



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Thursday, April 18, 2013**

A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Thursday, April 18, 2013 in the Hayes Conference Room at the Commission’s offices at 1010 Massachusetts Avenue, 2nd floor, Boston, MA 02118.

Board Members Present:

Paula Johnson, MD, MPH, Chair
Ruth Ellen Fitch, JD
Harold Cox
Celia Wcislo

Also Present Were:

Dr. Barbara Ferrer, John Townsend Fatema Fazendeiro, Kathy Hussey, Chuck Gagnon, Gerry Thomas, Mitchell Thomas, Paul (PJ) McCann, Ann Kabza, Martha Charley, Laywell Tedoe, Lucia Zuniga, Christa Gumbs, Aileen Shen, Courtney Murphy, Pam Jones, Maia BrodyField, David Susich, Megan McClaire, Julia Gunn, Vivien Morris, Scott Mason, Nikysha Harding, William Kibaja and Nicole Freedman.

Proceedings:

Chairwoman’s Comments

Paula Johnson, MD, MPH

- Dr. Johnson stated how incredibly grateful everyone is to the incredible work of Boston EMS and the Commission as a whole for its leadership with the communities and families in the aftermath of the events of the marathon. She also stated she was so proud to be a part of the Commission because of all that we do every day. Dr. Johnson believes we are very fortunate to be in a city with such strength and leadership.
- Ms. Fitch commented that from her viewpoint, our citywide emergency preparedness really came through with how we responded to the marathon bombings and how well it all worked.
- Dr. Johnson then gave the floor to Dr. Ferrer.

Executive Director's Report

Barbara Ferrer, PhD, MPH, MEd

- Dr. Ferrer agreed we should be very proud we live in Boston because of the outstanding emergency and medical systems we have and she thanked Chief Hooley other key EMS personnel who were on scene and working hard that day and since that day.
- Dr. Ferrer stated that 90 people were transported to area hospitals in less than 30 minutes, which is a testament to the wonderful work of EMS dispatchers and first responders. Most notably, patients got to the right hospitals and those hospitals were able to handle the volumes of patients that came in and operating rooms were equally as efficient.
- Dr. Ferrer believes the reason for the few fatalities is due to the immediate response by EMS, our medical partners on scene and the expedient work of the area hospitals.
- Dr. Ferrer also commended Atyia Martin and her staff at the Office of Public Health Preparedness who worked tirelessly to put into place systems that were critical in coordinating with the hospitals.
- Dr. Ferrer also thanked Gerry Thomas, Debby Allen, our Public Health Response Teams and many other staff volunteers. Dr. Ferrer described working with the BPD on crowd dispersal and getting people to safety. She noted that since hotels near the bombing scenes had to close, Dr. Ferrer and Daphne Griffin of Boston Centers for Youth & Family worked to get a shelter capacity up for runners and families in the form of crisis centers. Dr. Ferrer stated that the centers encountered about 1100 people, mostly runners, who needed counseling.
- Dr. Ferrer commended the Salvation Army for providing food and their unbelievable support. The Red Cross and Boston Athletic Association were also very supportive.
- Dr. Ferrer stated that our primary focus is on the families. There are 73 people still in hospitals; 17 of them are still in critical condition. Those families continue to need a lot of support. BPHC has set up a family resource center in a private location just for those families.
- Ms. Wcislo commented on how every staff member from clerical workers to housekeeping to doctors and nurses all put in every effort to help. It seemed that nothing was above or below anyone to get done and it is to be commended.
- Dr. Johnson expressed hope that once things start to quiet down, the first responders and all those who helped out during the traumatic events will find the ability to heal after exposure to such trauma.
- Dr. Ferrer noted that counseling services for all the EMS folks had already been activated and that Maia BrodyField has been working to make sure that we have counselors available on all of our campuses for staff and victims to use their services.
- Ms. Fitch commented about the Boston One Fund, which is aggregating huge amounts very quickly and whether the Commission will be a resource to Mr. Feinberg. Dr. Ferrer replied that the Commission has let him know we are available to help in any way we can.

Presentation and Discussion: Boston's Public Health System Assessment

Pam Jones, Director of Policy & Planning

Gerry Thomas, Director of the Community Initiatives Bureau

- Ms. Jones gave an overview of all the phases involved with the MAPP Process and the purpose behind the all day city-wide retreat held February 2, 2013.
- Ms. Jones showed a breakdown of the many components that make up Boston's public health system and discussed the top 10 Essential Public Health Services (EPHS).
- Ms. Thomas described the scoring and rating system and the voting process. She noted the scores were all aggregated with a diversity of participants and had a wide range of knowledge of the system.
- Ms. Thomas explained how participants ranked the Boston public health system's performance of the 10 Essential Services and gave a detailed account of the scores, strengths, and weaknesses of each.
- Ms. Jones provided highlights of the community debrief held on April 1, 2013 which had a good representation from residents and other sectors and helped identify priority Essential Services.
- Based on what was learned at the debrief, Ms. Jones presented the top 5 Essential Services that Boston's public health system should prioritize for improvement which are: 1. Inform, educate, empower; 2. Mobilize community partners; 3. Develop plans and policies; 4. Assure competent workforce and 5. Link to health services.
- Ms. Jones indicated next steps would include dissemination of the results to the public and to our community partners.
- Ms. Jones presented the following three questions for the Board: 1) What implications do these results have for our work at BPHC; 2) How do we use this information to shape policy in the city, and 3) What Essential Public Health Services should BPHC address?
- Ms. Wcislo asked for an example of what people meant by "inform, educate and empower." Ms. Thomas responded by saying she believes that communities want to know what we are doing and want to find ways to engage them in that work.
- Mr. Cox commented that what surprised him was that "Link to health services" was at the bottom of the top 5 list. He was not sure if that is an indication that the City does fairly well in that area and therefore we did not need to pay so much attention to it.

Presentation and Discussion: Bike Safety in the Hub

Aileen Shen, Director of Injury Prevention

Nicole Freedman, City of Boston Bikes Program

- Ms. Shen gave an overview of both national and state bicycling related deaths and injuries and details of the Boston data sources.
- Ms. Shen presented EMS data on breakdowns of injuries by year (2009-2012), gender (2010-2012), age bracket (3-84), type of incident (2009-2012), and helmet use by gender (2009-2012).
- Ms. Shen provided syndromic surveillance data by age groups, race (all bicyclists and Boston residents only); injuries based on syndrome and admitted versus non-admitted was also included.
- The data indicates that bicycle related injuries have steadily increased from 2009 to 2012 and the largest source of those injuries is bike collisions with motor vehicles.

- Ms. Shen indicated bicycle helmets are the single most effective intervention to reduce head injuries regardless of age, brand of helmet or motor vehicle involvement in crash.
- Ms. Shen commented on Boston bike helmet counts for 2011 noting there were 26 sites with over 5600 observations. The overall average use was 70% (66% for males; 88% for females) and relatively unchanged from 2010.
- Ms. Shen discussed the 5 local observing sites with the lowest helmet use and provided data on several reasons bicyclists don't wear helmets. The sites with lowest helmet use include cross streets located in Dorchester and Roxbury and the most cited reasons for not wearing a helmet are not having a helmet or being uncomfortable in a helmet.
- Ms. Shen indicated some promotional strategies would include public information and awareness campaigns, distribution of free or subsidized helmets and other community incentives.
- Ms. Shen noted that according to a number of studies, helmet legislation has been shown to increase helmet use, decrease head injuries and decrease fatalities.
- Nicole Freedman of the Boston Bikes Program discussed an initiative to include helmet dispensing machines throughout the City of Boston where bicyclists can rent helmets. These machines would be near Hubway bicycle stations.
- Dr. Johnson and other board members wanted to understand better the efficacy of mandatory helmet use laws. Dr. Johnson expressed that at first, many people were vehemently opposed to seat belt laws but that over time, it has become an important and acceptable safety law that most adhere to. Board member Cox asked for an update on other jurisdictions that have passed helmet laws as we contemplate whether Boston should create such a regulation.

Update and Discussion: Medical Marijuana Regulation

Fatema Fazendeiro, General Counsel

PJ McCann, Assistant General Counsel

- Ms. Fazendeiro presented an overview of the medical marijuana ballot initiative which passed last November by a wide margin making marijuana legal for medical use. She noted most regulatory authority rests with the Massachusetts Department of Public Health.
- Ms. Fazendeiro indicated that after passing the law, several cities and towns moved forward with regulation to ban its use. Wakefield banned Medical Marijuana Treatment Centers (MMTCs) and Burlington passed a moratorium on them.
- Ms. Fazendeiro noted the Attorney General's office reviews all town by-laws and as such, it invalidated Wakefield's ban but Burlington's temporary moratorium was upheld through June 2014.
- Ms. Fazendeiro commented on the DPH regulations timeline. DPH promulgated draft regulations on March 29, 2013. There will be hearings on April 19, 2013 in Boston, Worcester and Northampton. All testimony is due by 5:00 pm on April 20, 2013.
- Mr. McCann presented more details of the DPH regulations which create a highly regulated scheme for doctors, patients, caregivers and MMTCs; all of whom must register with the DPH. The DPH will maintain an electronic registration system and will provide access to local law enforcement.

- Mr. McCann stated that physicians must be licensed to practice in MA and have one physical place of business in the state; they must also have bona-fide physician-patient relationship.
- Mr. McCann indicated patients must also register with DPH, provide physician's certification, designate caregiver if applicable and the MMTC patient plans to use; registrations are good for 5 years.
- Mr. McCann noted patients under 18 must have the consent of their parents and a parent must be named as a caregiver. There must also be documentation of a life-limiting illness (defined as an illness that will likely lead to death within 6 months) and must have the opinion of 2 physicians.
- According to Mr. McCann, caregivers must be at least 21 years of age. They may not care for more than one patient at a time and may not receive compensation for their services.
- Mr. McCann continued explaining hardship cultivation, the MMTC registration process and operating requirements as well as the process and requirements surrounding marijuana infused products (MIPs).
- Mr. McCann detailed the necessary measures involved with security for the MMTCs.
- Mr. McCann indicated there are unresolved questions regarding the MMTCs such as zoning and siting, policing and public safety, hours of operation, regular local inspections and revenue.
- Dr. Ferrer concluded that the Boston Public Health Commission has noted some of its concerns to DPH and we are working with the Mayor to finalize our comments with respect to DPH's regulations.
- Dr. Cox expressed concern over the fact that possession of marijuana is still a crime and wonders how we are going to be able to reconcile the civil allowance of marijuana for medical use and its prohibition as a crime. Dr. Ferrer responded that federal officials in other jurisdictions such as Colorado that allow medical marijuana have made it clear that they will not prosecute those who use marijuana for medical reasons. However, in Massachusetts, U.S. Attorney Carmen Ortiz has not indicated that she will not prosecute medical marijuana users. Ms. Fazendeiro indicated that we need to work with our city partners and law enforcement on this issue.

Adjournment

Dr. Johnson called for a motion to adjourn. Ms. Fitch and Mr. Cox seconded that motion with no objections. The meeting was adjourned at 6:10 p.m.

Submitted by:

Kathy Hussey, Secretary