



MINUTES OF THE MEETING OF THE BOSTON BOARD OF HEALTH

A meeting of the Boston Board of was held on Wednesday, October 14th, 2020 By Remote Participation Pursuant to Governor Charles D. Baker's Order Suspending Certain Provisions of the Open Meeting Law, G.L. c. 30A, s. 20.

Board Members Present

Manny Lopes, Chair, Phillomin Laptiste, Rebecca Gutman

Proceedings

At approximately 4pm, Chairman Lopes called the meeting to order, and said:

Thank you. Hello everyone and welcome to the Boston's Board of Health virtual assembly related to Mayor Walsh's declaration of racism as a public health crisis. This meeting is being conducted by remote participation as authorized by the governor Baker's Emergency Order Suspending Certain Provisions of the Open Meeting Law. We will be using the moderating features of Microsoft Teams applications to help keep all on mute, other than board members panelists and members of the public who indicate they would like to testify. Taylor Jolly from the Boston Public Health Commission will be speaking shortly to all of that and, as well as providing additional instructions. Please note that this meeting is being recorded and minutes will be taken.

I want to take a minute to introduce our Board of Health members that are part of this assembly: Philly Laptiste liberties and Rebecca Guttman. Thank you to both for being here today and participating in this important assembly. I'll also like to acknowledge our City partners. Chief of Health and Human Services, Marty Martinez and Interim Executive Director of Boston Public Health Commission Rita Nieves. This is probably one of the most important meetings that I have the honor of chairing for the Board of Health. It's part of our process to engage with residents to better understand system. Systemic racism, how systemic racism impacts their health and well being. We know that racism manifests itself in each of the social determinants of health. It's present in discussions of housing insecurity wage gaps, food access educational barriers and environmental factors. In this way, racism, has a direct impact on individual and population health outcomes.

Today, we'll be hearing first from a series of speakers outlining their vision for racism-free Boston, including what actionable programs or policies can be implemented to address the root

causes, health effects and social ramifications of systemic racism. Each of these speakers are important members of our community and provide unique perspectives on this issue, their organizations are taking action to mobilize their communities, provide key services and resources to those who need it most. So without further ado, I will turn it over to Taylor will take a minute and describe the operating procedures of this meeting, Taylor.

Ms. Jolly said:

Thank you so much. For first portion of our meeting, we will be having a set of speakers that have been invited from various sectors, speak for about three to four minutes pausing after every three speakers for the board members to ask questions. And then during our open testimony section. We ask that if you wish to testify to use the chat feature in Microsoft Teams to submit your name as an indication that you'd like to be added to the speaker's list to provide testimony for the Board of Health hearing. We ask that you respect our three-minute designation. This is a very important meeting as chairman, Manny just mentioned. And so we ask that you stick to that three minute mark and we will be enforcing it. I will give you a two time notifications, one halfway through, and one with 30 seconds left. And I'll be using the raise hand feature in Microsoft Teams if you see my hand is raised now. If you can kind of see it and pops up. Those your indication that Your time has run out and we will begin to cut you off.

If you wish to provide written testimony, we encourage you to submit written testimony, through our open requests for information at bphc.org. Under the Racism-Free Boston Request for Information. During the open testimony session, I will announce your name. And then, Chairman Lopes will acknowledge you. And then you may unmute mute yourselves and begin your testimony. We also ask that if you are not currently speaking, or a member of our Board of Health, that you please turn off your video cameras to ensure that we spotlight those that are providing testimony. I want to continue to be cautious of time so you can get through the rest of the meeting and I'm sure most of our residents can testify if they wish. So I'll turn it back over to you.

Chair Lopes said:

Thank you, Taylor and the rest of the team, we want to make sure that we have enough time to hear from all our speakers. So the first speaker this afternoon is Vice President of SEIU 1199 Healthcare Workers East. Filaine Deronnette. Thank you again for joining us today.

Ms. Deronnette: Thank you, Chairman Lopes, and to the Boston Public Health Commission, and all the staff that put this together. My name is Filaine Deronnette and I am vice president of health systems at 1199 SEIU. And I have to say it is an honor to share with the Board and other folks that are on this call. The work that we have done and will continue to do with the intent of uncovering and routing systematic racism in sometimes hidden and not so hidden corners, for the residents of the city of Boston. So really quickly, who are; 1199 is one of the largest health care unions on the eastern seaboard with over, 450,000 members across New York, New Jersey, Massachusetts, Maryland, DC, and Florida. It is said that one in five workers in Boston are healthcare workers. We represent over 70,000 health care workers. With over 10,000 living in Boston, and an additional 7,000 who actually work in Boston.

Our membership includes workers in the acute health care settings or traditional hospitals, long term care, nursing homes, home care, institutions, and PCAs that deliver home care to consumers in their homes. At 1199, we are especially proud of our roots in the history of civil rights activism, with Dr. Martin Luther King Jr himself, who called 1199 his favorite union and he consider himself a fellow of 1199. And we believe that what Dr. King suggested to 1199 and really to the world, is that if all of if all of labor gets themselves involved, our nation would be closer to victories in the fight to eliminate poverty and in particular injustices. And so, I want to be able to share, not only our frontline experiences, both in the pandemic that we are dealing with on the health side with COVID, but the work that we're doing around the pandemic of racism and that we have done. And if it means declaring that we are an anti-racist organization, so be it because we, and the work that we have done in terms of the COVID response which hit our workers, particularly hard has been continually fighting to be seen, securing access to PPE, recognizing vulnerable situations where members need hazard pay, paid sick leave, and worker training. Being on the front lines means you know being able to deliver to the vulnerable populations in the community health healthcare settings that, quite honestly, those supports were not there.

We also have what we call a holistic approach into the advancing the lives of our residents in in communities where people of color reside. Investing in in communities looks like increasing investments to community health centers and safety net hospitals. It looks like investing in public education. This year were supposed to be year one of the additional funding for the student Opportunities Act, it's been level funded. And we know that you know in line with our pandemic has the raising of the issues of access to WiFi, food insecurities; those have been exacerbated and housing immigration. We sit on many tables and have many coalitions and allies on those tables and I think that's the principle that's important. And we need to increase our community voice. And lastly, I would say we have to make sure that you know we're involved in accountable police reform. We actually sit on the board that provided recommendation to the BPD on the Police Reform Task Force and so we're proud to say that we had a voice in that. Lastly, I'd be remiss if I didn't talk about the upcoming elections and saying that it's imperative that we make sure our elected officials share our priorities and issues specifically, making sure health care workers voices are heard both on and after November 3. I am done. Thank you.

Chair Lopes: Thank you for allowing that was very valuable information. It sounds like the work that you are doing is really important for our community. Thank you again for joining us this afternoon. And now I'd like to introduce our next speaker. Reverend David Wright, Executive Director of the Black Ministerial Alliance. Reverend Wright.

Rev. Wright: In the mayor's declaration he identified some things that he wanted to focus on, and looking specifically at items three and four when he talks about engaging historically marginalized communities and identifying the problems and the solutions. And number four to ensure a complete and regular availability of specific race and ethnic data that documents to health inequities and he goes on, my hope, my aspiration is that, as that data is collected, it will be made available to the communities. A lot of times, information ethnic data is in dated data on racism is collected, but it's held within the government, as we sit here today, trying to get

information on how the COVID virus impacts in different communities of color is next one possible. The data does exist, we know that it exists because we've seen it on occasion, but we can't act on the data because we're never given the data. So as we're looking at the collection of this data, it needs to be democratized it needs to be made available, not just to government agencies, not even just to churches, but to people in the community so that as they're voicing the their solutions, their community based-solutions. They're also able to base those on real data that has been collected. So those are my suggestions. Thank you and thank you for taking the time to listen. Thank you.

Chair Lopes: Thank you for providing that important suggestion around data and transparency. I would now like to welcome our next speaker, Julie Bunch; she's the Boston northeast coordinator for the Massachusetts Organization for Addiction and Recovery, Julia you with us.

Ms. Bunch: Hi, thank you again for allowing me to speak. My name is Julie Bunch and I am the Boston Northeast Regional Coordinator of MOAR – the Massachusetts organization for Addiction Recovery. I'm a Black person in long-term recovery. For me, that means that I have not had a substance for the past 24 years. Today I'm here to give testimony on how substance use disorder has affected Black, Latinx, and Indigenous communities and how we can become allies by supporting recovery needs and empowering them. As we know, in 2018-2019, opioid alcohol and other substance use related deaths have decreased in white and other non-ethnic communities, but increased for Black, Latinx, and Indigenous communities. What are the specific impacts of the virus and other people Indigenous communities of color, with behavioral health conditions and disability impacts of COVID on people with behavioral health conditions, including homelessness.

What can we do and be effective, and assessing measurements strategies and act upon this. The pandemic further exacerbated health disparities and adversely impacted those that suffered from substance use disorder that are in need of treatment in communities of color. Recovering in urban areas have different trauma and related impacts that need to be addressed, i.e. gang violence, low income, malnutrition, high incarceration, generational trauma, systematic racism, etc. In recovery, we need to treat these areas as a whole, for our Black boys, brothers and sisters. One size does not fit all. When it comes to treatment, ways in which we can accomplish this is by finding allyships and partnerships in Black, Latinx, and Indigenous communities. We need to assist in funding and empower and treatment providers and putting people of color, as the leaders that assist specifically address these issue in Black, Latinx, and Indigenous communities, the Black community would benefit greatly from treatment facilities that mirror at the ASAP and Casa Esperanza models. These facilities would need to aid and address the recovery process for individuals, families, and communities. Let's align and get rid of band aid recovery. Thank you for letting me speak.

Chair Lopes: Thank you. Thank you, Julie, and congratulations on your recovery. And thank you for sharing with us. So, at this at this point we're going to take a pause and ask commissioners, if they have any questions from the for the speakers. I do see Rebecca Guttman has her hand raised. So, Rebecca if you could hear me, please feel free to ask you a question.

Ms. Gutman: Thank you. And thank you to all of the speakers who are here, Reverend Wright, Julie Bunch and Vice President Filaine Deronnette who I have the honor of working with at 1199 SEIU. I was actually wondering if Filaine could speak a little bit more about the work that 1199 SEIU is doing in regard to addressing health equity issues. And also, specifically what 1199 SEIU is doing as an example at Boston Medical Center to address racism systemic racism within healthcare institutions, as an example of what the broader community could do within specific employers to address systemic racism.

Ms. Deronnette: I can absolutely respond to that question. I would say there's two responses to that question I think. First, we have made the investment of time and resources to really become an anti-racist organization. We not only have an internal racial justice committee that I chair in Massachusetts. I also serve on the union-wide racial justice committee, the work that we do in partnership with a number of resources the racial justice center, then allows us to really train and enhance our dialogue with our members in their workplaces. Now, specific to BMC, there was a, I would say, an initiative that we have worked on together and started to started to work on will continue working on is the issue of really being systematic racism within segregated practices and so that shows up in some of our goals being in capturing workers stories, the goals of bringing speakers that not only speak to why this work is important but as it relates to health inequities and the patients that go to BMC. And then the other piece of it is data, I have to agree with my brother, the transparent sharing of diversity data is not only a goal, it's being realized every month and we're actually looking at projects in which it is a topic of conversation at every single huddles staff meeting, so that you know, when we are talking about metrics we're actually thought that everyone on the healthcare team knows what we're talking about. Physicians down to your frontline health workers that basis the patients and so it's a lot of work I think there's pieces that were farther along on but it's one that I could bring up as you know work that can be emulated in a number of organizations. Thank you.

Mr. Lopes: Any other questions, Any other board members? I have a question related to data, and I can't agree more with Reverend Wright, as well as Ms. Bunch, thank you for bringing that up, sometimes we've heard that it needs to be a balance of data and transparency in privacy, of course. And when our communities expect, particularly government to collect and how they use that, as well as balancing, particularly around data related to addiction and the concern around privacy.

Rev. Wright: Sure, very briefly. We're not asking for names and addresses of individuals; we're looking for the aggregated data. Hopefully, even by neighborhood so that we have a sense of what's going on in the spaces around us. The church I attend, to which I've ministered, we're in the South End. You have the back door of our church across the street you're in Camden Lenox housing development. It would be nice to know what are the major issues that are being faced there, especially with racial and racial inequity in the spaces, so that we can better serve the populations that are literally right outside of our doors. And so, again, certainly we don't want any private information I'm not looking for names and addresses but if we could have aggregated data by neighborhood, that would be extremely helpful, at least from our perspective. Thank you,

Chair Lopes: Julie, would you like to speak on those in recovery.

I work with a lot of coalitions and there seems to be some confusion around, identifying people when it comes to Latinx and Black. So, I'm wondering why there is confusion around that and identifying so if we could, you know, get some clarification around how that that data is being transcribed and everything.

Chair Lopes: Thank you, thank you both for answering the question. Any other questions? Well, thank you everyone. Let's move on to our next set of speakers. Edward Hsieh is the COO of the Asian American Civic Association.

Mr. Hsieh: Thank you for the opportunity. So, Mr Lopes said, I'm Edward Hsieh and I'm the COO of the Asian American Civic Association. We service 4,000 individuals each year from the five different countries that predominantly we service Latinx and African origin. Individuals immigrants and economically disadvantaged individuals were a little bit different than some of the other groups are focused on workforce development in terms of job training, full Service, social support service center daycare.

And before I get into sort of experience. I just want to comment with previous speakers that data is quite important. I was quite shocked to find there was a research paper that basically marginalized Asian Americans when looking at the wealth gap. But then when a different research paper came out, it found that Asian Americans actually experienced the greatest wealth gap currently. So there's this misconception that there's a model minority among Asians, but there's so many different Asians from different countries which experience very different situations when they come over to America, or when they grew up in America as a native born citizen. So I just want to put that out there.

At AACA, we focus on empowering immigrants and economically disadvantaged individuals by giving them training, education, so that they can you know empower themselves to be self sufficient.

And so that's our mantra there but what we find through that experience is that a lot of the educational systems, and the training systems, are very convoluted to access for immigrants and economically disadvantaged folks. For example, we train heavy equipment operators construction workers, and the licensed testing to get become one of those operators is only in English. So if the individual is an English as a second language speaker, their chances of passing the test is lower. So that's something we see in the system and then the funding system is also difficult if they need funding to get the training and the education. There are many hoops that these individuals have to jump through, they're already dealing with various issues in their day to day life. I'm so on top of that we offer a full service, a full suite of benefits, we find that on my immigrants especially, there is a level of fear of, especially you know in relation to the current climate around public charge, you know, accessing the benefits, there's a lot of misinformation out there. And so they come to us to help guide them through that those those hurdles and to figure out whether it's safe for them to even apply for the various public benefits. So that leads me to my suggestion. So, what we suggest is what we do at ACA which is that we look at all the different systems, whether it's the funding system for training, while the system for people again to the workforce, whether it's license or certification and make it more friendly for immigrants

and for economically disadvantaged individuals, reduce the barriers of access, you know, a lot of access, there's a threshold income threshold, and to get some of the training vouchers, you have to base to basically be the poorest of the poor it's not even just poor. And so it's a problem. And then the last thing is, again, because of a fear and the public charge, and the fact that there's a lot of confusion about how to access these benefits. I suggest that the city look into how to fund, local NGOs like ours and other ones are speaking today, because we're the ones who are on directly interfacing with these individuals and helping them, you know, take the next step. So I thank you again for the time.

Chair Lopes: Thank you. And at this time, I'd like to introduce Ricky Guerra, with the Real Estate Division of Jamaica Plain Neighborhood Development Corporation.

Ms. Guerra: Hi everyone my name is Ricky Guerra and I'm a resident of the Grove Hall neighborhood of Dorchester and I'm also an affordable housing developer for a local community development corporation JPNDC. And when I think about housing and racial justice, there are so many different intersections, or so many different places where it connects today I'm just going to focus on three different ones are the ones that always continuously come up to mind, and I'm going to speak to them not in order of importance, but just more so in order of the way that we usually track the lifecycle of a project so concept to construction to the end results. The very first one is equitable homeownership opportunities for families, I think we speak a lot about affordable housing and most of the time when we speak to these things we're specifically speaking on rental, which is absolutely necessary, but I think I don't have to convince anyone in this group that opportunities for folks of color to build wealth through real estate have been kept from us and from our communities for many, many years and so in order to close that gap and get us a more equitable place, we need investment in the production and creation of homeownership opportunities that are affordable and equitable so that folks are allowed to remain in community and also build wealth. That brings me to my second point, which is around procurement right so we started with the concept of the project and now we're in the nitty gritty of it. If you live in Boston, I feel like it doesn't matter which neighborhood you live in, you take a couple of steps outside of your front door, and you're bound to see something right there's something going up there's a building going up somewhere there's some sort of infrastructure work happening. Most of the time when we walk past the sites or drive past the sites, you know, you take a look at the person that's like operating the pile driver or the person that's on that lift. Most of the time, at least in my experience, most of the time those folks don't look like me, they also don't look like my family members and they don't necessarily always look like my neighbors. And so there needs to be a way that we have, there needs to be in an authentic way to ensure that all the millions of dollars that are being spent in the city both publicly, both public and private dollars are trickle down to people of color and women and residents of the city. And what I mean by authentic is that there needs to be a real way to not just track performance but also to hold contractors and developers accountable for delivering on different ordinances like the Boston resident jobs policy. My third point is very end result I think the term affordable housing can feel a little broad and somewhat subjective. And for the purpose of this conversation I'm just going to define it as the industry standard which is any opportunity or any unit that's available to a family at 60% area median income or below. To give a little context on that, a 3%

of household would have to earn around \$69,000 a year in order to qualify for 60%, AMI unit the rent for that two bedroom unit would be around \$1,700 dollars. I don't know about you but I know plenty of people that work more than 40 hours that wouldn't be able to make that rent. And when we think about like deepening the levels of affordability through project based subsidy, and through an investment that allows the developer to get subsidy that makes up the difference between the rent that is affordable to the person and the rent that the property needs because. In closing, I want to be clear that as a developer of affordable housing it's not about the money. It's about maintaining the property, and having a property that's healthy long term and that's there for generations to come. So when we say we need rental income, it's so that we can make capital improvements so when the roof starts leaking we can we can actually fix it right. So with that said, thank you so much for your time today. I really appreciate it. Thank you.

Chair Lopes: Thank you, Ricky and thank you for bringing up the important topic of housing from many different perspectives. So, thank you. We do have a few minutes so I want to open it up to Board members to ask any questions so the last three speakers.

Ms. Gutman: I just wanted to thank all of the speakers for what you were talking about and in all three issues, housing, obviously good jobs and childcare, are the issues that we hear from health care workers low income health care workers all the time primarily who are women of color and Edward, I wanted to thank you for raising the issue of the public charge as well which is another issue that has come up quite a bit with some of our membership. I was curious, Edward, about in terms of the job development work that you were talking about with ACA, how much he you partner with unions in terms of ensuring that in workforce development work, we can ensure that people are being trained and funneled into good paying jobs with living wages so that they can afford housing and everything else.

Mr. Hsieh: For some quick background: we're part of the Boston foundation project catapult process which is the defining how workforce development is done. In fact, we launched one of the first pilot projects out of that. That training that I mentioned, and what we love, we would love to work with unions. At this point we haven't had solidified partnerships with them but we're totally open to that. What we do, though, is we only work with employer partners that are high quality and fair price, and under sort of the catapult standard has defined as an employer who pays well above a living wage, who has a clearly defined internal career pathway. So almost all of our employers have not necessarily certified with an apprenticeship style. Then we also only work with employers to offer full benefits so we're very selective with who we source. Obviously not everyone can do it that way but that would be sort of the recommended way among the sector right now when we're doing job training try to only work with employers and that puts pressure in other employers because essentially the good employers will be out competing and less good employers for the more high highly qualified candidates. That's how you approach it.

Thank you and thanks again to all of the speakers for raising these important issues.

Chair Lopes: I want to echo. Rebecca these were three great presentations, as well as the first three. I have a question I guess to all three of you and maybe you could try to answer; the

question briefly around demanding capacity and scalability of all these great programs that you've started. I think what we've heard, as Edward mentioned, is that not only is it difficult to understand and address the barriers just to get into these programs. Then, what we've learned over the years is that there's not enough capacity for everyone to participate. So if you could briefly just answer the question around capacity building more capacity and skill abilities any thoughts or ideas from the different programs.

Mr. Hsieh: In terms of capacity and workforce development for a long time to end it the sector has been reliant on federal funding which gets funneled to the state, which then gets pushed out regionally, as training vouchers, and that those monies have really been reduced in recent years because we've had a historic unemployment low and because the budgets are set sort of retroactively. Unemployment is at a record high, so, that may be changed quickly if we involve the great employers in the area directly. Look at our constituents more as investments as opposed to you know one off cogs in the wheel. And that's part of the whole process of trying to work with better employers. So that's really it's kind of leaning on the corporate social responsibility and being advocates for our constituents among employers and then getting the money from them to do further training so that's sort of been the overall sector approach right now. Thank you.

Ms. McCluskey: Thanks for the question. I agree, I think, our program that we've launched is a pilot it's very small it's not going to serve large numbers of people at first, and we hope to be able to scale it and run it for three years so it ultimately grows over that time, but really what we hope to do is to derive some lessons that can inform public policy about how you know what our childcare system needs to learn and accommodate for when it comes to supporting working class people, and people who you know are out there working every day and are not working from nine to five in an office. And so we hope to really use the pilot to learn lessons that we could scale and have some support through the city or state to shift public policy to really figure out how to tackle some of these challenges in the childcare system. I'd echo the need for employers to play a big role here especially in this moment on childcare. You know there's I employer flexibility and childcare programs for workforces that are so key right now; there's a big role to play for employers in the city as well.

Ms. Guerra: I would just say there's always a scarcity of funds and one of the big things in finding ways to continue to move and push projects forward is thinking about funding sources in a non-traditional ways. I know a couple of Community Development Corporations have already started like housing and hospital partnerships and seeing what that looks like. But I think that there's a real advantage to investing in housing, not just for CDC, but on so many different levels and so one of the ways that we can continue to do that as resources continue to get stretched out thinner and thinner is thinking of non-traditional partnerships and ways in which the investment in housing is good for both our sector and the community development field and another's. Then I would just go back to accountability around procurement and making sure that if there is a GC or a developer that really doesn't meet the City of Boston Resident Jobs Policy, especially if they're applying for public funding sources, that they're not allowed to go into another round are or that there's some sort of accountability or some sort of mechanism

there, so that it's not the same folks getting public resources and then outsourcing those resources, over and over again.

Chair Lopes: Thank you, Ricky. Let's now move on to our final group of scheduled speakers. Tonight, I'd like to introduce Vivien Morris, who is board chair for Mattapan Food and Fitness Coalition.

Ms. Morris: Thank you so much for having me. I'm really proud to represent the Mattapan Food and Fitness Coalition and today's discussion on ways to address health inequities in Boston, share that we fully support the strategies and the declaration. Our organization was created 14 years ago in an effort to address the disproportionately high rates of obesity and related chronic diseases in Mattapan which is one of the most culturally diverse racially segregated and under resourced communities in Boston. Mattapan sadly has the highest rate of obesity of all Boston neighborhoods and relates to their very high rates of diabetes, heart disease and now COVID-19 cases. These and other health conditions are related to many forms of historic racism and discrimination, like low wages food insecurity, limited economic investment community and much more. So we aim to address these health inequities by providing increased access to healthy, affordable foods like the Mattapan Square Farmers Market supporting local community gardens and other projects and promoting physical activity through more parks and green spaces, walking and biking promotion, and other projects. But even as we've aimed to address these specific problems we've been drawn to actively support the various social determinants of health in our community, including things that have just been discussed, like affordable housing, improving transportation supporting local public schools environmental inequity and much more efforts have always engaged community residents envisioning and implementing projects with a goal of increasing the community sense of ownership and commitment to change the many volunteers who made our projects possible like heroes and heroines for our community. Valuing historically marginalized communities requires greater inclusion of community members in all government policy initiatives, including the health equity plan. That's strategy number three, engaged in historically marginalized communities to identify problem solutions and support a community driven response is very important, making sure the community is linguistically and culturally connected is key to improving access to prevention and treatment. For example, making sure that our farmers market supports farmers of color and produce as culturally connected to our community. We ensure that our marketplace is welcoming to the very language groups in our community. These have all been key elements of our success thus we fully support strategy six; improve access to prevention and treatment as culturally and linguistically competent. Like many other community based organizations, we've done our hard driven work over many years with very limited resources, other than small amounts of support for specific projects we've generally not been able to compensate community members for the actual amount of time they put into our mini projects, and for overall oversight of the organization. We need both government and private funders to value and serve all community based organizations strategy, eight advocated for state and federal level for policies and funding opportunities that directly combat some back systemic racism is very much needed in order to strengthen the capacity of local culturally and ethnically connected organizations. And with that I say thank you to the Boston Board of Health.

Chair Lopes: Thank you very much, and thank you for all your work you're doing in that area of food and food access. We now invite Shali Holiday to speak. Shali is a school at the O'Bryant High School and active in the PUSH-UP anti-drug use coalition there.

Hi, my name is Shali Holiday and I'm a youth activist, I have been into a lot of things that pertain to social justice issues of all kinds. I'm invested in my community as a Black female and other oppressed communities around me as youth activists, I am not always taken seriously. But despite that I continue to fight for what is right, even when it may not be seen as cool. I've had disagreements with many people about my activism work but this is not going to stop me. As we are all aware George Floyd was yet another victim of police brutality and this hit the Black community hard. There is a long history of Black people being mistreated. However, police brutality is one of the many struggles of being Black in a world that does not accept this being Black in a world that does not care about us being Black in the world that turns a blind eye. Currently the Black community is not only being targeted in their own neighborhoods they're being targeted in the healthcare system for decades Black people have been mistreated and not to get seriously in the health care system, one of these mistreatments is targeting Black communities for substances such as tobacco cocaine and marijuana. The access to these drugs is not only advertised all around the community, it is accessible throughout the community are Black you see these advertisements and they may even think it is cool because of the way they are advertised, then that starts the cycle of addiction, and it goes on from there. Well, what are we going to do about it as a young Black girl I asked myself that every day. Before we try to dismantle this entire thing of what racism is we need to start a conversation. We need to have a conversation in the workplace in schools at family events in all the places around us. There are no excuses to turn a blind eye to injustice. Not only do we need to have a conversation you need to be willing to put our own biases aside and step back and listen. Listen to the Black woman saying they're not being heard. Listen to the Black men saying they're being murdered for no reason. But since the Black you've seen they're drowning and they need help with their mental health. Once we start the conversation we can move into other solutions which should be culturally aware program, especially when it comes to substance abuse as there is a clear gap in prevention with the Black and brown communities. Access to prevention education is a need and we all should be concerned about not getting proper support. So I challenge you all to talk about it, learn about it and listen to the people that have experienced it. Thank you for listening, and remember, this is about people's life.

Thank you.

Chair Lopes: Wow, thank you Shelly. Thank you for lending your voice to this very important topic and for joining us today and thank you for all the work that you're doing. You know, it's crucially important that we have, you know, representation at all levels including age group, and your generation, hopefully, quite frankly, to do a better job than our generation is doing so again thank you keep pushing ahead. Bashir Kayou is our last speaker for this section of our meeting. Bashir is a leader of the Neighborhood Trauma Team Network.

Bashir Kayou: Thank you and I really come to you. This is a critical time in our lives. So what I like to address is the social determinants of health and Trump. Right. We have some incredible data. And we've had for years. So my question is what are we doing with that data. How does that data speak to us when we begin to see the racial disparities across all about health, social determinants of health system, it speaks to us right but somehow I feel that we have not disseminated the data to address issues. Now we're looking at preconditions that exist, that open our community up to COVID-19 in a way that we are taking the burden of that as well as what we look at that they speak to me that we are not really looking at the data, or addressing the data, and that come to institutional racism and structural racism. If we don't honestly address that. Then we will not have our healthy and trauma free community. As I walked through the community. Our job as trauma team does respond to the bounce. We are no longer just responding to the bounce, we're responding to housing issues, education issue housing is a given example of that, a family who has been affected by a bounce. They don't have a safe place to move right. The system is so bogged down. We use whatever resources we have. But how can that can be healed if they're not in a place where they feel safe? How can they recover from the trauma? So we see this on a daily basis right as trauma workers. While our job has gone much deeper when we look at the educational system in our young people, transportation, the criminal justice system, we have to address all of this with the limited resources we have. But as a community we make it work. But this is not sustainable. We must take much deeper, because we're in a very deep place. And finally, that they could give quality health care to our community. At the same time an educational component that education component is to really break down racism and health disparities. So this is offered to health professionals to doctors to other community groups where you can really understand what the data is telling you where you can provide the best response to your patients. Not only that, that the patient needs to understand what's happening. So there's a whole nutritional component wellness component, but also helping the patient understand the impact of what racism is having on health care. We take it another level. We're all at that time we young people like you, my sister could take this on, right, so what we provide is what we call racial reconciliation and racial healing progress for young people to understand the data to have deep conversations to have to understand how does it impact their lives but the commuter lives because they will become our voices way. So this is aware that we are really send a talk, this is how race is a really word right as you can provide the proper care to a patient. This has gone on over 10 years. So I think we need to really embrace and understand what the state is saying to us but we have to find the moral courage to re address institutional racism and cultural racism. And I think that's one of our biggest challenges. If we don't do that. I'll command will continue to suffer from the trauma of racism, the trauma of all our help equities there from housing to economics. And that's what we see as a trauma team we go out. We see this on a daily basis, whether we community meetings, community I bet this is so very clear to us. I think the biggest challenge to us collectively, is to find out more courage than we can build again or to ask to grass root issue, which is in institutional racism.

Chair Lopes: Thank you. Thank you. Those are very important words around the moral courage. I couldn't agree with you more. Let me pause and and see if there are any questions from board members.

Ms. Laptiste: I don't have any questions, but I just want to thank everyone for taking the time out to speak with all of us today and thank you for all of your work in your respective fields and keep fighting the fight so glad that you are able to participate. Thank you,

Ms. Gutman: I also don't have any questions but I've been really moved by all the speakers and when I give Shali a huge shout out for speaking up and being a young activist thank you so much for joining us.

Chair Lopes: Vivian thank you again. The all of your work as a volunteer board member, surely can't say enough, you know, Just stay strong, be strong advocates and push us to make sure that we're heading in the right direction is to share. Thank you for the words of courage and to remind us that moral courage is what we need. In many cases, and in some cases the data that we're looking for is right in front of us and no need to spend time, continuing collecting let's get action let's get going. I hope this is just a part of that journey that we're going to be on. Okay. Thank you again to our board members, thank you to all our speakers will now transition to open testimony. As a reminder, we're looking for residents to speak for three minutes. Taylor jolly and be calling out names in order to the speakers that have signed up I believe via the chat feature on the Microsoft team's platform and Taylor will also help us manage the time. So, Taylor, I'll let you take it from here. Are there any speakers in the open testimony?

Ms Jolly: Currently I'm not seeing anyone that has requested their name to be submitted.

Chair Lopes: I will note that we have a request for information out there that's available for organizations to provide information around this important topic and we can close. Thank you.

I'll make some closing remarks. Thank you again for all the speakers who participated this afternoon. I have pages of notes here and can't thank you enough for the valuable information. Our commitment to all of you and the rest of the city, as well as Mayor Walsh that this time it has to be different. It will be different, and we will be taking some of the thoughts and comments and ideas that were presented today and sharing that with the Mayor and the Mayor's team again to make sure that this time it does feel different and will be different on this important topic of racism in our community. So thank you again. Look forward to open invitation to our next board of health meeting; feel free to join us as we continue to this discussion as well as other important discussions around the health of the city of Boston. Thank you. Thank you, of course to our commissioners who joined us. Thanks again Philly and Rebecca.

At approximately 5:10, the meeting was adjourned.

Attest:

/s/ PJ McCann

PJ McCann
Deputy General Counsel