

**American Public Health Association  
Minutes of the Governing Council  
October 24, 2020  
Virtual via LUMI**

***Session I***

**1.0 Call to Order**

The meeting was convened by APHA President Lisa Carlson, MPH, MCHES, at 12:10 p.m. MT on Saturday, Oct. 24, 2020 via the LUMI digital platform. Speaker of the Council Linda Rae Murray, MD, MPH, presided, and Greg Ullrich, JD, served as parliamentarian.

**2.0 Quorum Call**

The roll call of Governing Councilors was taken upon login to the LUMI platform. The Secretary of the Council, Georges C. Benjamin, MD, proclaimed that a quorum was present. Speaker Murray then provided Councilors with instruction on how to speak in the virtual platform. An explanation and demonstration of the voting system was also provided.

**3.0 Approval of the Consent Agenda**

Speaker Murray called for a motion to approve the consent agenda, which included the October 2020 meeting agenda, June 2020 meeting minutes, and acceptance of written reports. The motion was made and seconded. Hearing no discussion, the Speaker called for a vote.

**Motion: To approve the consent agenda (October 2020 meeting agenda, June 2020 meeting minutes, and acceptance of written reports).**

**Outcome: Approved by a vote of 162 (100%) in favor; 0 (0%) opposed; 1 abstaining.**

**4.0 Report of the Nominations Committee and Introduction of the Candidates**

Nominations Committee Chair Durrell Fox began by presenting the open positions for 2020: President-Elect, Speaker of the Governing Council, and three Executive Board members. Mr. Fox stated it was the responsibility of the Nominations Committee to seek and secure candidates for leadership positions, as well as maintain diversity in elected officers. Mr. Fox then presented the candidates:

President-Elect (3-year term):

- Kaye Bender, PhD, RN, FAAN
- Jeffrey S. Hallam, PhD, FRSPH

Speaker of the Governing Council (3-year term):

- M. Aaron Guest, PhD, MPH, MSW
- Karen Valenzuela, MPA, MA

Executive Board (4-year term)

- E. Oscar Alleyne, DrPH, MPH
- Eldonna Chesnut, MSN, RN
- Nandi Marshall, DrPH, MPH, CHES
- David Reyes, DNP, MPH, RN, APHN-BC
- Anthony Santella, DrPH, MPH

Mr. Fox also noted the nominees for Honorary Vice President for Canada, Latin America and the Caribbean, and the United States. If elected, their term would expire at the close of the Annual Meeting in 2021:

- Richard Musto, MD, FRCPC – Canada
- Mary Lou Valdez, MS – Latin America and the Caribbean
- Victor Dzau, MD – United States

Mr. Fox closed by reminding Councilors to view the pre-recorded candidates forum ahead of the vote in Session III. Speaker Murray thanked Mr. Fox and declared the votes for executive offices would be held at 4:10 p.m. MT.

## **5.0 Review of Nominations for the Nominations Committee**

Speaker Murray stated there were four open positions on the Nominations Committee (three positions with 3-year terms and one position to complete the final two years of a vacant term). The Speaker stated that the top three vote-getters would be appointed to the 3-year terms and the 4<sup>th</sup> place nominee to the 2-year term. Speaker Murray then listed the Governing Councilors nominated for the Nominations Committee in advance of the meeting:

- Mary Armstrong, PhD (Mental Health)
- Zamir Brown, MPH (CHPPD)
- Jessie Hood, ScD, MPH (Maternal and Child Health)
- Ashley Love, DrPH, MS, CPH (PHEHP)
- Jennifer Miller, DrPH, MA (Sexual and Reproductive Health)

Speaker Murray then opened nominations from the floor. Speaker Murray reminded Councilors that nominees from the following member units were not eligible: ICEHS, Student Assembly, PHN, APH, and ICTHP as representatives of these units currently serve on the Committee. Janet Gniadek, PMP, MBA, MPH, (Health Administration) and Mary Shaffran, MPS, CAE, (Environment) were nominated from the floor. Nominees from the floor were asked to submit a nomination form to be made available to

Governing Councilors in the LUMI platform document library ahead of the afternoon vote.

#### **6.0 Recess**

The Council recessed until 1:30 p.m. MT.

### ***Session II***

#### **7.0 Call to Order**

The second session of the Governing Council convened via the LUMI digital platform at 1:30 p.m. MT. Speaker of the Council Linda Rae Murray, MD, MPH, presided, and Greg Ullrich, JD, served as parliamentarian.

#### **8.0 Quorum Call**

The roll call of Governing Councilors was taken upon login to the LUMI platform. The Secretary of the Council, Georges C. Benjamin, MD, proclaimed that a quorum was present.

#### **9.0 State of the American Public Health Association**

Executive Director Georges Benjamin, MD, provided the Governing Council with a comprehensive overview of APHA's activities. Dr. Benjamin began with a moment of silence for public health colleagues who died in 2020, as well as all lost to the COVID-19 pandemic.

Dr. Benjamin then announced that Speaker of the House Nancy Pelosi was selected as Legislator of the Year; Anthony Fauci, MD, received the President's Citation; and Camara Jones, MD, MPH, PhD, received the Executive Director's Award.

Dr. Benjamin then provided an overview of the registration numbers for the virtual Annual Meeting. Dr. Benjamin stated 9,150 total individuals had registered and that 8,047 of these were paid participants, noting this exceeded the budgeted number of 8,040 registrants. Dr. Benjamin also noted 315 exhibitors from 264 companies were participating in the virtual expo.

Dr. Benjamin then discussed the Association's finances, stating that APHA remains in solid financial shape despite the challenges of the pandemic. However, the Association did need to go into reserves to ensure continuity of operations. Dr. Benjamin stated APHA received a PPP loan (which will be converted to a grant) which has aided in covering potential losses and kept staff employed. Dr. Benjamin stated FY 2020 ended with a small surplus, with savings mostly coming from operations, and that APHA's investment income has also had growth overall.

Dr. Benjamin then reviewed plans for the 2021 Annual Meeting scheduled for Oct. 23-27 in Denver, Colorado. Dr. Benjamin stated the Association is planning for a hybrid meeting to allow for both in-person and virtual participation, dependent on the pandemic, wildfires, etc., and contractual obligations.

Next, Dr. Benjamin provided an update of APHA's infrastructure noting improvements to the Headquarters building in Washington, D.C. (to include HVAC, elevator, control room, garage, and restroom upgrades). Dr. Benjamin also discussed IT upgrades which included compliance with the Payment Card Industry (PCI) Data Security Standard. Dr. Benjamin concluded by noting that APHA staff continued to work predominately remotely, but that limited access to the office was permitted as of September. Dr. Benjamin stressed that all member meetings through July 2021 at the earliest would be virtual.

Dr. Benjamin then turned to a discussion of new member benefits. These benefits include discounts on Savi, an online service to save users money on student loans, as well as free access to Big Interview, which provides interactive interview practice and online training courses for public health job seekers.

Dr. Benjamin reminded the Council of APHA's commitment to Generation Public Health, a national movement of people, communities and organizations with the mission to create the healthiest nation in one generation. Dr. Benjamin stated that since 2015, Generation Public Health's membership has grown by 66% for individual and 149% for organizations. Dr. Benjamin highlighted the Generation Public Health quarterly newsletter, which provides information on current public health issues and promotes advocacy and engagement efforts.

Dr. Benjamin then announced Executive Board approval of two Section name changes: Podiatry to Foot and Ankle Health, and School Health and Education Services to School Health and Wellness.

Next, Dr. Benjamin highlighted the key role of APHA in promoting public health as a top priority. Dr. Benjamin spoke to the media advocacy and education that he, President Lisa Carlson, President-Elect José Ramón Fernández Peña and numerous other members have engaged in through the course of the pandemic. Dr. Benjamin highlighted APHA's media impact from July 2019 to August 2020 resulted in 32,300 hits and 40.3 billion impressions, representing a value of \$123.7 million. Additionally, Dr. Benjamin spoke to APHA's advocacy efforts, highlighting the COVID-19 Conversations webinars with the National Academy of Medicine, engagement with Congress on safe school return, the webinar series on racial equity, and efforts to enhance funding for public health infrastructure and disease containment capacity. Dr. Benjamin shared numerous new and continued partnership initiatives, including work with the Boston University 3-D Commission, National Association of Community Health Workers, Research!America, National Coalition for Shared Safety and Kaiser Permanente. Dr. Benjamin then drew attention to the 2020 Annual Report, noting that it was available to Councilors in their document library.

Dr. Benjamin closed with a discussion of the practice environment for public health today, highlighting renewed focus on infectious disease, visibility of the impacts of social determinants of health, globalized risk and a focus on aging and minority populations. Dr. Benjamin spoke to the influence of technology, the internet and social media and its impact on the visibility and politicization of public health. Dr. Benjamin stressed the

incongruent fiscal environment public health continues to operate in and encouraged efforts to advocate for a robust and sustainable health system that includes:

- Chief health strategist.
- Structures to deliver the 10 essential health services.
- Timely and actionable data systems.
- Harmonized statutory authority.
- Adequate and sustained funding.
- Cross-sector partnerships.
- Accountable accredited systems.

Lastly, Dr. Benjamin encouraged all Councilors to exercise their right to vote in the upcoming November election. Questions were then deferred until after Treasurer Benjamin Hernandez's report.

## **10.0 Financial Report**

APHA Treasurer Benjamin Hernandez, MBA, provided the Council with an update on APHA's finances including discussion of:

1. Fiscal Year 2020
2. Fiscal Year 2020 audit
3. Fiscal Year 2021 budget
4. Fiscal Year 2021 (first quarter)

Mr. Hernandez stated total revenues for FY 2020 were \$16,577,504, \$466,166 less than the \$17,043,620 budgeted, and total revenue was \$17.9 million. However, total expenditures for FY 20 were \$16,236,550, \$807,070 less than the \$17,043,620 budgeted, resulting in a surplus of \$340,955 from operations. With an additional \$423,774 in gains from investment,s the Association ended FY 20 with a surplus of \$764,729.

Mr. Hernandez then stated that the FY 2020 financial audit conducted by Tate and Tyron is still ongoing.

Mr. Hernandez then summarized performance in Q.1 of FY 21 (July 2020-Sept 2020). He stated total revenue was \$6,476,072, \$477,737 over the \$5,998,335 budgeted. Mr. Hernandez stated net gains thus far were \$1,439,113. Mr. Hernandez emphasized that this was not a normal year, as APHA planned to utilize its reserves to maintain operations. He reviewed the FY 21 budget planning process, highlighting the special Finance Committee and Executive Board meetings held to pass the budget. The FY 21 budget plans for a deficit of \$2,384,668 (\$14,580,192 in revenue and \$16,974,860 in expenditures).

Mr. Hernandez concluded with six key takeaways:

- The results of the audit are forthcoming.
- The deficit was intentional.
- Annual Meeting assumptions were solid.
- Given the circumstances, APHA is okay.
- The Association can continue operating in this state, but not forever.
- Planning for additional sources of revenue is needed.

Mr. Hernandez then turned the floor over to questions. Councilors raised questions regarding the cost of the Annual Meeting and why fees were not reduced for the virtual meeting. Both Mr. Hernandez and Executive Board Chair Dr. Chris Chanyasulkit spoke to the difficulty of this decision, noting that they recognized the financial hardship many were facing. However, at the end of the day in order to run the Annual Meeting this year and keep the Association operational, the cost had to be kept even with the previous year. Dr. Chanyasulkit remarked that this is an issue APHA plans to address going forward and the Board does not intend to charge the same fees for in-person vs. virtual at the 2021 Annual Meeting. Dr. Chanyasulkit noted plans to re-examine the business model to explore new or untapped revenue streams, so that the Association's financial well-being is not so heavily reliant on the Annual Meeting. Ideas Dr. Chanyasulkit discussed were merchandise, distance learning, webinars, & sponsorships with non-traditional partnerships. Councilors were encouraged to share ideas with the Executive Board. Lastly, Mr. Hernandez updated the Council on his promise from 2019 to mentor individuals to run for Treasurer at the end of their term in 2022. Hearing no further questions, Speaker Murray thanked Mr. Hernandez for their presentation and moved to the Joint Policy Committee Report.

#### **11.0 Joint Policy Committee – 2020 Report, Archiving and New Policy Proposals**

Presenting the Joint Policy Committee report were JPC Co-Chairs, Dr. Amy Lee (Education Board Chair) and Dr. Diana Kingsbury (Science Board Chair).

Dr. Kingsbury began by presenting the policy statements scheduled for archiving in 2020. These include 21 policy statements adopted in 2000 (20001, 20002, 20003PP, 20004PP, 20007, 20008, 20009, 200011, 200012, 200013, 200014, 200015PP, 200022, 200023, 200025, 200026, 200027, 200028, 200029, 200030, 200031) as well as 9115, Support for Women's Health Research, which the Governing Council voted to keep active for one year in 2019. Dr. Kingsbury noted APHA members were asked to review these policy statements and consider three potential options:

- Allow the policy statement to remain on the archiving consent agenda.
- Update a statement scheduled for archiving in the 2020 proposed policy statement cycle.
- Request to keep active a policy statement proposed for archiving.

Dr. Kingsbury noted that two policy statements were requested to be kept active by the July 1, 2020 deadline, 9115 - Support for Women's Health Research, and 20002 - Reducing Incidence of Blindness, Lower Extremity Amputation, and Oral Health Care Complications in Minority Populations Due to Diabetes. Dr. Kingsbury stated the Science Board reviewed the current relevance of scientific reasoning, action steps and references in these policy statements and recommends, along with the JPC, that these statements be archived. The remaining 20 policy statements (20001, 20003PP, 20004PP, 20007, 20008, 20009, 200011, 200012, 200013, 200014, 200015PP, 200022, 200023, 200025, 200026, 200027, 200028, 200029, 200030, 200031) were left on the consent agenda to be archived. Dr. Kingsbury stressed that archived policy statements remain available to APHA members and serve as historical documents.

Dr. Kingsbury then put forward the motion to approve the archiving consent agenda.

#	Title
<a href="#"><u>20001</u></a>	Expanded Family and Medical Leave
<a href="#"><u>20003PP</u></a>	Preserving Consumer Choice in an Era of Religious/Secular Health Industry Merger
<a href="#"><u>20004PP</u></a>	Supporting Access to Midwifery Services in the United States
<a href="#"><u>20007</u></a>	Support for a New Campaign for Universal Health Care
<a href="#"><u>20008</u></a>	Affirming the Importance of Regulating Pesticide Exposures to Protect Public Health
<a href="#"><u>20009</u></a>	Support for International Action to Eliminate Persistent Organic Pollutants
<a href="#"><u>200011</u></a>	The Precautionary Principle and Children's Health
<a href="#"><u>200012</u></a>	Reducing the Rising Rates of Asthma
<a href="#"><u>200013</u></a>	Maximizing Public Health Protection with Integrated Vector Control
<a href="#"><u>200014</u></a>	Protecting OSHA's Jurisdiction over Home Workplaces
<a href="#"><u>200015PP</u></a>	Drinking Water Quality and Public Health
<a href="#"><u>200022</u></a>	Joint Resolution in Support of National Public Health Performance Standards Program
<a href="#"><u>200023</u></a>	The Need for Continued and Strengthened Support for Immunization Programs
<a href="#"><u>200025</u></a>	Eliminating Access Barriers in Public Health Meetings
<a href="#"><u>200026</u></a>	International Multilateral and Bilateral Debt Relief
<a href="#"><u>200027</u></a>	Encourage Healthy Behavior by Adolescents
<a href="#"><u>200028</u></a>	Ensuring Optimal Vision Performance in Visually At Risk Drivers
<a href="#"><u>200029</u></a>	The Need for Mental Health and Substance Abuse Services for the Incarcerated Mentally Ill

<a href="#"><u>200030</u></a>	Preventing Genocide
<a href="#"><u>200031</u></a>	Criteria for Assessing the Quality of Health Information on the Internet

Speaker Murray reminded the Council the motion did not require a second and called for a vote on the motion to approve the archiving consent agenda and archive the 20 policy statements listed above.

**Motion:** To approve the archiving consent agenda.  
**Outcome:** The motion was approved by a vote of 160 (95.8%) in favor; 7 (4.2%) opposed; 1 abstaining.

Dr. Kingsbury then introduced a motion to archive policy statement 9115, Support for Women’s Health Research. Speaker Murray called for a vote on the motion to archive policy statement 9115.

**Motion:** To archive policy statement 9115, Support for Women’s Health Research.  
**Outcome:** The motion was approved by a vote of 147 (88.6%) in favor; 19 (11.4%) opposed; 8 abstaining.

Lastly, Dr. Kingsbury introduced a motion to archive policy statement 20002, Reducing Incidence of Blindness, Lower Extremity Amputation, and Oral Health Care Complications in Minority Populations Due to Diabetes. Speaker Murray called for a vote on the motion to archive policy statement 20002

**Motion:** To archive policy statement 20002.  
**Outcome:** The motion was approved by a vote of 147 (91.3%) in favor; 14 (8.7%) opposed; 10 abstaining.

Following the vote, Dr. Amy Lee proceeded with discussion of the regular proposed policy statements. Dr. Lee reminded Councilors that 17 proposed policy statements were submitted in February 2020 into the regular proposed policy statement cycle. Dr. Lee stated 13 of these proposed policy statements, all of which received conditional first assessment, were re-submitted in August and re-reviewed by the JPC in September at which point they all received positive assessments. Dr. Lee noted that seven latebreakers were submitted by the Oct. 15, 2020 deadline, and all seven were accepted by the JPC co-chairs and moved forward to public hearings. Dr. Lee thanked Councilors for participation in the successful and widely attended public hearings held on Oct. 19 and 20. Dr. Lee then presented the policy statement consent agenda, stating that the JPC

recommends the following 13 proposed policy statements for adoption by the Governing Council (A1, A3, A4, A5, B2, B3, C1, C3, C4, C5, D2, D3, and D4).

- A1: Recommendations for Pregnancy Counseling and Abortion Referral**
- A3: Increasing Access and Reducing Barriers to Children's Vision Care Services**
- A4: Improving Access to Dental Care for Pregnant Women through Education, Integration of Health Services, Insurance Coverage, Appropriate Dental Workforce, and Research**
- A5: A Call for Adult Dental Benefits in Medicaid and Medicare**
- B2: Regulation, Implementation, and Enforcement of Policies Regarding E-Cigarettes Use Across the Lifespan**
- B3: A Public Health Approach for Regulating Commercially Legalized Cannabis**
- C1: APHA Opposes Separation and Confinement to Detention Centers of Immigrant and Refugee Children and Families at U.S. Borders**
- C3: A Call to End the Bombing of Yemen and the Blockade on its Ports**
- C4: Towards A Nuclear Weapons Free-World**
- C5: Building a Public Health Response to Organ Transplant Abuse in China**
- D2: Supporting and Sustaining the Home Care Workforce to Meet the Growing Need for Long-Term Care**
- D3: A Public Health Approach to Protecting Workers from Opioid Use Disorder (OUD) and Overdose Related to Occupational Exposure, Injury, and Stress**
- D4: Strengthening the Dementia Care Workforce: A Public Health Priority**

Speaker Murray advised Councilors they could now remove any proposed policy statements from the consent agenda, meaning that the proposed policy statement would then be open for discussion by the Governing Council, and opened the floor. C1 and D2 were removed from the consent agenda by the Councilor from CHPPD. Hearing no other requests for removal, the Speaker moved to a vote on the revised proposed policy statement consent agenda.

- A1: Recommendations for Pregnancy Counseling and Abortion Referral**
- A3: Increasing Access and Reducing Barriers to Children's Vision Care Services**

**A4: Improving Access to Dental Care for Pregnant Women through Education, Integration of Health Services, Insurance Coverage, Appropriate Dental Workforce, and Research**

**A5: A Call for Adult Dental Benefits in Medicaid and Medicare**

**B2: Regulation, Implementation, and Enforcement of Policies Regarding E-cigarettes Use Across the Lifespan**

**B3: A Public Health Approach for Regulating Commercially Legalized Cannabis**

**C3: A Call to End the Bombing of Yemen and the Blockade on its Ports**

**C4: Towards A Nuclear Weapons Free-World**

**C5: Building a Public Health Response to Organ Transplant Abuse in China**

**D3: A Public Health Approach to Protecting Workers From Opioid Use Disorder (OUD) and Overdose Related to Occupational Exposure, Injury, and Stress**

**D4: Strengthening the Dementia Care Workforce: A Public Health Priority**

<b>Motion:</b>	<b>That the Governing Council adopt proposed policy statements A1, A3, A4, A5, B2, B3, C3, C4, C5, D3, and D4.</b>
<b>Outcome:</b>	<b>The motion was approved by a vote of 163 (98.2%) in favor; 3 (1.85%) opposed; 3 abstaining.</b>

Following the vote, Speaker Murray stated that discussion would move forward beginning with C1, D2 and then the latebreaker proposed policy statements. Speaker Murray noted each statement would be discussed for 20 minutes and that this discussion could be extended by a majority vote. Speaker Murray stated discussion would alternate between Councilors speaking in favor of adoption and those opposed to adoption. Speaker Murray then reminded Councilors that Session III would run from 4-6 p.m. MT and an additional session from 6-7 p.m. MT would be held if needed to complete the business before the Council. Speaker Murray stated voting for the Nominations Committee would occur at 4:10 p.m. MT and voting for Executive Office would occur at 4:15 p.m. MT.

## **12.0 Recess**

The Council then recessed until 4 p.m. MT.

## ***Session III***

## **13.0 Call to Order**

The third session of the Governing Council convened via the LUMI digital platform at 4 p.m. MT. Speaker of the Council Linda Rae Murray, MD, MPH, presided, and Greg Ullrich, JD, served as parliamentarian.

**14.0 Quorum Call**

The roll call of the Councilors was taken at the time of registration. Governing Council Secretary Georges C. Benjamin, MD, proclaimed that a quorum was present. Following the quorum call, Speaker Murray moved to agenda item 17.0 to resume discussion of the proposed policy statements until 4:10 p.m. MT.

**15.0 Election of Nomination Committee members**

The ballot for the Nominations Committee was presented. Councilors were instructed they were required to select four individuals to serve on the Committee and were advised on how to vote in the LUMI platform. Following the vote, Speaker Murray informed the Council the results of the election would be presented at 5:45 p.m. MT. She then moved to the elections for APHA officers and Honorary Vice Presidents.

**16.0 Election of APHA Executive Officers**

Elections began with a motion to elect the following slate of candidates for APHA Honorary Vice-President:

- *Canada* - Richard Musto, MD, FRCPC - Chair, Canadian Public Health Association
- *Latin American and the Caribbean* - Mary Lou Valdez, MS - Deputy Director, Pan American Health Organization
- *United States*- Victor J. Dzau, MD - President, National Academy of Medicine

**Motion: To elect the slate of candidates for APHA Honorary Vice-President.**

**Outcome: The motion was adopted by a vote of 168 (93.9%) in favor; 4 opposed (2.2%); 7 abstaining (3.9%).**

The next ballot presented was for APHA President-Elect, and Councilors were instructed to select one of the following candidates:

- Kaye Bender, PhD, RN, FAAN
- Jeff S. Hallam, PhD, FRSPH

Speaker Murray then moved to the ballot for Speaker of the Governing Council. Councilors were instructed to select one of the following candidates:

- M. Aaron Guest, PhD, MPH, MSW
- Karen Valenzuela, MPA, MA

Speaker Murray then recognized the Councilor from CHPPD who had a point of order/clarification. The Councilor stated they thought there would be time to discuss the nominees from the floor for the Nominations Committee and for these individuals to speak to their candidacy. The Councilor also noted another Councilor from the CHPPD

Section who should not be able to vote was being presented with a ballot. The LUMI technicians informed Speaker Murray and the Governing Council that Councilors without a vote would be presented with a ballot, but that they had been awarded a 0-vote count, meaning any selection they made would not be counted. Speaker Murray then noted that time had not been allotted to allow nominees to the Nominations Committee to speak, but rather that their applications materials were made available to the Council. Speaker Murray then recognized the chair of CHPPD with a point of order stating that Speaker Murray had previously stated the nominees for the Nominations Committee would be discussed later. Speaker Murray then asked for a motion to negate the previous election for the Nominations Committee and allow the candidates to speak to their candidacy. The Councilor from CHPPD made the motion, which was seconded by the Councilor from Aging and Public. Hearing no discussion, Speaker Murray then called for a vote on the motion.

<b>Motion:</b>	<b>To negate the previous election for the Nominations Committee and allow the nominees from the floor to speak.</b>
<b>Outcome:</b>	<b>The motion failed by a vote of 67 (40.1) in favor; 100 (59.9%) opposed; 8 abstaining.</b>

Following the vote, Speaker Murray recognized the Councilor from CHPPD who asked whether those seeking to make amendments to the proposed policy statements should join the pro or con line in policy discussion. Parliamentarian Greg Ullrich stated the Councilor should make an amendment from the pro line. Speaker Murray then called on the Councilor from HIV/AIDS, who asked whether bullet voting was allowed. The Speaker and several Councilors advised that previously the Governing Councilor had decided bullet voting was not allowed and ruled that bullet voting would not be allowed unless a motion to allow so was raised. Speaker Murray then recognized the Councilor from Food and Nutrition who had a point of order asking if individuals had to obtain 50% of the vote to be elected. This is not required; per the bylaws those with the highest vote totals are elected.

Speaker Murray then moved to the ballot for Executive Board. Councilors were instructed to select three candidates from the five nominees:

- E. Oscar Allenye, DrPH, MPH
- Eldonna Chestnut, MSN, PN
- Nandi Marshall, DrPH, MPH, CHES
- David Reyes, MN, MPH, RN, BHNA-BC
- Anthony Santella, DrPH, MCHES

Following the vote, Speaker Murray informed the Council the results of the election would be presented no later than 5:45 p.m. MT. Speaker Murray then returned to agenda item 17.0, discussion of the proposed policy statements.

#### **17.0 Joint Policy Committee – 2020 Report, Archiving and New Policy Proposals (cont.)**

Speaker Murray resumed discussion by ceding the floor to the Councilor from CHPPD who pulled C1, APHA Opposes Separation and Confinement to Detention Centers of

Immigrant and Refugee Children and Families at U.S. Borders, from the consent agenda. The Councilor stated that the Section had a proposed amendment and asked that their co-councilor be recognized to present the amendment. The Councilor from CHPPD proposed adding the following to the Action Steps: “The federal government must terminate the practice of isolating immigrant minors in hotels without access to their families, appropriate caregivers or legal counsel.” The Councilor stated that the current administration is using this practice under the guise of protecting minors and it was important that APHA call this out to ensure the practice is immediately halted to protect immigrant minors. Hearing no one in the queue opposed to the amendment, Speaker Murray called for a vote on the amendment.

<b>Motion:</b>	<b>To approve the amendment to the Action Steps of C1 “The federal government must terminate the practice of isolating immigrant minors in hotels without access to their families, appropriate caregivers or legal counsel.”</b>
<b>Outcome:</b>	<b>The motion was adopted by a vote of 155 (98.1%) in favor; 3 opposed (1.9%); 8 abstaining.</b>

Following the elections, discussion of the proposed policy statements resumed. Speaker Murray asked for further discussion of C1. Hearing none, the Speaker called for a vote on the motion presented by the JPC to adopt proposed policy statement C1.

<b>Motion:</b>	<b>To adopted proposed policy statement C1, APHA Opposes Separation and Confinement to Detention Centers of Immigrant and Refugee Children and Families at U.S. Borders.</b>
<b>Outcome:</b>	<b>The motion was adopted by a vote of 168 (98.2%) in favor; 3 opposed (1.8%); 2 abstaining.</b>

Discussion then moved to proposed policy statement D2, Supporting and Sustaining the Home Care Workforce to Meet the Growing Need for Long-Term Care. Speaker Murray recognized the Councilor from CHPPD who removed D2 from the consent agenda. The Councilor made a motion to amend D2 to add the following Action Step: “Enact federal and state legislation that provides subsidies to support the hiring of independent or cooperative home care workers by individuals with disabilities, older adults or family members to improve both access to and affordability of home care services.” The amendment was seconded, and Speaker Murray opened the floor for discussion. Speaker Murray recognized the Councilor from Aging and Public Health to make a friendly amendment to the amendment, which was accepted by the Councilor from CHPPD and seconded. The Councilor from Aging and Public Health proposed adding “vetted” so that the amendment now read “Enact federal and state legislation that provides subsidies to support the hiring of vetted independent or cooperative home care workers by individuals

with disabilities, older adults or family members to improve both access to and affordability of home care services.” Hearing no further discussion, Speaker Murray called for the vote.

<b>Motion:</b>	<b>To approve the amendment to add to the Action Steps of D2- “Enact federal and state legislation that provides subsidies to support the hiring of vetted independent or cooperative home care workers by individuals with disabilities, older adults or family members to improve both access to and affordability of home care services.”</b>
<b>Outcome:</b>	<b>The motion was adopted by a vote of 148 (93%) in favor; 11 opposed (7%); 5 abstaining.</b>

Hearing no further discussion of D2, Speaker Murray called for a vote on the motion by the JPC to adopt D2.

<b>Motion:</b>	<b>To adopted proposed policy statement D2, Supporting and Sustaining the Home Care Workforce to Meet the Growing Need for Long-Term Care.</b>
<b>Outcome:</b>	<b>The motion was adopted by a vote of 162 (97.4%) in favor; 3 opposed (4.6%); 5 abstaining.</b>

Speaker Murray then called for discussion on LB1, A Call to Investigate and Prevent Further Violations of Sexual and Reproductive Health and Rights in Immigration Detention Centers. The Speaker reminded Councilors that if adopted, latebreakers are active for one year unless resubmitted and subsequently adopted in the full 2021 proposed policy statement cycle. The Councilor from the Maternal and Child Health Section was then recognized and spoke in favor of LB1. Hearing no further discussion, Speaker Murray called for a vote on the motion to adopted proposed policy statement

<b>Motion:</b>	<b>To adopted proposed policy statement LB1, A Call to Investigate and Prevent Further Violations of Sexual and Reproductive Health and Rights in Immigration Detention Centers.</b>
<b>Outcome:</b>	<b>The motion was adopted by a vote of 167 (99.4%) in favor; 1 opposed (.6%); 1 abstaining.</b>

LB1.

Discussion then moved to LB3, Health Inequities in the U.S. Coronavirus Disease 2019 Pandemic and Response. The Councilor from CHPPD spoke in favor of the policy statement due to amendments made following the public hearings. Hearing no further

discussion, Speaker Murray called for a vote on the motion to adopted proposed policy statement LB3.

<b>Motion:</b>	<b>To adopted proposed policy statement LB3, Health Inequities in the U.S. Coronavirus Disease 2019 Pandemic and Response.</b>
<b>Outcome:</b>	<b>The motion was adopted by a vote of 172 (100%) in favor; 0 opposed (0%); 4 abstaining.</b>

Speaker Murray then moved to LB4. Hearing no discussion, Speaker Murray called for a vote on the motion to adopt proposed policy statement LB4, COVID-19 and the Education Sector: Early Lessons from the Pandemic.

<b>Motion:</b>	<b>To adopted proposed policy statement LB4, COVID-19 and the Education Sector: Early Lessons from the Pandemic.</b>
<b>Outcome:</b>	<b>The motion was adopted by a vote of 170 (99.4%) in favor; 1 opposed (.6%); 3 abstaining.</b>

Speaker Murray then called for discussion of LB5, Structural Racism is a Public Health Crisis: Impact on the Black Community. The Councilor from Ethics was recognized and proposed the following amendment to LB5 pg. 7, line 4-6: “The purpose of the Tuskegee Syphilis Study was to follow the natural history of the disease in its third or latent state in African-American males. The participants, especially the controls who contracted syphilis, were denied penicillin when it became generally available in 1950. When participants died, they were autopsied to determine the effects of the disease on the nervous system’s brain and spinal cord (Reverby 2009).” The amendment was seconded by the Councilor from Aging and Public Health. The Speaker then recognized Councilor from Sexual and Reproductive Health, who raised a question related to the date that penicillin was available. The Councilor from Ethics answered stating that 1950 was the date, based on his research, that penicillin generally became available. The Councilor from Sexual and Reproductive Health then made an amendment to change the date in the amendment to 1945. The amendment was seconded by Councilor from HIV/AIDS. Discussion of the new amendment “The purpose of the Tuskegee Syphilis Study was to follow the natural history of the disease in its third or latent state in African-American males. The participants, especially the controls who contracted syphilis, were denied penicillin when it became generally available in 1945. When participants died, they were autopsied to determine the effects of the disease on the nervous system’s brain and spinal cord (Reverby 2009)” was then opened. Speaker Murray recognized the Councilor from Food and Nutrition who stated they opposed the amendment to the amendment as the CDC clearly states penicillin was not widely available or the drug of choice for syphilis

until 1947. Speaker Murray called on the Councilor for ICTHP with a point of process. The Councilor suggested removing the year from the amendment. Hearing no further discussion, Speaker Murray called for a vote on the motion to amend proposed policy statement LB5 to add to pg. 7, line 4-6 “The purpose of the Tuskegee Syphilis Study was to follow the natural history of the disease in its third or latent state in African-American males. The participants, especially the controls who contracted syphilis, were denied penicillin when it became generally available in 1945. When participants died, they were autopsied to determine the effects of the disease on the nervous system’s brain and spinal cord (Reverby 2009).”

<p><b>Motion:</b> To amend the amendment to LB 5 to add to pg. 7, line 4-6 “The purpose of the Tuskegee Syphilis Study was to follow the natural history of the disease in its third or latent state in African-American males. The participants, especially the controls who contracted syphilis, were denied penicillin when it became generally available in 1945. When participants died, they were autopsied to determine the effects of the disease on the nervous system’s brain and spinal cord (Reverby 2009).”</p> <p><b>Outcome:</b> The motion failed with 50 (32.9%) in favor; 102 opposed (67%); 23 abstaining.</p>
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Speaker Murray then returned to discussion of the original amendment: “The purpose of the Tuskegee Syphilis Study was to follow the natural history of the disease in its third or latent state in African-American males. The participants, especially the controls who contracted syphilis, were denied penicillin when it became generally available in 1950. When participants died, they were autopsied to determine the effects of the disease on the nervous system’s brain and spinal cord (Reverby 2009).” The Councilor from Epidemiology was then recognized and moved to amend the amendment to “The purpose of the Tuskegee Syphilis Study was to follow the natural history of the disease in its third or latent state in African-American males. The participants, especially the controls who contracted syphilis, were denied penicillin when it became generally available by the late 1940s. When participants died, they were autopsied to determine the effects of the disease on the nervous system’s brain and spinal cord (Reverby 2009).” This amendment was seconded from Executive Board Member Sarah Gareau. The Councilor from International Health spoke against this amendment suggesting that “by the late 1940s” be removed. Hearing no further discussion, Speaker Murray called for a vote on the amendments to LB5, “The purposed of the Tuskegee Syphilis Study was to follow the natural history of the disease in its third or latent state in African-American males. The participants, especially the controls who contracted syphilis, were denied penicillin when it became generally available by the late 1940s. When participants died, they were autopsied to determine the effects of the disease on the nervous system’s brain and spinal cord (Reverby 2009).”

<b>Motion:</b>	<b>To amend the amendment to LB5 to add to pg. 7, line 4-6 “The purpose of the Tuskegee Syphilis Study was to follow the natural history of the disease in its third or latent state in African-American males. The participants, especially the controls who contracted syphilis, were denied penicillin when it became generally available by the late 1940s. When participants died, they were autopsied to determine the effects of the disease on the nervous system’s brain and spinal cord (Reverby 2009).”</b>
<b>Outcome:</b>	<b>The motion passed with 101 (64.3%) in favor; 56 opposed (36.7%); 19 abstaining.</b>

Speaker Murray then recognized the Councilor from the Environment Section to speak against the original amendment, noting that the authors cited additional examples of racism in public health and that if this additional citation were to be added, additional attention should be paid to the other examples. The Councilor also stated that one of the major issues was that the men in the Tuskegee study were not told they had syphilis, and this citation does not address this and may take away what the authors are trying to convey.

Speaker Murray then read out a comment from the Councilor from Maternal and Child Health whose mic did not work, in which the Councilor stated the authors discussed this amendment during the public hearings and were not in favor of the amendment citing a lack of space to fully discuss the Tuskegee study, as well as the inappropriateness of elaborating on only one, instead of all the examples of racism in public health, stated in the proposed policy statement. The Councilor from Epidemiology was then recognized and stated it was not true that the men in the Tuskegee study were never told they had syphilis, but this example stands a warning for public health. Hearing no further discussion, Speaker Murray called for a vote on the amendment to LB5 pg. 7, “The purpose of the Tuskegee Syphilis Study was to follow the natural history of the disease in its third or latent state in African-American males. The participants, especially the controls who contracted syphilis, were denied penicillin when it became generally available by the late 1940s. When participants died, they were autopsied to determine the effects of the disease on the nervous system’s brain and spinal cord (Reverby 2009).”

<b>Motion:</b>	<b>To amend LB5 to add to pg. 7, “The purpose of the Tuskegee Syphilis Study was to follow the natural history of the disease in its third or latent state in African-American males. The participants, especially the controls who contracted syphilis, were denied penicillin when it became generally available by the late 1940s. When participants died, they were autopsied to determine the effects of the disease on the nervous system’s brain and spinal cord (Reverby 2009).”</b>
<b>Outcome:</b>	<b>The motion was failed by a vote of 62 (40.3%) in favor; 92 opposed (59.7%); 15 abstaining.</b>

Speaker Murray then returned to discussion on the main motion “to adopt proposed policy statement LB5.” Hearing no further discussion, Speaker Murray called for a vote.

<b>Motion:</b>	<b>To adopt proposed policy statement LB5, Structural Racism is a Public Health Crisis: Impact on the Black Community.</b>
<b>Outcome:</b>	<b>The motion passed with 158 (97%) in favor; 5 opposed (3%); 4 abstaining.</b>

Speaker Murray then moved to announcing the Election Results (19.0) as promised at 5:45 p.m. MT. Speaker Murray stated that discussion of the proposed policy statements would resume with LB6 following the election announcements.

<b>Motion:</b>	<b>To adopt proposed policy statement LB5.</b>
<b>Outcome:</b>	<b>The motion passed with 158 (97%) in favor; 5 opposed (3%); 4 abstaining.</b>

Resuming discussion of LB6, Advancing Public Health Interventions to Address the Harms of the Carceral System, Speaker Murray recognized Governing Councilor from CHPPD to speak in favor of the latebreaker and offer amendments. The Councilors first amendment was to remove from pg. 4, line 27-28, “Yet arguably no group of U.S. residents has been more affected than people incarcerated in jails, prisons, and detention centers.” The motion to amend was seconded by the ARGC from Arizona. Speaker Murray then opened the floor for discussion on the amendment; hearing none, the Speaker called for a vote.

<b>Motion:</b>	<b>To amend LB6 by removing the following from pg. 4, line 27-28, “Yet arguably no group of U.S. residents has been more affected than people incarcerated in jails, prisons, and detention centers.”</b>
<b>Outcome:</b>	<b>The motion passed with a vote of 113 (81.9%) in favor; 25 opposed (18.1%); 26 abstaining.</b>

The Councilor from CHPPD then moved to add to pg. 3, line 15 “Both during and following the COVID-19 crisis”. The Councilor from the Environment Section seconded

this amendment. Speaker Murray then open the floor for discussion on the amendment; hearing none, the Speaker called for a vote.

<b>Motion:</b>	<b>To amend LB6 by adding to pg. 3, line 15 “Both during and following the COVID-19 crisis.”</b>
<b>Outcome:</b>	<b>The motion passed with a vote of 139 (92.1%) in favor; 12 opposed (7.9%); 10 abstaining.</b>

The Councilor from CHPPD then moved to add to p.19, line 5 “Both during and following the COVID-19 crisis.” The Councilor from CHPPD seconded this amendment. Speaker Murray then open the floor for discussion on the amendment, hearing none the Speaker called for a vote.

<b>Motion:</b>	<b>To amend LB6 by adding to pg. 19, line 5 “Both during and following the COVID-19 crisis.”</b>
<b>Outcome:</b>	<b>The motion passed with a vote of 142 (93.4%) in favor; 10 opposed (6.6%); 9 abstaining.</b>

The Councilor from CHPPD then moved to add to p. 19 line 8 “and safely.” The Councilor from Medical Care seconded this amendment. Speaker Murray then open the floor for discussion. The Councilor from International Health spoke against the amendment noting that the word safely was vague and often used to bring harm to those who are incarcerated by invoking a sense of community safety that is not relevant. Hearing no further discussion in favor, the Speaker called for a vote.

<b>Motion:</b>	<b>To amend LB6 by adding to p.19 line 8 “and safely.”</b>
<b>Outcome:</b>	<b>The motion passed with a vote of 90 (58.1%) in favor; 65 opposed (41.9%); 11 abstaining.</b>

Speaker Murray then returned to discussion on the main motion “to adopt proposed policy statement LB6.” Hearing no further discussion, the Speaker called for a vote.

**Motion:** To adopt proposed policy statement LB6, Advancing Public Health Interventions to Address the Harms of the Carceral System.

**Outcome:** The motion passed with 143 (91.7%) in favor; 13 opposed (8.3%); 7 abstaining.

Following the vote, Speaker Murray informed the Council it was now 6:01 p.m. MT meaning that Session III had expired and the Council would now enter into Emergency Session to complete its business.

Discussion was then opened on the two latebreaker proposed policy statements not recommended for adoption by the JPC beginning with LB2, Supporting the Use of Proximity Tracing Technology to Complement Contact Tracing for Infectious Disease Outbreaks. The Councilor from Maternal and Child Health was recognized to speak in opposition to adoption, citing the mention of a particular technology. They stated what is needed is a more generic resolution that speaks to the need financially and otherwise to support local and state health departments to do contact tracing expanding beyond technological capacity.

The Councilor from Epidemiology was then called to speak in favor of adoption. The Councilor reminded the Council of the failure to control the epidemic and unmet need for contact tracing. The Councilor from Epidemiology stated electronic notification systems are useful and faster at getting people tested and in isolation sooner, thus saving lives. They noted the minimal cost of these systems and said they make the job of contact tracing easier. The Councilor also noted CDC support for electronic notification systems, specifically the cross-platform tech for IOS and Android, and stated that the argument that the proposed policy statement does not support contact tracing and calls out a specific technology is specious. The system is voluntary, private and anonymous, and while not perfect, it offers an advantage. The Councilor then spoke to the appearances of conflicts of interest that were not founded and drove an original author from participation. The Councilor from Epidemiology ended by addressing the comment that LB2 lacked an action step on research and evaluation of this new technology, noting that this is actually included in the next to last action step. Hearing no other discussion opposed to LB2, Speaker Murray called for a vote on the motion to adopt proposed policy statement LB2, Supporting the Use of Proximity Tracing Technology to Complement Contact Tracing for Infectious Disease Outbreaks.

**Motion:** To adopt proposed policy statement LB2, Supporting the Use of Proximity Tracing Technology to Complement Contact Tracing for Infectious Disease Outbreaks.

**Outcome:** The motion failed with 58 (36%) in favor; 103 (64%) opposed; 9 abstaining.

Speaker Murray then moved to discussion on the final proposed policy statement LB7, The Importance of Universal Healthcare in Improving our Nation's Response to Pandemics and Health Disparities, noting that JPC recommended the proposed policy statement not be approved. The Speaker called on the Councilor from Medical Care to speak in favor of adopting the proposed policy statement. The Councilor noted the Medical Care Section does not feel the proposed policy statement goes far enough in promoting a single payer system, but they are in favor of the proposed policy statement.

The Speaker then recognized the Councilor from Epidemiology who stated they did not oppose universal health care, but that the proposed policy statement lacks demands to fund the public health infrastructure that are vitally needed. Speaker Murray then recognized the Councilor from CHPPD to speak in favor of adopting the proposed policy statement. The Councilor stressed that LB7 was the perfect latebreaker as pushing for universal health care was critical not only because of the pandemic, but also due to continued issues with inequity, the coverage gap and continued attack on the Affordable Care Act.

The Councilor from Maternal and Child Health was then recognized to speak against adoption. The Councilor stated what was meant by universal health care in the US context needed to be further defined. The Councilor from CHPPD and author on the proposed policy statement spoke next highlighting the addition of an action step calling for increased public health funding. The Councilor also spoke to the need for this proposed policy statement as a latebreaker, citing that the US health care system is not up to the task of managing the COVID-19 pandemic. The Councilor stated the hardest hit were communities of color with the lowest levels of access to care and that given rising levels of unemployment, access to care through employer-linked insurance continues to fall, swelling state Medicaid rolls. The Councilor also highlighted the Supreme Court challenge to the ACA, which could dismantle coverage to millions of Americans in the middle of a pandemic to demonstrate the urgent need for universal health care. The Councilor from the Food and Nutrition Section was then recognized. The Councilor stated that while the proposed policy statement was well-intended, it lacked evidence-based strategies that could be implemented in the US (benefits of universal health care were highlighted as opposed to means on implementation).

Speaker Murray then recognized the ARGC from Oregon to speak in favor of adoption. He highlighted the importance of the statement to those without coverage. Hearing no additional discussion opposed to the amendment, Speaker Murray called for a vote on the

amendment to adopt LB7, The Importance of Universal Healthcare in Improving our Nation's Response to Pandemics and Health Disparities.

<b>Motion:</b>	<b>To adopt proposed policy statement LB7, The Importance of Universal Healthcare in Improving our Nation's Response to Pandemics and Health Disparities.</b>
<b>Outcome:</b>	<b>The motion passed with 87 (54.4%) in favor; 73 (45.6%) opposed; 9 abstaining.</b>

### 18.0 New Business

Speaker Murray recognized the Councilor from Epidemiology who alerted the Governing Council to an article published in the June issue of the *American Journal of Public Health* in which the Councilor stated the editors invited 12 individuals to speak in favor and against FDA policy related to electronic nicotine delivery systems, or ENDS. The Councilor stated that five of the individuals published had a conflict related to their involvement with the tobacco industry. A letter was sent to *AJPH* Editor Alfredo Morabia, MD, MPH, expressing concern that a voice was given to individuals with a history of promoting harmful tobacco products and asked for the article to be withdrawn and the process reviewed. The Councilor closed by stating that given the adoption of a policy statement strongly opposed to e-cigarettes by the body, consistency on this issue is critical. Speaker Murray asked Executive Director George Benjamin to speak to this issue in his final comments to the Council. The Speaker then called for any additional new business and recognized the Councilor from CHPPD. The Councilor proposed a Committee of Governing Councilors to support Dr. Benjamin and the Association to share information related to the cost and format of the 2020 Annual Meeting to quell unrest and unhappiness and address member concerns. Dr. Benjamin noted that this could be done without the Governing Council's approval and would be explored. Hearing no further new business, Speaker Murray gave the floor to Dr. Benjamin to provide a closing statement to the Council (Item 20.0)

### 19.0 Announcement of Executive Board Election Results

The following individuals were elected to the Nominations Committee:

- Mary Armstrong- Mental Health (3 years)
- Zamir Brown- CHPPD (3 years)
- Jessie Hood- Maternal and Child Health (3 years)
- Ashley Love- PHEHP (2 years)

The results of the Executive Board election were as follows:

President-Elect: Kaye Bender

Speaker of the Governing Council: M. Aaron Guest

Executive Board Member: E. Oscar Alleyne, Nandi Marshall, and David Reyes

Speaker Murray then introduced Dr. Benjamin for a closing statement.

## 20.0 Closing statement

Dr. Benjamin began by addressing the issue raised by the Councilor from Epidemiology related to *AJPH*. Dr. Benjamin stated the issue had been reviewed by the *AJPH* Editorial Board, as well as by him as the publisher of *AJPH*. Dr. Benjamin cited the invite to those from industry was thoughtful and intentional and that conflicts of interest were clearly disclosed. Dr. Benjamin also stated the content published was very much in line with current debate regarding the potential benefits and harms of ENDS. It is strongly believed the journal should publish statements from those with whom the Association disagrees in order to foster debate. Dr. Benjamin stated that a response had been provided to concerns raised in letters from international organizations and the Truth Initiative, where they sit on the Board.

Dr. Benjamin then moved to discussion of current challenges facing the public health community and world at large. Dr. Benjamin stated this was public health's time and that while there is blaming and active efforts to undermine science, people know the words "public health." Dr. Benjamin stressed the need to stand together as a collective and be more visible in demand for a reform to the health system beyond health care, particularly increased funding and infrastructure for public health. Dr. Benjamin stated public health is about healing and leadership and encouraged all members to support APHA in a push to increase membership and the value APHA provides. Dr. Benjamin closed by thanking the Governing Council for their work and support. Dr. Benjamin also thanked Speaker Murray for her stewardship, engagement and transparency as Speaker of the Governing Council and wished the Speaker well.

Speaker Murray invited Governing Councilors to join the ongoing Council of Affiliates virtual reception. There being no further business pending before the Council, the Speaker called for a motion to adjourn. The motion was seconded and approved by acclamation. The meeting was adjourned at 6:43 p.m. MT.

The Governing Council's 2021 midyear meeting will take place virtually on  
Monday, June 14, 2021 at 2 p.m. ET.