;4 Member Absent;2 Members Abstained | 11 Members Approved4 Members Absent |

**PROCEEDINGS**

A regular meeting of the Massachusetts Department of Public Health’s Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, November 13, 2024, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Commissioner Robert Goldstein; Edward Bernstein, MD; Lissette Blondet; Kathleen Carey; Alba Cruz-Davis; Robert Engell; Eduardo Haddad, MD; Joanna Lambert; Stewart Landers; Mary Moscato; Gregory Volturo, MD.

Also in attendance was Beth McLaughlin, General Counsel at the Massachusetts Department of Public Health.

Commissioner Goldstein called the meeting to order at 9:03 am and made opening remarks before reviewing the docket. Commissioner Goldstein joined the meeting from the Lemuel Shattuck Hospital in Jamaica Plain.

Ms. Moscato left the meeting at 10:15 am.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Robert Goldstein*

**Native American Heritage Month**

Commissioner Goldstein reminded the Council that November is federally recognized as National Native American Heritage Month. He said the Commonwealth is home to more than 12 Native American Tribes and over 94,000 self-identified Native Americans. During this month and throughout the year, we celebrate Indigenous peoples past and present, and we are committed to honoring Tribal sovereignty and partnering to advance health equity for Indigenous communities throughout the Commonwealth. As part of that commitment, last month DPH’s Office of Health Equity and Community Engagement hosted the Tribal and Indigenous Health Summit. The summit brought together more than 250 people to collaborate on how to address challenges to COVID-19 vaccination and other Tribal public health priorities. He recently visited the Mashpee Wampanoag Tribal Community Center, where he and Secretary Walsh met with Tribal leadership, the Indian Health Service, and Native American Lifelines, a Title V Indian Health Services contracted Urban Indian Health Program. They discussed health challenges and barriers that Tribe members face, and it was a vital opportunity to explore potential partnerships.

**National Veterans and Military Families Month/Veterans Day**

Commissioner Goldstein said November is also National Veterans and Military Families Month, and the Commonwealth observed Veterans Day this past Monday. He expressed his appreciation for the service of all our colleagues who are veterans, and all that they bring from that service into their work supporting the health of people and communities throughout the Commonwealth.

**Wildfires**

Commissioner Goldstein said news about wildfires usually focuses on blazes in California and other western states far away from Massachusetts. The wildfire news of the past few weeks, however, has hit much closer to home. Massachusetts is among several states in the eastern part of the nation now experiencing serious wildfires. Conditions in Massachusetts this summer and fall have been conducive to wildfires, with higher temperatures, less rain, and gustier winds. These weather conditions, which have become more common in recent years, are attributed to climate change. The fires have been raging in the metro Boston area, specifically in Salem, Lynn, Middleton, and North Andover. They have destroyed hundreds of acres of brush, fields, and forests. With no major changes in the weather forecast in the next few days, the National Weather Service has issued a red flag warning for all of Massachusetts, Rhode Island and Connecticut. As a result of these wildfires, smoke has permeated the air in much of eastern Massachusetts, raising concerns about the health and safety of residents.

Those at greatest risk include the very young, older adults, pregnant individuals, and people with pre-existing respiratory conditions such as asthma or chronic obstructive pulmonary disease, COPD. Smoke exposure can cause coughing, wheezing, shortness of breath, and irritation to the eyes and throat. Smoke can also exacerbate existing respiratory disorders, making breathing uncomfortable and difficult. DPH has issued Health & Homeland Alert alerts about wildfires and the potentially hazardous effects of smoke. We have compiled and made available a range of resources to help residents and communities understand, navigate, and mitigate the risks. To lessen the health impacts of smoke, residents in areas where the air quality is poor should stay indoors as much as possible, keeping windows and doors closed, especially during peak smoke periods. Wearing an N95 mask can be helpful, especially for those at higher risk. Those whose symptoms worsen or whose breathing becomes overly difficult should seek medical attention.

**Respiratory Illness Season/Vaccination**

Commissioner Goldstein said for those who are following the Department’s Respiratory Illness Dashboard, you’ll see that COVID-19, influenza, and RSV activity remain low across the state, though we should expect to see increases in all three viruses throughout the winter. We continue to echo the message from the US Department of Health and Human Services’ nationwide “Risk Less. Do More.” campaign promoting vaccination for respiratory viruses. We are amplifying the message that getting vaccinated today will benefit you, your family, your friends, and your community in the future. Flu, COVID-19, and RSV can spread fast this time of year as people gather together more often inside.

Vaccines significantly cut the risk of getting sick or being hospitalized from a respiratory illness. Getting vaccinated means less time being sick and more time with friends and family. He reminded us, you can get flu, COVID-19, and RSV vaccines individually or get more than one at the same time; there’s no amount of time you need to wait between each vaccine. We continue to offer COVID and flu vaccines in Massachusetts in a wide variety of health care settings including pharmacies, primary care provider offices, community health centers, mobile vaccination clinics, and local health department and community sponsored clinics. DPH also offers an In-Home Vaccination Program for COVID-19 and Flu, which is available for anyone who has difficulty getting to or using a community vaccination location.

For those who do get sick, treatment is available. Paxlovid can prevent severe disease, hospitalization, and death in people with COVID-19 who are at increased risk for severe disease and have developed COVID-19 symptoms in the last 5 days, even mild ones - such as runny nose, sore throat, or cough, and DPH offers free telehealth services to Massachusetts residents online or by telephone to help you get a prescription.

In addition to viral respiratory illnesses two bacterial respiratory illnesses are being monitored, pertussis and mycoplasma pneumonia, here in Massachusetts. Both infections are primarily affecting children and adolescents. Pertussis, also known as “whooping cough,” is a highly contagious acute respiratory illness caused by the bacteria *Bordetella pertussis*. Following a significant decline during the COVID-19 pandemic, cases of pertussis in Massachusetts are increasing to pre-pandemic levels, particularly among adolescents. The Department issued a clinical advisory detailing the increase in cases and providing clinical guidance for providers in August 2024. Pertussis illness begins with mild upper respiratory tract symptoms and can progress to a severe cough, often with a characteristic respiratory whoop, which may be followed by vomiting. Importantly, pertussis is vaccine preventable. Everyone should be up to date with their pertussis vaccine to prevent disease.

Mycoplasma pneumonia is caused by the bacteria *Mycoplasma-pneumoniae*, which is a common cause of community-acquired pneumonia, especially in children, and can lead to community outbreaks. In recent weeks, clinicians in Massachusetts have reported treating higher than usual numbers of pneumonia cases, particularly among school-aged children and young adults. Additionally, syndromic surveillance using data from hospital emergency department visits show emergency department visits for pneumonia caused by mycoplasma are very high levels over the past several weeks. Symptoms of mycoplasma pneumonia often include persistent cough, fever, and fatigue, though symptoms are often mild, and patients do not always require hospitalization.

At this time, the Department recommends that clinicians and families be alert for symptoms of both pertussis and mycoplasma pneumonia. Antibiotic treatment is recommended for both conditions to reduce symptoms and limit the spread of infection.

**Steward Health Care**

Commissioner Goldstein provided an update on the latest developments regarding Steward Health Care, as the company continues to wind down its presence in Massachusetts and exits the state.

**Election and Public Health Impacts**

Commissioner Goldstein said in the week since the election, speculation about what a second President Trump term might look like has continued to dominate the news, and the conversation. Public health has been one of the main subjects of this speculation, whether the talk is about vaccines, reproductive health, gender-affirming care, water fluoridation, climate change, or the future of NIH, CDC, and FDA.

The truth is, we do not know what the next few years may hold. What we do know, however, is that the Department of Public Health remains committed to its mission to promote the health and well-being of all of our residents and communities. Public health is, and must be, rooted firmly in truth, science, public service, and humanity. Public health transcends party ideology. All of us want individuals, families, and communities across our state to have access to the care, services, and resources they need to be healthy and safe. No matter what party is in office, DPH will continue to advocate for the policies and practices that promote health equity and access to care.

Public health has long been a cornerstone of health protection and promotion in Massachusetts. In fact, in 1869, Massachusetts established the first U.S. state-level board of health. Today we have one of the strongest public health systems in the nation. And we have achieved some remarkable milestones, including preventing millions of deaths through vaccines, supporting strong tobacco control policies, preserving clean water, protecting our food supply, and limiting environmental toxins. These are more than just good ideas, they are fundamental rights for the people in this state, and we are dedicated to upholding them.

Quality health care and the protection of those who provide it are also paramount in Massachusetts. We are fortunate to have Governor Healey leading this state. She is a Governor who has been a staunch and outspoken advocate for reproductive rights, a Governor who signed an executive order to protect access to emergency abortion care when that right was threatened earlier this year, a Governor who is not willing to back down when the freedoms of people in Massachusetts are threatened. Our commitment to public health is unshakable. We pride ourselves on having a strong and vibrant public health system that has protected and supported our residents for generations. We will continue this tradition, guided by evidence-based policies and a deep dedication to the well-being of the communities across the state.

Commissioner Goldstein asked if there were any questions before moving on to the next topic.

Mr. Landers commented on the passing of the economic development bill and its inclusion of SAPHE 2.0, promoted heavily by many groups, including the Mass Public Health Alliance, which he represents. He hopes it will continue to support equity across the state in local public health departments by establishing minimum standards for each community and incentivizing shared services to increase capacity and effectiveness and creating a uniform data collection and reporting system. He asked the Commissioner if he was aware of any implementation timeframe.

Commissioner Goldstein said that this is included in the economic development bond bill. He explained that a conference report that has come out now needs to go through both the Senate and the House to be formally voted upon. Included in the bill is SAPHE 2.0. In October or November of 2023, the Council had Sam Wong come and present on some of the public health standards that DPH have been trying to roll out; 2.0 codifies those standards into law. The Department has long supported this push to codify into law the standards for local public health and to incentivize shared services and to incentivize the financial resources that we know are necessary to support local public health. Our team in the Office of Local and Regional Health have been preparing for implementation of SAPHE 2.0, hoping that it would make its way through the process. DPH will lead across the state to make sure that local boards of health are prepared to implement. This is a collaboration with MPHA, but also with the Mass Municipal Association and others who are interested in seeing us all raise the standard of public health in Massachusetts.

Dr. Bernstein agreed with the Commissioner regarding the future uncertainties in public health. He was happy to hear of the work with indigenous peoples in our state, feeling that their health has been neglected. He is proud to be on the Council since 2013 and support the work around equity and the protection of our people. He said prevention and planning ahead is important. He said that the Commissioner’s presentation left out immigration and deportations, stating that since our last meeting, Texas Governor Abbott (and Florida before him), are requiring hospitals to ask patients about the citizenship status. This is a dangerous situation for all patients in this country or people that are seeking healthcare in this country. He knows that our governor has had the courage to come out and say that she will not allow her state police to be part of this. The AMA has already given us a statement on this. He is concerned that the immigrant population will avoid healthcare from fear and uncertainty, and he believes that assurances from the healthcare system are needed and not just from the police.

Commissioner Goldstein thanked Dr, Bernstein for raising up the Governor's comments where she made it very clear that we will not be using state resources to implement any deportations or to take action against those that are here in the state. This extends across state government and extends within the Department of Public Health.

Ms. Blondet commented on the fine work that Sam Wong, Director of the Office of Local and Regional Health and his team are doing to implement a new method of public health.

Commissioner Goldstein then continued with the agenda.

**Essential Services Report Update**

Commissioner Goldstein said this week marks one year since the Healey-Driscoll Administration released its report reviewing essential services in the North Worcester County area. This report was written to address the closure of the Health Alliance Leominster maternity unit and was in response to a series of hospital and health care service closures in the region over the past years.

In the report, the Administration and Department made several recommendations to promote opportunities for improved community engagement, more innovative service delivery, workforce investments and more. This important report examined challenges in care delivery in the region and concluded by sharing 10 action-oriented recommendations that range from supporting the growth of the clinical workforce across the region to addressing transportation gaps in getting to health care appointments. These recommendations identify steps both state and local representatives can take to improve access to existing services and better shape the provision of care moving forward.

Since the release of the report, the Department has taken several important steps related to these recommendations and has used the report to help with the response to Steward Health Care’s closure of Nashoba Valley Medical Center. The Department has tried to engage in a thoughtful community-centered approach to hospital and service line closures in the north Worcester County region and across the state. Commissioner Goldstein noted that he has gone to Ayer, Devens, Leominster, and Dorchester for closure proceedings and public hearings. We established a call center for residents to reach out to with feedback and questions on how hospital closures would impact them. And while we cannot require providers remain open, enhanced transparency in the process and community engagement have led us to really push providers to share complete, detailed closure plans with the Department.

We’ve also engaged in ongoing regional meetings in the wake of Steward Health Care’s financial challenges, both in planning for the closures and for the transfers that have happened to new operators, giving communities an opportunity to be a part of the new future that is developing around them. We’ve established working groups in Nashoba Valley, Merrimack Valley, and Dorchester that include representation from providers, community members, and local policy makers to make sure we balance providing the right services in these communities with meaningful access to them.

The Department also released two interactive tools on its website. One, to provide the public with information on how to access urgent care providers. The other to provide detailed capacity information across hospitals, the emergency medical services system, and long-term care facilities. While these data were available within the Department previously, the creation of these public-facing dashboards speaks to our ongoing commitment to transparency across Massachusetts’ healthcare landscape and making sure that all residents have the data and information they need to make informed choices.

We’ve also taken steps to expand the ways in which care is delivered in the state, such as through work with MassHealth to enhance UMass Memorial Medical Center’s Hospital at Home program and releasing birth center regulations that provide new, community-informed pathways for freestanding birth centers in Massachusetts.

Lastly, we are working to strengthen our workforce, in North Worcester County and beyond. One example is our collaboration with the Mass League of Community Health Centers and the National Health Service Corp director in North Worcester County, through which we were able to utilize the Massachusetts Loan Repayment Program to support loan repayment for family medicine physician assistants at federally qualified community health centers.

We know there is still work to do, in this region and across the state, to better support health care in Massachusetts. We are using recent events to help shape these efforts and learn how to best engage communities and deliver care. The Administration and the Department remain committed to these efforts and to hearing from residents to best inform our efforts going forward.

With no further questions, Commissioner Goldstein turned to the docket.

**1****. ROUTINE ITEMS**

*c. October 9, 2024 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the October 9, 2024, minutes. Dr. Volturo offered changes and Mr. Engell emailed suggested changes. All changes were accepted.

Commissioner Goldstein asked if there was a motion to approve the October 9, 2024 minutes, as amended.

Dr. Bernstein made the motion, which was seconded by Dr. Cruz-Davis. Ms. Lambert and Ms. Moscato abstained. All other present members voted to approve the minutes.

**2. DETERMINATION OF NEED**

*a. Request by Weymouth Endoscopy, LLC, for a Substantial Change in Service* ***(Vote)***

Commissioner Goldstein invited Dennis Renaud, Director of the Determination of Need Program, to review the staff recommendation for Weymouth Endoscopy, LLC’s request for a Substantial Change in Service.  He was joined by Jaclyn Gagne, Chief Deputy General Counsel.

Following the presentation, Commissioner Goldstein asked if there were any questions from the council members.

Dr. Carey said Dennis made a very cogent case for this application for a number of reasons, not the least of which is rising incidences of colon cancer among younger people. She said wait times are unacceptable and are the best metric for tracking capacity shortages. The data in the report were somewhat descriptive around wait times compared to the number of patients, which was precise. She encouraged careful documentation going forward on wait times stratified by colonoscopy and endoscopy, stratified by screening diagnostic and urgent to help track where progress is being made. She asked if the physician practice is also moving and about the expiration of the lease in August 2025. She wanted to know if they anticipate any delays or disruption in implementation and being ready to pick up service in the new location within that amount of time.

Bradford Simpson, MD, Owner of Weymouth Endoscopy, LLC, stated that they will be moving both the endoscopy center and the clinical practice. They'll be in the same space, separate waiting rooms with an entrance off to one side or the other. He said he is also worried about the tight time schedule. They’ve been working closely with an architect who's running the project, and they anticipate an early August finish. There can always be an unanticipated event and they’re working with our current landlords to try to expand that window if needed.

Ms. Moscato recognized the applicant for improving and updating their facilities and providing increased care for residents in the South Shore. She asked Mr. Renaud the why there was no notation on the 10 taxpayer group’s opinions against or in support of the applicant specifically related to South Shore Hospital.

Mr. Renaud stated there were no 10 taxpayer groups filed on this application.

Ms. Moscato said she assumed that the applicant’s relationship with South Shore Hospital will continue as they to provide their GI practice.

Dr. Simpson confirmed the strong relationship with South Shore Hospital.

Ms. Moscato asked if the applicant may absorb patients from the Brockton area with the closure of Good Samaritan Hospital because it was not listed in the current towns where their patient panel is from.

Dr. Simpson said that the upward trend in the ED at South Shore Hospital is accentuated by the Brockton issues and they will be more connected with the Brockton area in the future.

Ms. Moscato mentioned workforce and asked about recruitment of support staff to meet the growing patient needs.

Dr. Simpson said they’ve been expanding the use of nurse practitioners for a few years in their practice and anticipate continuing to do so. They have a strong pool of nurses and other support staff. He thinks they will have to increase the number of nurses and techs but does not anticipate the numbers needing to double. They have a plan to have the right number of people to make the operations work.

Dr. Bernstein commented on wait time requirements of Britain’s National Health Care as a benchmark for standards. He asked how reliable would it be to transfer the data for all ASC centers like pain and orthopedics to the endoscopy world?

Dr. Simpson said there have been studies that have looked at endoscopy specifically, certainly from a cost standpoint and there was mention of it in the full report. As opposed to the hospital setting, it's 58% less or something along those lines to have a procedure done in an ASC and then patient satisfaction and quality outcomes are at least as good, specifically with endoscopy.

Dr. Bernstein mentioned equity and asked how they can integrate the questions of equity that they’re committed to when only one other ethnic group, Asians, was represented among their patient panel.

Dr. Simpson said their African American population is essentially the same as their Caucasian population for screening rates, but their Asian and Hispanic populations are much less. They have a relationship with the Manet Community Health Center in Quincy, which serves a large Asian population, and that they look forward to giving more access to, and trying to coordinate care better with them.

Dr. Bernstein suggested their strategy is outreach.

Dr. Simpson said the application pushed them to think about the relationships they have and how they can improve them. They have been in contact with Manet Community Health Center and look forward to identifying and confronting barriers that exist.

Dr. Bernstein asked Mr. Renaud how they intend to measure the wait time and if race, ethnicity and insurance are included in their measurements.

Mr. Renaud read from the application that in order to support equitable access to the services, the holder will report on annual efforts to promote health equity, including but not limited to efforts to identify and address disparities and access to services and efforts to advance the provision of culturally and linguistically appropriate services at Weymouth Endoscopy. The annual report, which they will submit, will discuss specific programs in place, efforts to improve linkages to referral partners, time frame of implementation, patients served, and the impact. The data will be stratified by race, ethnicity, patient origin and payer mix.

Dr. Simpson said another thing that they'll be measuring by those standards is their adenoma detection rate, which is the chief quality measure that they go by if they're finding adenomas and are preventing cancers. They have no reason to believe that those measures will be any different based on any other measure. They will track by race, zip code, and insurance.

With no further questions, Commissioner Goldstein asked if there was a motion to approve Weymouth Endoscopy, LLC’s request for a Substantial Change in Service.

Dr. Carey made the motion which was seconded by Ms. Moscato. All present members approved.

**3. INFORMATIONAL PRESENTATION**

*a. Update on the Public Health Hospital System*

Commissioner Goldstein said that the next item on our agenda will be to hear an update about our Public Health Hospital System. We all know that Massachusetts has a rich history that is deeply rooted in the belief that health care is a fundamental right. Our Public Health Hospital System is a physical manifestation of that belief, that covenant, between the Commonwealth and its residents.

The Public Health Hospital System represents a medical safety net for some of the most vulnerable populations in the state. These patients have complex medical, psychiatric, and social challenges, and too often they face tremendous obstacles in accessing care, especially long-term care, through traditional medical settings. In fact, many of the patients we serve have been turned away from three, four or more health care facilities. Our system is their last hope, but it is much more than that.

The residents in our state deserve to have access to the care and services they need, delivered with skill, compassion, and dignity. The four public hospitals that comprise our system reflect that spirit of compassion and inclusivity, giving individuals a quality place to receive care regardless of their social or economic circumstances. The remarkable health care providers who have chosen to work in our public health hospitals embody the kind of extraordinary compassion and commitment we expect from those who serve patients who often are among the most challenging, complex, and marginalized. These caregivers, and all those who support the care, are dedicated to the mission and the promise of high-quality compassionate care for all.

He reminded the Council that he was joining this meeting from the Lemuel Shattuck Hospital, one of the four public health hospitals. The Shattuck maintains a special place in public health here in Massachusetts, both in its history and in the current delivery of services. The hospital was named for Lemuel Shattuck, who is recognized for his part in supporting the establishment of the nation's first Board of Health here in Massachusetts. Lemuel Shattuck was a visionary in public health. He recognized the need for a public health infrastructure that would protect the health of all residents. And he took a view of public health that we share today at DPH, one that sees public health in all aspects of society, not just limited to communicable diseases. He called for the improvement of public sanitary conditions, the development of a vaccination program, and the study of tuberculosis, and also the dissemination of public health information to all citizens, the control of potentially dangerous products, and the establishment of nursing schools, all to be used to promote better health.

The hospital, like its namesake, has also taken a broad view of public health throughout its existence. It began with an emphasis in its early years on chronic diseases, such as polio and cancer. Later, it focused on pulmonary therapies and rehabilitation medicine. And today, it specializes in the treatment of HIV and Tuberculosis, while also caring for those with mental health needs, homelessness, and substance use disorder. The Shattuck, like the other hospitals in the public health hospital system, helps the Department fulfil our mission and move us closer to our vision of an equitable and just public health system that supports optimal well-being for all people in Massachusetts, centering those with systemically and culturally oppressed identities and circumstances.

Next, Commissioner Goldstein invited Ted Constan, Deputy Commissioner for the Public Health Hospital System, to give an update on the Public Health Hospital System. Joining him was Val Liptak, Bureau Director for the Public Health Hospital System.

After the presentation, Commissioner Goldstein asked if there were any questions from the Council.

Ms. Blondet said that in an ideal health care system, there will be no need for public health hospitals but unfortunately, we are far from an ideal system of care. She thanked Deputy Commissioner Constan and his team for their work.

Mr. Landers echoes Ms. Blondet’s sentiments.

With no further questions, Commissioner Goldstein stated that this concluded the final agenda item for the day and reminded the Council that the next regular meeting is scheduled for Wednesday, December 11, 2024, at 9 AM.

Commissioner Goldstein asked if there was a motion to adjourn.

Mr. Landers made the motion which was seconded by Ms. Blondet. All present members approved.

The meeting was adjourned at 10:47 am.