# MINUTES OF THE PUBLIC HEALTH COUNCIL

# Meeting of September 10, 2025

# 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, September 10, 2025 – 9:00AM**

***Note: The September 10 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:

Join by Web: <https://zoom.us/j/95107013440?pwd=eeHX2QIbBp3NArlAMz2cXDQZGzELbu.1>

Dial in Telephone Number: 929-436-2866

Webinar ID: 951 0701 3440

Passcode: 422976

1. **ROUTINE ITEMS**
   1. Introductions.
   2. Updates from Commissioner Robert Goldstein.
   3. Record of the Public Health Council Meeting held August 13, 2025 **(Vote)**.
2. **INFORMATIONAL PRESENTATIONS**
   1. Update from the Office of Preparedness and Emergency Response.
   2. Role of Public Health Laboratory in Emergency Preparedness and Response.

*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: September 10, 2025

Start Time: 9:01 am. Ending Time: 10:31 am.

| **Board Member** | **Attended** | **First Order:**  **Approval of**  **August 10, 2025**  **Minutes (Vote)** |
| --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Yes |
| **Craig Andrade** | Yes | Yes |
| **Damian Archer** | Yes | Yes |
| **Lissette Blondet** | Yes | Abstain |
| **Kathleen Carey** | Yes | Yes |
| **Emily Cooper** | Yes | Abstain |
| **Robert Engell** | Yes | Yes |
| **Marcia Hams** | Yes | Abstain |
| **Stewart Landers** | Yes | Yes |
| **Thomas Mackie** | Yes | Yes |
| **Mary Moscato** | Yes | Yes |
| **Ellana Stinson** | Yes | Yes |
| **Ram Subbaraman** | Yes | Yes |
| **Gregory Volturo** | Yes | Abstain |
| **Aria Zayas** | Yes | Yes |
| **Summary** | 15 Members Present | 11 Members Approved;  4 Member Abstained |

## **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, September 10, 2025, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Commissioner Robert Goldstein; Craig Andrade; Damian Archer, MD; Lissette Blondet; Kathleen Carey; Emily Cooper; Robert Engell; Marcia Hams; Stewart Landers; Thomas Mackie; Mary Moscato; Ellana Stinson, MD; Ram Subbaraman, MD; Gregory Volturo, MD; Aria Zayas.

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

Commissioner Goldstein called the meeting to order at 9:01 am and made opening remarks before reviewing the docket.

## **1. ROUTINE ITEMS**

*b. Updates from Commissioner Robert Goldstein*

**National Preparedness Month**

Commissioner Goldstein noted that September is National Preparedness Month. Preparedness is one of the most vital responsibilities of public health. Last week, DPH celebrated the opening of its warehouse, an expansive 75,000-square-foot facility now housing more than 21 million individual items. Managed and operated by our Office of Preparedness and Emergency Management, this is a tangible commitment to readiness and resilience. It is a place to marshal the materials, supplies, equipment, and systems that enable us to respond to the next crisis. It’s connected to the Massachusetts Emergency Management Authority, enabling both agencies to coordinate and scale up efficiently when shared events arise.

**International Overdose Awareness Day**

Commissioner Goldstein said August 31st is International Overdose Awareness Day, a global event observed annually to remember those who have died from overdose, acknowledge the grief of their loved ones, and end overdose together. This year, on Friday, August 29th, DPH, joined by the Boston Public Health Commission and Boston Medical Center honored the commitment to end overdose and reduce stigma by planting more than 20,000 purple flags on Boston Common. Each flag was planted in remembrance of a life lost to drug overdose in Massachusetts between 2013 and 2024. The event served as a powerful way to honor and grieve those we have lost to overdose, to acknowledge and reflect on the humbling effects of substance use on our community, an opportunity to gather in community to continue to break down the stigma and to end overdose.

**National Recovery Day**

Commissioner Goldstein said September is National Recovery Month, an opportunity to acknowledge and empower individuals in addiction recovery, increase awareness about available treatment and recovery resources, and recognize the dedication of all those who help make recovery from substance use disorder possible.

**Mosquitoes and Ticks**

Commissioner Goldstein updated the Council that so far this year, DPH has found 408 West Nile Virus and 21 EEE-positive mosquito samples in the Commonwealth. In addition to this relatively large number of WNV infected mosquitoes, there have been 4 human cases, and 1 positive animal. While more human cases may have been expected given the number of positive mosquitoes, it is not entirely clear why cases have remained low. It’s hoped that it is at least partly due to people practicing precautions to prevent mosquito bites. Tick-borne diseases, which were elevated during the spring as measured by diagnoses made following emergency department visits, have declined to more average levels in recent months. However, ticks are frequently a year-round reality in Massachusetts and will remain active as long as temperatures stay above freezing or unless they are buried under snow. People are encouraged to continue to take precautions against tick bites by using tick repellents, wearing clothing, and performing daily tick checks.

**Respiratory Illness Preparedness**

Commissioner Goldstein said another key part of preparedness efforts is gearing up for respiratory illness season, which is expected to include seasonal increases in cases of COVID-19, influenza, and RSV. Respiratory viruses like flu, COVID, and RSV cause hundreds of thousands of hospitalizations and thousands of deaths during each year’s fall and winter virus season, nationally. One of the best ways to protect yourself is by getting vaccinated. Flu vaccines are now widely available in a variety of health care settings including pharmacies, primary care provider offices, community health centers, and local health department and community sponsored clinics. COVID vaccines for the upcoming season are beginning to be available at these locations.

**Preserving Access to Vaccines in Massachusetts**

Commissioner Goldstein said that the confusion surrounding vaccine information coming from Washington has created turmoil, leaving families across the country wondering what to believe and where to turn. But here in Massachusetts, access will not be denied.

On August 29 the Commissioner issued a statewide standing order enabling pharmacists in Massachusetts to dispense and administer COVID-19 vaccine to everyone age 5 and older in accordance with DPH recommendations. For children under 5 years, the vaccine remains available through their pediatricians.

At Governor Healey’s direction, on September 3, the Division of Insurance and DPH jointly issued a Bulletin, requiring Massachusetts insurers to continue covering vaccines recommended by DPH, not just those recommended by CDC. In addition, Massachusetts became the first state in the nation to guarantee insurance coverage for state-recommended vaccines. Massachusetts residents will continue to be covered for COVID, flu, RSV, and routine childhood vaccines regardless of any federal actions or restrictions.

On September 4, the Board of Registration in Pharmacy gave the Commissioner, in his role as the Commissioner of Public Health, the authority to determine which routine vaccines pharmacists can administer, rather than tying Massachusetts to ACIP decisions that, sadly, DPH is no longer confident will be rooted in science and evidence.

Massachusetts has also been in conversation with other states in the Northeast, with shared concerns and ideas about safeguarding access to vaccines, as well as strengthening disease surveillance, emergency preparedness, and state public health laboratories. California, Washington State, and Oregon, and now Hawaii also announced that they were banding together to preserve vaccine availability that is grounded in science.

The sad truth is that many states are feeling the need to take unprecedented actions to protect public health because Washington is failing to do so. Many decisions coming from the federal government are reckless; even dangerous. Two weeks ago, the White House fired CDC Director Dr. Susan Monarez for doing her job, for defending public health in our country. Dr. Monarez refused to put out misinformation and recommendations that ignored science. On the heels of this action, four of CDC’s most senior leaders chose to resign rather than endorse political interference over evidence.

Commissioner Goldstein asked if there were any questions.

Dr. Carey asked if there was discussion of a public health alliance among Northeastern states as has happened on the west coast.

Commissioner Goldstein said that the public health departments across the Northeast have come together for conversations which has evolved into action and commitment to work together on unified vaccine recommendations. It’s the hope to do this jointly.

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

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

*c. August 10, 2025 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the August 10, 2025, minutes. Mr. Landers had a change to the minutes. They were amended.

Commissioner Goldstein asked if there was a motion to approve the amended August 10, 2025 minutes.

Dr. Archer made the motion, which was seconded by Dr. Stinson. Ms. Blondet, Ms. Cooper, Ms. Hams, Dr. Volturo abstained. All other present members voted to approve the amended minutes.

## **2. INFORMATIONAL PRESENTATIONS**

*a. Update from the Office of Preparedness and Emergency Response.*

Commissioner Goldstein invited Kerin Milesky, Director of the Office of Preparedness and Emergency Management to present.

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

Ms. Hams said there is a need for the state to step up with public communications for both the vaccination issue and on preparedness, to counter that of federal misinformation. She wanted to know if there were plans to do this and if it would involve the Northeast states collaboration. She also asked what strategies were in place to deal with federal funding cuts.

Ms. Milesky said this is National Preparedness Month and since 2013, the state has embarked on a preparedness campaign to raise awareness of Massachusetts residents for what they can do to be prepared. They have a social media presence as well as other communication efforts to be able to get the word out.

Commissioner Goldstein said there are a number of efforts underway to combat the vast amount of mis- and disinformation that exists in the vaccine space that is largely coming from Secretary Kennedy and his followers. The Vaccine Integrity Project is trying to respond to misinformation as it's released so that we can have a trusted voice out there speaking about the power of vaccines and using data to combat misinformation. The Northeast Collaborative is also thinking about this and on a weekly basis discussions of what's in the news, what one is hearing from the federal government and how as states should respond. He emphasized that Massachusetts is unique with its own needs and communication should meet the needs of all constituents. He addressed opportunities for additional funding. He said all states are facing a fiscal crisis right now as the federal government pulls back its support to state efforts. Collaborative work is necessary and because of fewer resources, work must be done efficiently.

Mr. Engell mentioned the Ready Responder Program which relies on DPH staff. He asked if building a corps of civilian volunteers also had been considered. He asked about planning exercises with the Massachusetts National Guard in terms of their disaster planning resources.

Ms. Milesky said within Massachusetts, there are roughly 34 medical reserve corps across the state which are federally approved but are local entities. They support the needs of their communities during emergencies. As a result of COVID-19, the Department has a statewide volunteer program, which is called the Massachusetts Volunteer Program or the MVPS for public health. These are state level volunteers that could be deployed if there was a public health emergency. All of the volunteers, both local as well as state are pre-credentialed, have CORI checks in place and are ready to be deployed either at the state or the local level. The Ready Responder Program is there to support the DPH incident command and response process. She said DPH has a robust and positive relationship with its colleagues at MEMA and through MEMA, other state agencies actively working on planned development exercises. The upcoming 2026 FIFA World Cup involves a multitude of other state agencies who will help to support both the public safety as well as the health and medical planning for that event.

Dr. Carey asked within the Ready Response Program if the medical personnel workforce shortage in the state will be a challenge that they will face.

Ms. Milesky said the Ready Responder Program is established to support emergency operations during an active incident. They work regularly with hospitals, long term care providers and community health centers around workforce issues.

Ms. Blondet said as a way to correct the chaos that the COVID pandemic set forth for community health workers, they developed a training to identify the role of community health workers as a workforce within public health, but also as neighbors of communities that are disproportionately impacted during emergencies. She asked that emergency preparedness consider the utilization of community health workers as neighbors with access to the network of public health resources.

Ms. Milesky said this year some of the CDC public health emergency preparedness funds will support several staff from the Office of the Assistant Commissioner for Health Equity and the community engagement team to more closely link these teams to ensure that the department's plans and procedures link to the communities that are at most risk during disasters.

Ms. Blondet emphasized that CHWs have participated and shown great interest in emergency preparedness trainings, but more guidance from DPH is needed.

With no further questions, Commissioner Goldstein moved to the next agenda item.

*b. Role of Public Health Laboratory in Emergency Preparedness and Response*

Commissioner Goldstein invited Director Dr. Nicolas Epie and Associate Director Dr. Sanjib Bhattacharyya of the State Public Health Laboratory to share their work with emergency preparedness.

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

Mr. Engell asked how AI might affect surveillance testing and notification of trends.

Dr. Epie said at the state public health laboratory AI is not being used yet. Dr. Bhattacharyya added that there are AI tools being used at the CDC including those for advanced genomics, which are being looked at for potential future use.

Dr. Subbaraman wanted to know if CDC was still being used for more advanced testing and how the lab was handling test development.

Dr. Epie said the CDC has been the backbone of developing testing for any outbreaks, clusters, newly detected infectious disease, or chemical test. Unfortunately, recently there hasn’t been new tests developed from the CDC. Individual laboratories right now are beginning to look for ways to start generating their own method development team internally. To develop a new test takes longer period of time and they are preparing to have a team that is able to design the method, review the method, test and validate it before it can go live.

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 October 8, 2025, at 9:00 am.

Commissioner Goldstein asked if there was a motion to adjourn.

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

The meeting was adjourned at 10:31 am.