



AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

**American Public Health Association
Minutes of the Governing Council
November 11 and 14, 2023
Atlanta, GA**

Convening of the Council: The meeting was convened by APHA President, Chris Chanyasulkit, PhD, MPH, on Saturday, November 11, 2023, in Atlanta, GA. Speaker of the Council, M. Aaron Guest, PhD, MPH, MSW, presided, and Greg Ullrich, JD, served as Parliamentarian. Dr. Chanyasulkit welcomed and thanked the governing councilors for their work, and then turned the meeting over to the Speaker.

Session I- November 11, 2023

1.0 Call to Order

Dr. Guest called the meeting to order at 3:05 p.m. ET.

2.0 Quorum Call

Secretary of the Council, Georges Benjamin, MD, confirmed a quorum was present.

3.0 Land Acknowledgement and Veterans Day Remembrance

Dr. Benjamin acknowledged the traditional, ancestral and unceded territory of the Muscogee and Cherokee tribes on which the meeting occurred, expressing gratitude to the land and the people who have stewarded it through generations. Dr. Benjamin stated acknowledging territory and tribal nations should take place within the context of genuine and ongoing work to forge real understanding to the challenges and legacy of colonialism, and noted APHA hoped this land acknowledgement would encourage others to stand with APHA in solidarity with native nations.

Dr. Benjamin then recognized veterans who had served the United States in the uniformed services. Dr. Benjamin noted Veterans Day was originally established in 1938 to promote the cause of world peace and reconciliation as Armistice Day and was later renamed Veterans Day by Congress in 1954. Dr. Benjamin thanked all veterans present for their service to the nation.

4.0 Review of voting and speaking in the LUMI platform

Dr. Guest began by recognizing APHA leaders present from the state of Georgia. Dr. Guest then ran through a few reminders including. To being, the Speaker highlighted the

Governing Council uses Roberts Rules of Order as its basis for parliamentary procedure to ensure the orderly conduct of business. Dr. Guest encourage governing councilors to ask questions about procedure. The Speaker stated that councilors wishing to speak in the session should make their way to the nearest microphone, upon which he would recognize them in order. Dr. Guest instructed councilors that when recognized they should state their name, member unit they represent and if they are speaking for or against the motion when applicable. Dr. Guest noted councilors only wishing to second a motion could do so from their seat. In addition, the Speaker reminded councilors all comments from the floor should be addressed to the Speaker and instructed councilors to abide by the APHA Code of Conduct and Public Health Code of Ethics. Dr. Guest stated that councilors must not attack or question the motive of others and should confine remarks to the question subject to debate. Dr. Guest also highlighted, that while the Governing Council is an open meeting, only councilors may speak on the floor and councilors would be limited to one comment in the event of a speaker queue. In addition, the Speaker asked that all proposed amendments must also be submitted in writing to governance@apha.org or submitted to staff using the motion forms available at the end of each table. Lastly, Dr. Guest noted that governing council rules limit discussion to 15 minutes on each agenda item. Following the expiration of these 15 minutes, the council must vote to extend the time by an additional 10 minutes. In addition, bullet voting is prohibited. In APHA wide-elections, governing councilors are required to select the same number of candidates as open positions in Association wide elections. The Speaker then reviewed speaking and debate procedure for motions, including seconding and amending motions.

The Speaker then reviewed voting procedures and conducted a test vote to orient councilors to the voting process within the LUMI platform using their personal devices. Due to issues with the Wi-Fi in the meeting space, some councilors were not able to access the electronic voting platform. It was determined that the consent agenda would be voted on by acclamation and the Wi-Fi issue was resolved for the following session.

5.0 Approval of the Consent Agenda

Dr. Guest called for a motion to approve the consent agenda, including the November 2023 meeting agenda; June 2023 meeting minutes; policy on the establishment, discontinuation and combination of Sections; 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 (November 2023 meeting agenda; June 2023 meeting minutes; policy on the establishment, discontinuation and combination of Sections; and acceptance of written reports).

Outcome: Approved by acclamation.

Following the vote, the Speaker than recognized David Reyes, DNP, MPH, RN, Chair of the Strategic Planning Committee of the Executive Board.

5.0 Strategic Plan Implementation

Dr. Reyes, presented a high-level overview of the newly approved APHA Strategic Plan. Dr. Reyes began by inviting governing councilors to participate in a more detailed round-table session on the strategic plan on Monday, November 13 at 9:00 a.m. ET. Dr. Reyes highlighted the former strategic plan purpose to “strengthen APHA so that together we can accomplish our mission to improve the health of the public and achieve equity in health status.” Dr. Reyes noted that strategic planning was an opportunity for APHA to be self-reflective, while also working with partners. Dr. Reyes noted the strategic planning committee began with three pillars: 1) Strengthen public health practice 2) Build a public health movement and 3) Align organizational capacity and infrastructure. The committee also reviewed the recommendations in the Brighter Strategies report from the APHA Your Way (a.k.a. Member Unit Effectiveness and Engagement (MUEEP)) project. Dr. Reyes reviewed the strategic planning process, noting Davidoff was selected in 2022 to help facilitate the planning through discovery, development and approval phases. Dr. Reyes stated the next phase, implementation, would begin in 2024.

Dr. Reyes then shared the overarching five-year goal of the new strategic plan: “Effectively align and mobilize APHA’s resources and influence to build workforce capacity, champion the importance of public health systems and structures to improve the health of the public, advance health equity, improve membership engagement, and strengthen association infrastructure.” Dr. Reyes stated this goal will be conducted in five areas:

1. Workforce
2. Public health sector
3. Members
4. Equitable practice and outcomes
5. Operations

The new vision of APHA centers on optimal, equitable health and well-being for all, resulting in a mission shift to build public health capacity to promote effective policy and practice. Dr. Reyes also shared new values of measuring progress in improving health, justice, and fortitude to persevere that have been added to the previous values of community-, science- and evidence-based decision making, health and prevention, and wellness.

Dr. Reyes then briefly walked through each of the strategic priorities. The first priority is to build workforce capacity and effectiveness. Dr. Reyes noted this priority centers on the questions of how do we do the work of public health; who is the workforce; and how can the workforce be empowered to meet current and future needs? Dr. Reyes stated each priority had metrics and objectives that are measurable and within the sphere of APHA’s control.

Dr. Reyes shared the second priority to champion public health so that APHA is seen as the “go to” for public health and how can it engage other influencers and stakeholders.

The third priority is to advance equitable public health practices and outcomes. Dr. Reyes noted the focus under this priority to address social and structural determinants of health, systemic racism and intersectional discrimination. Dr. Reyes noted the Committee’s

definition of intersectional discrimination as the “complex constellation of overlapping and interdependent systems of discrimination or disadvantage that occurs as a result of the system of inequality based on gender, race, ethnicity, sexual orientation, gender identity, class, religious/spiritual identification or affiliation and other forms of discriminations ‘intersecting’ to create unique dynamics and effects.”

Dr. Reyes then moved to priority number four, to improve member engagement and satisfaction. Dr. Reyes noted the development of this metric utilized the work of APHA Your Way to determine how best to retain and recruit new members. Under this area, the plan will examine the value of APHA’s work to members and whether the current membership structure is effective.

Dr. Reyes stated the final priority is to execute operational excellence focuses on optimizing staffing, infrastructure, governance and funding models to maximize member support and mission impact.

Dr. Reyes concluded by explaining the plan’s theory of change and next steps. Next steps include the appointment of a strategic plan implementation team by the APHA Executive Committee, as well as identifying a strategic plan team facilitator and the development of an implementation and resource plan. Strategic planning committee members were thanked and recognized. Dr. Guest then opened the floor for questions. Hearing none, Dr. Guest encouraged governing councilors to review the written reports from the Association’s boards and committees and share them with their respective member units. The Speaker then invited APHA Treasurer, Benjamin Hernandez, MBA to deliver the financial report of the association.

6.0 Financial Report

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

1. Fiscal Year 2023, including the audit
2. Fiscal Year 2024 budget
3. Fiscal Year 2024 (first quarter)

Treasurer Hernandez began by thanking the members of the finance and audit committee and highlighted their work. Treasurer Hernandez noted that the FY23 audit was an unmodified opinion, noting this is the best rating possible. APHA ended FY23 with a \$269,000 gain. Treasurer Hernandez reminded the council that the approved FY 23 budget planned for an over \$2,000,000 deficit.

Treasurer Hernandez then moved to discussing FY24 which began July 1, 2023. Through September 2023, revenues are approximately \$11.3 million and expenses of \$7.4 million. However, Treasurer Hernandez noted that spending is higher in the latter half of the year and the FY24 budget includes a deficit of \$1.5 million.

Treasurer Hernandez noted the high deficit budgets approved over the past three year. However, the Treasurer stated that the actuals that for 2021, 2022 and 2023 the Association ended the year in the black alleviating concerns. Treasurer Hernandez stated he expected there may be one additional year of a small deficit budget before returning to

balanced budgets. Treasurer Hernandez stated that the pandemic changed a lot in budget planning and that approved budgets only include what APHA can reliably count on to provide staff flexibility to operate without major cuts. Treasurer Hernandez noted governing councilors main takeaway from his report should be that APHA is doing well financially.

Treasurer Hernandez concluded his presentation by discussing potential ideas to aid in transition planning for the position of Treasurer, suggesting the possibility of changing the bylaws to elect a Treasurer-Elect.

The Speaker then opened the floor for questions. Councilor Lisa Campbell, DNP, RN, PHNA-BC, Public Health Nursing, asked about the cost of the aggregated audience facial analysis being debuted at the Annual Meeting. Treasurer Hernandez responded the exact cost was unknown at the time, but staff would investigate and provide a response shortly.

Mae Gilene Begay, MSW, CHW, asked if the planned revenue loss in 2020 was the result reduced membership as well as the COVID-19 pandemic. Treasurer Hernandez noted planning was based on a combination of factors including the impact of the pandemic on the annual meeting and other events, as well an estimated decline in membership.

Virginia Caine, MD, APHA Past President, asked whether the Association went into reserves during 2021, 2022 or 2023 when deficit budgets were approved. Treasurer Hernandez responded no, the Association actually weathered the pandemic quite well.

Hearing no further questions, Dr. Guest moved to the State of the Association report from APHA Executive Director, Dr. Georges C. Benjamin.

7.0 State of the Association

Dr. Benjamin began by responding to the question from Councilor Campbell regarding the cost of the audience facial analysis software stating that it was free. Dr. Benjamin noted the forgiveness of PPP loans, as well as an increase in grant revenue, helped the Association avoid deficit during the height of the pandemic.

Dr. Benjamin then led a moment of silence to remember the APHA members who passed away in 2023.

Next, Dr. Benjamin highlighted three awards APHA received, including two silvers and a bronze award for media efforts. Dr. Benjamin then highlighted the establishment of the Giorgio A. Piccagli Leadership Award beginning in 2024.

Dr. Benjamin then moved to the exchange of honors between APHA and the Royal Society for Public Health in the UK. Dr. Benjamin motioned to approve honorary membership for Wilma Reid, MSc., retired trustee of the Royal Society of Public Health, and the motion was appropriately seconded. Hearing no discussion, Speaker Guest called for a vote.

Motion: To approve honorary membership Wilma Reid, MSc, retired trustee of the Royal Society of Public Health.

Outcome: Approved by acclamation

Dr. Benjamin then reviewed APHA's FY 22 revenue and expenditures and provided an overview of the 2022 Annual Meeting, noting there were 11,563 registered attendees.

Next, Dr. Benjamin highlighted APHA's Code of Conduct and policies and procedures for enforcement. Dr. Benjamin then addressed concerns raised on the mid-year meeting called about hosting the meeting in Georgia. The first concern centered around California's prohibition on state employees travelling to states that restrict LGBTQ rights. Dr. Benjamin responded that California has since rescinded this travel ban noting the issue has been resolved from a funding perspective, but obviously, concerns regarding the safety of LGBTQ persons remains. The second issue centered on the illegality of abortion and lack of access to reproductive care. Dr. Benjamin stated APHA has worked to ensure members in need of care could access adequate support. Information of how to get support is available on the APHA Annual Meeting website and in the Expo Hall. Dr. Benjamin stated this service will continue to be made available at future meetings.

Dr. Benjamin then discussed "Cop City" and planned opposition protests. Dr. Benjamin cited concerns around violence at previous protest and noted that those seeking to hold a protest against "Cop City" on site at the Annual Meeting did not obtain a permit. Security has been increased at the convention center and APHA spoke with police who claimed to be committed to de-escalation, but because of previous violence the bar at which to begin arrests is very low.

Dr. Benjamin expressed dismay at the bombing and human rights violations occurring in Gaza as a part of the Israel-Hamas War and noted that APHA has called for an end to the killing of innocent civilians. Dr. Benjamin reminded governing councilors to conduct their debate on proposed policy statements related to the war in accordance with the Governing Council Rules of Order and APHA Code of Conduct. Dr. Benjamin stated no one should feel threatened coming to an APHA Annual Meeting and all should conduct themselves with decorum and respect.

Dr. Benjamin then moved to a discussion of the Annual Meeting. Dr. Benjamin highlighted a new facial analysis technology being used at the Annual Meeting. He stated the technology measures audience response in sessions. Dr. Benjamin stated recording was not occurring and the technology did not identify individuals. Dr. Benjamin stated there were 12,000 in-person attendees and 438 digital registrants at the Annual Meeting. Dr. Benjamin stated there were over 1000 sessions at the meeting, with an opening session featuring the receipts of the Fries Prize and Assistant Secretary Levin giving the keynote address. Dr. Benjamin stated Monday's General Session would explore the tragedy of the Supreme Court decision on affirmative action. The Women's Leadership Institute, a recording of the America Dissected Podcast, the Public Health Awards Luncheon and the Closing General Session on Rebuilding the Public Health System were also highlighted. Dr. Benjamin encouraged governing councilors to visit the Public Health Expo and APHA Central with APHA Press, AJPH, books signing, headshot lounge and member unit kiosks. Dr. Benjamin encouraged governing councilors to visit the Public Health Expo featuring 363 exhibit booths and APHA Central with APHA Press, AJPH, APHA LEAD demos, books signing, headshot lounge and section kiosks.

Dr. Benjamin highlighted the work of the Public Health Alliance for Disease Prevention and Response designed as a multi-sectoral collaboration of public health entities to push the modernization of public health systems. Dr. Benjamin noted the Alliance would hold a session at the Annual Meeting and highlighted partnership with AmeriCorps. Dr. Benjamin also encourage Governing Councilors to explore Public Health Resource Navigator, PHERN. Dr. Benjamin also noted APHA's involvement with RWJF funded coalition to protect public health authority. Finally, Dr. Benjamin previewed the Campaign for Public Health, aimed to change the public's view of public health and get sustainable funding and support for public health at all levels.

The Speaker then opened to floor for questions.

Councilor Stephen Trynosky, JD, MPH, MMAS, NREMT, One Health was asked if Dr. Benjamin anticipated a trend of state affiliates disassociating from APHA following the disaffiliation of the West Virginia Affiliate last year. Dr. Benjamin stated he believes this was a unique situation where the sentiment was not uniform amongst members. Dr. Benjamin stated APHA is working with other parts of the public health community in West Virginia to reestablish the Affiliate.

Councilor David Swedler, PhD, MPH, ICEHS, asked whether APHA is allowed to advocate for specific issues. Dr. Benjamin clarified that the non-profit status was a tax declaration and APHA has an H designation which allows it to do advocacy. Non-profits can lobby, but there is a financial legal limit, which APHA is well below, to which they can lobby. Advocacy for a particular bill is lobbying and APHA employs lobbyists to do so. However, if a member of Congress requests a letter in support of legislation, this is not considered lobbying.

McKenzie Cowlbeck, MPH, CPH, the ARGC from Oklahoma, asked if Dr. Benjamin had any plans for a secondary statement regarding the Israel-Hamas War. Dr. Benjamin responded he did not have plans at this time, but this was an evolving situation and that APHA believes the statement issued on November 8 calls for an end to the killing of civilians but at some point, this may need to be made clearer. Dr. Benjamin noted he tried to be very careful in his statement to not influence Governing Councilors decisions around policy statements and governing councilors should evaluate the evidence and quality of the proposed policy statements up for consideration at the Annual Meeting and the statement made was written around the current APHA policy statement on war.

Councilor Michael Meit, MA, MPH, Medical Care, asked for more balance in discussion of the war and acknowledgement of the Hamas terrorist attack on October 7, 2023. Councilor Meit stated opposition to the killing of innocent civilians but expressed concerns around false equivalencies related to terrorism. Speaker Guest interrupted the Councilor to ask if the statement was leading to a question to which Councilor Meit stated no. Therefore, the Speaker ruled the discussion out of order and requested speakers stick to questions for Dr. Benjamin.

Hearing no further questions, Dr. Guest thanked Dr. Benjamin for this report and turned the floor to Bryan Buckley, DrPH, MPH, Chair of the Development Committee of the Executive Board.

9.0 Development Presentation

Dr. Buckley, Chair of the Development Committee of the Executive Board, began by sharing his appreciation of Governing Councilors for their work and support of APHA.

Dr. Buckley shared the “Leadership Challenge” to have 100% giving by Governing Councilors. Dr. Buckley drew councilors’ attention to a QR code on-screen where they could see an active graph of giving and encouraged Councilors to give and watch the bar rise over the course of the meeting. The executive board achieved this goal in 2023 and to date in 2023, 39% of governing councilors had contributed to APHA totaling nearly \$46,000. Dr. Buckley noted 51% of member units achieved 100% by all of their governing councilors giving and 35% of ARGCS have given to date. Dr. Buckley directed councilors to QR code on-screen to make donations via a new online platform in an effort to reach 50% giving by governing councilors by the close of the Annual Meeting and stated he would report back on Tuesday.

Dr. Buckley ended by sharing a short video highlighting the benefits legacy giving to help APHA plant to seed for future generations.

10.0 Nominations Committee Report

Dr. Guest then invited Mary Armstrong, PhD, Chair of the Nominations Committee, to present the committee’s report and candidates for elected office. Dr. Armstrong began by presenting the open positions for 2023 which included president-elect, speaker of the governing council, and three executive board members. Dr. Armstrong then presented the candidates. As they were presented each candidate was permitted to make a one-minute address to the council:

President-Elect (3-year term):

- Hope Rollins, BS
- Deanna Wathington, MD, MPH, FAAFP

Speaker of the Governing Council (3-year term)

- M. Aaron Guest, PhD, MPH, MSW

Executive Board (4-year term)

- Jessica Boyer, MPH, MSW
- Monique Brown, PhD, MPH, FGSA
- Debra Jackson, DSc., MPH
- Shirley Orr, MHS, APRN, NEA-BC
- Kusuma Schofield, MEd, MPH

- Lina Tucker Reinders, MPH

Dr. Armstrong also noted the nominees for Honorary Vice President for Canada, Latin America and the Caribbean, and the United States. Dr. Armstrong noted, if elected, their term would begin at the close of the 2023 Annual Meeting and expire at the close of the Annual Meeting in 2024:

- Vamini Selvanandan, MD, MPH, CCFP – Canada
- Jarbas Barbosa, MD, PhD– Latin America and the Caribbean
- Robert K. Ross, MD – United States

Dr. Guest then thanked the Nominations Committee for their work, as well as the candidates for their willingness to serve and reminded councilors the voting for executive board officers and members would occur during Session II of the governing council meeting on Tuesday, November 13.

8.0 Review of Nominations for the Nominations Committee

Dr. Guest then presented the slate of candidates for the Nominations Committee and noted the top three vote-getters in Tuesday’s election would be elected to three-year terms. The candidates were as follows:

- Shenita Freeman, DSc, MSHIA, MPH- Aging and Public Health
- Marc Hiller, BS, MPH, DrPH- Ethics
- Sarah Maness, PhD, MPH- PHEHP
- Iyabo Obasanjo, DVM, PhD- Maternal and Child Health
- Daniel Powell, OD, PhD- Vision Care

Dr. Guest encouraged councilors to review the candidates’ applications in their meeting materials. Dr. Guest stated the Nominations Committee elections would be held during Session II of the Governing Council on Tuesday, November 13 and thanked departing members of the Nominations Committee for their service.

12.0 Recess

With no further business before the Council for the day, Speaker Guest recessed the Governing Council until Session II on November 13, 2023, at 8:30 a.m. ET.

Session II- November 14, 2023

1.0 Call to Order

Dr. Guest called the second session of the Governing Council to order at 8:35 a.m. ET.

2.0 Quorum Call

Secretary of the Council, Georges C. Benjamin, MD, proclaimed that a quorum was present.

3.0 Review of voting and speaking in the LUMI platform

Dr. Guest then reviewed that councilors wishing to speak in the session should make their way to the nearest microphone and they would be recognized in due order. Dr. Guest instructed when recognized, councilors should state their name, member unit they represent and if they are speaking for or against the motion when applicable. Dr. Guest noted councilors only wishing to second a motion could do so from their seat. In addition, the Speaker reminded councilors all comments from the floor should be addressed to the Speaker and all proposed amendments, must also be submitted in writing to governance@apha.org or submitted to staff using the motion forms available at the end of each table. Lastly, Dr. Guest noted that governing council rules limit discussion to 15 minutes on each agenda item. Following the expiration of these 15 minutes, the council must vote to extend the time by an additional 10 minutes. Dr. Guest noted that in the case of a queue, councilors would be limited to one speaking opportunity.

The Speaker then reviewed voting procedures, including the governing council's prohibition on bullet voting, and conducted test votes to orient councilors to the voting process within the LUMI platform using their personal devices. These test votes confirmed the Wi-Fi issues in the previous session had been resolved and virtually voting platform was accessible to voting governing councilors.

4.0 Leadership Appreciation

Dr. Bryan Buckley was then recognized to express his appreciation for the governing councilors and provide an update on governing council giving. Dr. Buckley reminded councilors that as of Saturday 39% of governing councilors had donated totaling \$45,942. Dr. Buckley then congratulated to governing council reporting that as of Monday evening that number had increased to 47.2 % of councilors giving for a grand total of \$52,195 in donations. Dr. Buckley reiterated his goal of 50% giving by governing council and encouraged those who had not yet given to do so by the close of the Annual Meeting. Dr. Buckley then played a video highlighting the importance of giving to APHA for future generations. Dr. Buckley concluded by reminding governing councilors of the variety of funds to which they could donate and invest in APHA.

5.0 Bylaws Proposals

Dr. Guest then turned the floor over to Chair of the Committee on Bylaws, Pamela Aaltonen, PhD, RN. Dr. Aaltonen began by reminding governing councilors of the process for proposing bylaws amendments and directed them to the location of this process document on the APHA website. Dr. Aaltonen also directed governing councilors to the written report from the Committee on Bylaws. Dr. Aaltonen then reviewed the insertion of missing language inadvertently omitted from the bylaws to Article V, Governing Council, Section 7 to include Affiliated Associations amongst the member units permitted to appoint proxy governing councilors which had been inadvertently admitted in previous edits to the bylaws.

Dr. Aaltonen then introduced a motion to amend **Article IX. Constituent and Affiliated Groups, Section 4. Council of Affiliates B.** of the bylaws to 1) add existing Affiliate Representatives to the Caucus Collaborative to the CoA and 2) eliminate redundancy.

Dr. Guest noted that as the motion came from a committee, a second was not required. The Speaker then called for discussion.

Hearing no discussion, Dr. Guest called for the vote, noting amendments to the bylaws require a two-thirds majority for approval.

Motion: The Committee on Bylaws moves to amend the Bylaws to 1) add existing Affiliate Representatives to the Caucus Collaborative to the CoA and 2) eliminate redundancy.

Outcome: Approved unanimously by a vote of 176 (100%) in favor to 0 opposed.

Dr. Aaltonen then introduced a second amendment to add to **Article IX, Section 4, Council of Affiliates B.vi.** a new Bylaws subsection to Article IX.4.B. explaining how the Affiliate Representative to the Caucus Collaborative is appointed.

The floor was opened for discussion. Hearing no discussion, Dr. Guest called for a vote.

Motion: The Committee on Bylaws moves to add a new Bylaws subsection to Article IX.4.B. explaining how the Affiliate Representative to the Caucus Collaborative is appointed.

Outcome: Approved unanimously with a vote of 180 (100% in favor) to 0 opposed.

Dr. Aaltonen then presented a third amendment, to amend the **Article IX, Section 9, Caucus Collaborative, B** of the Bylaws to acknowledge the Affiliate Representative we just voted on in the Bylaws section pertaining to the Caucus Collaborative.

Hearing no discussion, Dr. Guest called for the vote.

Motion: The Committee on Bylaws moves to amend the Bylaws to acknowledge the Affiliate Representative we just voted on in the Bylaws section pertaining to the Caucus Collaborative.

Outcome: Approved unanimously 176 (100% in favor) to 0 opposed.

Dr. Aaltonen then made a final motion that the Committee on Bylaws be authorized to make such editorial, numerical, grammatical and conforming changes to reflect the intent of these amendments. Dr. Guest stated only a simple majority was needed to adopted this amendment and called for discussion. Hearing none, the Speaker opened the vote.

Motion: The Committee on Bylaws moves that the Committee on Bylaws be authorized to make such editorial, numerical, grammatical and conforming changes to reflect the intent of these amendments.

Outcome: Approved unanimously 177 (100%) in favor to 0 opposed.

Dr. Aaltonen concluded by thanking the governing councilors for their actions. Dr. Guest thanked Dr. Aaltonen and the members of the Committee on Bylaws.

6.0 Election of Nomination Committee members

Dr. Guest then moved to the election of new members to the Nominations Committee. Dr. Guest reminded councilors of the governing council rule prohibiting bullet voting and stated they must select three individuals to serve on the Nominations Committee. Dr. Guest then reviewed the responsibilities of the Nominations Committee to nominate APHA's officers and executive board members. The Speaker informed the council the results of all elections (for both nominations committee and executive board members and officers) would be announced at the end of the meeting.

The ballot for the Nominations Committee was presented. The top three vote getters will serve three-year terms on the Nominations Committee. The candidates were as follows:

- Shenita Freeman, DSc, MSHIA, MPH- Aging and Public Health
- Marc Hiller, BS, MPH, DrPH- Ethics
- Sarah Maness, PhD, MPH- PHEHP
- Iyabo Obasanjo, DVM, PhD- MCH
- Daniel Powell, OD, PhD- Vision Care

Following the close of the poll, Dr. Guest then moved to the elections for APHA executive board, speaker of the Governing Council, president-elect and honorary vice presidents.

7.0 Election of APHA Executive Board Officers, Members and Honorary Vice-Presidents

Elections began with elections for president-elect. Councilors were instructed to select one of the two candidates:

- Hope Rollins
- Deanna Wathington, MD, MPH, FAAFP

The next ballot presented was for speaker of the governing council. The current speaker, M. Aaron Guest, PhD, MPH, MSW was the only candidate for speaker.

The next ballot was for members of the executive board. The three highest vote getters would be elected to four-year terms on the Executive Board. Councilors were instructed to select three of the six candidates:

- Jessica Boyer, MPH, MSW
- Monique Brown, PhD, MPH, FGSA

- Debra Jackson, DSc, MPH
- Shirley Orr, MHS, APRN, NEA-BC
- Kusuma Schofield, MEd, MPH
- Lina Tucker Reinders, MPH

Following the vote, Speaker Guest reminded the council the results of the election would be presented later in the session.

Elections ended with a motion to elect the following slate of candidates for APHA honorary vice-president:

- *Canada* – Vaminia Selvanandan, MD, MPH, CCFP (EM)
- *Latin America and the Caribbean* – Jarbas Barbosa, MD, PhD, Director, Pan American Health Organization
- *United States*- Robert Ross, MD- President and CEO, California Endowment

Dr. Guest then turned the floor over to Charlene Cariou, MHS, CPH, CHES, Chair of the Executive Board to deliver the report of the Executive Board.

8.0 Report of the Executive Board

Chair Cariou began by reviewing the role of the Executive Board and the composition of the 2022-2023 Executive Board. Cariou also reviewed the mission of the committees of the executive board which include finance, development, social responsibility, governance, personnel and strategic planning. Chair Cariou then reviewed the major accomplishments of these committee.

The Committee on Social Responsibility reviewed four entities and developed automatic denial language for funders, included in abstract and advertising language. The Development Committee achieved 100% board giving and planned inaugural Public Health Funder Network webinar. The Finance Committee reviewed monthly financial statements, developed FY24 budget and identified a new auditor. The Governance Committee developed process to support APHA Code of Conduct Policy and reviewed/revised Executive Board handbook. The Personnel Committee set goals and reviewed performance of Executive Director and facilitated a staff appreciation event and the Strategic Planning Committee led strategic planning efforts in partnership with Davidoff Mission-Driven Strategy.

Cariou then reviewed the major accomplishments of the full Executive Board in 2023 including:

- Approved addition of conflict-of-interest language to abstract submission and advertising policy
- Approved the West Virginia Public Health Association request for disaffiliation; approving revised Governing Council proxy registration timelines for the Annual Meeting
- Approved a modified meeting theme development process, to begin with the 2025 Annual Meeting; developed a process to address code of conduct violations
- Approved FY24 budget
- Approved San Francisco for 2029 Annual Meeting location
- Approved 80+ agency and organizational members

- Approved dozens of leadership appointments

Chair Cariou concluded by announcing Dr. Nandi Marshall would be chair of the 2023-2024 Executive Board and thanked the governing council for being allowed to serve the organization in the Chair capacity.

The Speaker then opened the floor for questions. An unidentified Councilor asked about the disaffiliation of the West Virginia Public Health Association and asked for more information of what was behind this decision and whether it should be cause for concern that other state affiliates may choose to disaffiliate. Dr. Benjamin answered the question stating the board of the West Virginia Public Health Association decided they no longer wanted to be affiliated with APHA. Dr. Benjamin speculated that this could be because they politically disagreed with APHA, but that others in the state firmly supported APHA. Dr. Benjamin stated he did not believe disaffiliation would be a trend, but there could always be a risk of disaffiliation due to disagreement on policy or otherwise.

Councilor David Swedler, ICEHS asked if the reports of the individual committees of the Executive Board were available for Councilors to review. Dr. Guest stated this was available in the approved report of the Executive Board included in the meeting materials.

Speaker Guest then went on a brief interlude to announce that he had been re-elected as Speaker of the Governing Council.

9.0 Report of the President

Dr. Guest then introduced Dr. Chris Chanyasulkit to deliver the report of the president.

Dr. Chanyasulkit shared her year as President, which she coined “Adventures in Presidenting.” Dr. Chanyasulkit shared an experience meeting an MPH student, also of Thai decent, and the power of representation in the field.

Dr. Chanyasulkit reiterated her call to action to “Play for Health, Read for Health and Vote for Health.” Dr. Chanyasulkit shared memories from her trips to the state affiliates, including advice from an individual from the Alaskan Native Tribal Health Consortium at the Alaska Public Health Association Meeting to act to ensure we are acting to address the needs of our indigenous peoples, as well as to say “I love you” every day to your loved ones as you never know when will be the last time.

Dr. Chanyasulkit shared her column in *The Nation's Health*, as well as an editorial in the *American Journal of Public Health*.

Dr. Chanyasulkit closed by sharing immense thanks to the APHA membership for the opportunity to serve as President.

Dr. Guest thanked Dr. Chanyasulkit for her work and turned the floor over for questions. Burton Wilcke Jr., PhD, the ARGC from Vermont, rose and asked the Council to stand

and applaud Dr. Chanyasulkit for her work. Dr. Guest then took the liberty as Speaker to move to his report on the role of the Governing Council next on the agenda.

12.0 Discussion of the Role of Governing Councilor

Dr. Guest stated one of the major responsibilities of APHA is to host a governing council session. When in session, the governing council serves as the highest body in the Association and it is a representational body. The governing council has oversight and receives reports from the Executive Board, Nominations Committee, Boards, Standing Committees, Intersectional Council, and Council of Affiliates.

Dr. Guest reminded the member units of the importance of ensuring their governing councilors are present in governing council. The governing council's three most important functions are: to approve policy proposals that will inform the Association's advocacy; elect national officers, including the president, treasurer and speaker of the governing council and Executive Board members; and approve changes to the Bylaws. In addition, the governing council is responsible for approving dues increases, the creation of new Sections, boards or standing committees, recognizing new affiliate association and electing the Nominations Committee and honorary members.

Dr. Guest highlighted that in contrast, the Executive Board has the fiduciary and legal responsibilities of a nonprofit governing board and has a duty of care, loyalty and obedience. Executive board members serve as the overarching voice of the Association, whereas governing councilors serve as representatives of the member units they represent.

Next, Dr. Guest shared the requirements of governing councilors in the leadership handbook. This includes reviewing JPC assessments of the proposed policy statements, reviewing the role of elected officials and candidate materials, reviewing all board and committee reports, meeting minutes and candidates for Nominations Committee. Governing councilors are also strongly encouraged to provide feedback on the proposed policy statements and attend both the proposed policy statement public hearings, as well as the ISC/CoA candidates forum. Dr. Guest stressed that governing councilors should be active members of their member unit leadership team and be in regular communication with the member unit chair and fellow governing councilors, as well as policy chairs and other relevant leaders.

Lastly Dr. Guest asked all governing councilors to complete the post-meeting Governing Council evaluation by November 18 and directed councilors to email him with any questions.

10.0 15 Minute Break

The Speaker the called for a planned 15-minute recess.

Speaker Guest then called the Council back to order at 10:08 a.m. There were some initial technical issues, so Dr. Guest took a question from Teresa Garrett, DNP, RN< PHNA-BC, the ARGC from Utah Public Health Association. Garrett stated that in the ISC/CoA candidate forums a question was raised as to how to ensure equitable and fair

representation in governing council considering the cost of attending the Annual Meeting and other factors such as allotted seats vs. attendance. Dr. Guest responded that his Ad Hoc Committee explored the structure, size and way the governing council conducts business with equity and representation in mind. The Speaker stated that as APHA moves forward with the new strategic plan this is something that will need to be seriously considered. Dr. Guest stated he will begin these conversations shortly.

11.0 Joint Policy Committee – 2023 Report, New Proposed Policy Statements and Guideline Update

With the technology issues resolved, Dr. Guest welcomed the report of the Joint Policy Committee. Presenting the Joint Policy Committee report were JPC Co-Chair Shirley Orr, MHS, APRNA (Education Board Chair) and Science Board Vice-Chair Kevin Sykes, PhD, MPH.

Dr. Guest noted their report would be a three part-report focusing on the JPC report, the archiving of policy statements and the new proposed policy statements.

Dr. Guest reminded Councilors of the APHA Code of Conduct and Public Health Code of Ethics. The Speaker stated councilor wishing to amend any policy statement or suggest any changes must have these changes documented and ideally sent to the governance@apha.org prior to standing to speak. Dr. Guest instructed councilors when they rise to Speak, to please state their name, member unit, position and if they intended to propose an amendment. Dr. Guest stated, APHA staff would work to represent proposed changes on the screens. Dr. Guest also reminded the governing council that the policy statement development process is a member-driven process. The Speaker drew attention to the yearly list of policy priorities noting that APHA rarely receives proposed policy statements addressing these topics, leaving gaps that impact APHA's ability to advocate on these key issues. The Speaker noted that the JPC assessments have nothing to do with the importance of the issues the proposed policy statements aims to address, but rather whether the text of the statement is well support by evidence and aligns with assessment criteria.

Shirley Orr began by reminding the Governing Council that six proposed policy statements, A2, A3, B1, B2 B3, and C1, were revised and resubmitted in August and reviewed by the JPC in September. Orr noted all six received positive assessment in the second review, demonstrating the success of the spring review. Orr noted that the majority of individuals who did not resubmit in August indicated they planned to do so in 2024, but needed additional time to adequately revise their statements.

Shirley Orr also noted that five late-breakers were submitted by the October 20 deadline. Of these proposed late-breaker policy statements, two were accepted by the JPC co-chairs and moved to the public hearings as LB1- Cease Fire Now in Hamas-Israel War and End Attacks on Health and Human Rights and LB2- Health and Psychosocial Needs of Refugees from Nagorno Karabakh. The remaining three were not accepted as they did not meet the criteria of a late-breaker as they were either not emerging events and/or did not have action steps appropriate to address the problem statement.

Orr indicated that two public hearings were held on November 1 (Group A, C) and November 2 (Groups B and Late Breakers) on the proposed policy statements with an average of over 100 participants in each hearing.

Shirley Orr continued by sharing improvements to the proposed policy statement development and review process undertaken by the JPC over the past year. The first improvement was an update to the Author Guidelines to improve clarity and better link evidence-based strategies to the action steps in proposed policy statements.

In addition, Dr. Kevin Sykes presented a motion from the JPC, per the recommendation of the Science Board to make changes to the archiving review criteria to assess whether the science and action steps remain accurate and feasible and applicable, rather than current, as well as to make additional updates to the Policy Statement Development Process Guidelines to bring them in line with current practice.

Dr. Guest then called for discussion. Hearing none the Speaker called for a vote.

Motion: The JPC moves to amend Policy Statement Development Process Guidelines to bring them in line with current practice and update the archiving review criteria.

Outcome: The motion was approved with a vote of 177 (99%) in favor to 1 (1%) opposed.

Dr. Sykes then moved to discussion of the statements up for archiving, noting that 22 policy statements adopted in 2003 and one policy statement adopted in 2002 and kept active for an additional year were scheduled for archiving at the close of the 2023 Annual Meeting. APHA members were asked to review these statements and consider three potential options:

1. Allow the policy statement to be archived as scheduled.
2. Update a policy statement scheduled for archiving.
3. Request to keep active a policy statement proposed for archiving.

Dr. Sykes noted the Science Board received one complete request to keep active Policy Statement 200319, Support for WIC and Child Nutrition Programs. The Science Board reviewed this request and assessed whether the science, references and action steps remain current. Dr. Sykes reminded the governing council that archived policy statements no longer guide APHA policy and practice but continue to serve as historical documents. They can be accessed by all APHA members and will be provided to non-members upon request. Policy statements are archived in order to ensure APHA policy statement maintain accurate evidence and scientific reasoning and feasible and applicable actions steps.

Dr. Sykes then presented a motion from the JPC, per the recommendation of the Science Board to keep active Policy Statement 200319, Support for WIC and Child Nutrition Programs for one additional year. Dr. Guest reminded the council that as the motion

comes from a committee, a second is not required. Dr. Guest then called for discussion. Hearing none, Dr. Guest called for the vote.

Motion:	The JPC RECOMMENDS Policy Statement 200319, Support for WIC and Child Nutrition Programs be kept active for one additional year.
Outcome:	The motion was approved by a vote of 177 (99%) in favor to 1(1%) opposed.

Following the vote, the Speaker reminded governing councilors of the policy discussion rules including 1) discussion is limited to 15 minutes on any policy statement; 2) the governing council may vote to extend discussion for an additional 10 minutes by simple majority; 3) comments must be addressed to the Speaker not to other councilors 4) individual comments are limited to 60 seconds and 5) only governing councilors can speak from the floor unless the council votes to suspend the rules. Dr. Guest also stressed that amendments must be submitted in writing to governance@apha.org prior to speaking. The Speaker noted that those wishing to speak for adoption of a proposed policy statement should queue at microphone 1 and those wishing to speak against adoption of a proposed policy statement should queue at microphone two.

Following the vote, Shirley Orr proceeded with discussion of the regular proposed policy statements. Orr presented the policy statement consent agenda, stating that the JPC recommends the following five proposed policy statements for adoption by the Governing Council (A2, A3, B1, B2, and C1). Orr then motioned on behalf of the JPC to approve the proposed policy statements consent agenda:

A2: Partnering with Faith-Based Organizations to Improve Public Health and Vaccine Equity
A3: Supporting Youth Physical Activity Opportunities in Out-of-School Time Programs
B1: A Call to Stop Shackling Incarcerated Patients Seeking Health Care
B2: Protecting the Health and Well-being of People Living Unsheltered by Stopping Forcible Displacement of Encampments
C1: Falls Prevention in Adults Aged 65 and Over: A Call for Increased Use of an Evidence-Based Falls Prevention Algorithm

Dr. Guest then asked councilors if there were any items they wished to remove from the consent agenda. Dr. Guest reminded councilors the only way to discuss or propose amendments to any of the proposed policy statements on the consent agenda was to remove the statement from the consent agenda. Councilor Zewditu Demissie, PhD, MPH, School Health and Wellness, was recognized and asked that B1 be removed from the consent agenda. Councilor Maurice Johnson Jr. PhD, MPH, CHPPD, asked for clarification if a vote was required to remove a statement from the consent agenda. The Speaker noted that one Councilor could remove an item from the consent agenda without a vote and a vote on adoption of that statement would then be held individually. Hearing no further, Dr. Guest called for a vote on the revised consent agenda (with B1 removed):

A2: Partnering with Faith-Based Organizations to Improve Public Health and Vaccine Equity
A3: Supporting Youth Physical Activity Opportunities in Out-of-School Time Programs
B2: Protecting the Health and Well-being of People Living Unsheltered by Stopping Forcible Displacement of Encampments
C1: Falls Prevention in Adults Aged 65 and Over: A Call for Increased Use of an Evidence-Based Falls Prevention Algorithm

<p>Motion: That the Governing Council adopt the consent agenda as amended including proposed policy statements A2, A3, B2 and C1</p> <p>Outcome: The motion was approved by a vote of 172 to 5 (97%)</p>
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Following the vote, Dr. Guest opened the floor for discussion on B1, A Call to Stop Shackling Incarcerated Patients Seeking Health Care, which was removed from the consent agenda. The motion was seconded and Dr. Guest called for further discussion. Hearing none, the Speaker called for the vote. Councilor Demissie, SHW, was recognized and raised concern about lines 247-251 of the proposed policy statement noting that it is either miswording or a misrepresentation of the text. The Councilor stated this raised concern about other issues with citations in the statement and that as written the statement could harm birth givers who cannot or choose not to breastfeed. The Councilor also raised concern about the use of the word “mothers” in the statement and suggested mothers be substituted with a more inclusive term such as “birth givers.”

Councilor Cheryl Conner, MD, MPH, International Health, expressed that the International Health section endorsed the statement and asked if a motion was being made to strike the line. A councilor from ICEHS asked that the GC suspend the rules to allow the APHA representative to National Commission on Correctional Health Care, Alison Jordan, LCSW, CCHP, to speak.

<p>Motion: Motion to suspend the rules to allow Allison Jordan to speak on the Governing Council floor.</p> <p>Outcome: The motion was approved by a vote of 155 (89%) in favor to 19 (11%) opposed.</p>
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Alison Jordan was recognized and spoke to lines 247-251 stating that this practice has been supported by many professional organizations, including APHA, that shackling impeded labor and delivery and inteferes with post-partum recovery including the mothers ability to safely hold and breastfeed their infants. Jordan stated that the authors have been incredibly responsive to comments and that the intent is to be inclusive. The Speaker asked Councilor Demissie, SHW, if there was a motion for amendments and expressed support for a change in the language to clarify and align with the language. The

Speaker asked for the text of the amendment to be sent to governance@apha.org and called for others to speak either for or against the motion.

Councilor Swedler, ICEHS, asked for clarification as to who was allowed to be “in the room” vs what it meant to be on the floor. The Speaker outlined the boundaries of the floor and stated guests must be sitting or standing at the back.

Councilor Johnson, CHPPD, spoke in opposition to the amendment. Kim Boyd, ND, NP, the ARGC from Colorado asked if a change from “mother” to “birth giver” had been pulled. The Speaker indicated he was waiting for further discussion.

A motion was made to extend debate by an additional 10 minutes. Hearing no discussion, Dr. Guest called for a vote.

Motion:	Motion to extend discussion by an additional 10 minutes.
Outcome:	The motion was defeated by a vote of 86 in favor (49.7%) to 87 (50.2%)

While waiting for the vote to be programmed Councilor Tooka Zokai, MPH, MAS, ATOD, was recognized and asked about the order of discussion for the remaining proposed policy statements and if a motion could be made to change the order. The Speaker asked which statement the Councilor would like to have reviewed next and Councilor Zokai stated they would like LB 2 and LB1 to be discussed before a vote on B3. Speaker Guest stated the JPC would then have to present its report on the late-breaker process first and that he would follow the order of the agenda.

Steven John, PhD, MPH, HIV/AIDs, brought forth an additional amendment to B1 to change “mothers” in line 248 to “mothers and other birthing people.” With time expired, the Speaker called for a vote on the first amendment to B1, followed by the second amendment.

Motion:	Motion to approve the proposed amendment to lines 247-251 to B1
Outcome:	The motion was approved by a vote of 155 (91%) in favor to 16 opposed (9%)

Motion:	Motion to approve the proposed amendment to line 248
Outcome:	The motion was approved by a vote of 151 (90%) in favor to 17 opposed (10%)

Councilor Jade Daniels, PsyD, JD, MH Section, was recognized and expressed concern with the voting software. The Councilor was assisted by staff.

Following approval of the amendments, Dr. Guest called for a vote to adopt B1, A Call to Stop Shackling Incarcerated Patients Seeking Health Care, as amended.

Motion: Motion to adopt PPS B1, A Call to Stop Shackling Incarcerated Patients Seeking Health Care, as amended

JPC Recommendation: Adopt

Outcome: The motion was approved by a vote of 175 (98%) to 4 (2%)

Dr. Sykes and Shirley Orr then presented the JPCs additional recommendations regarding adoption thanking all proposed policy statement authors for their work. Orr stated that B3: Peacebuilding Through Cooperation in Healthcare and Public Health Between Israel and Palestine had previously received a positive assessment from the JPC during the fall review and that authors were very attentive to the JPCs requests for clarification and editing. However, given the circumstances of the current Israel-Hamas War, it was the majority opinion of the JPC that the war fundamentally changed the circumstances and actions called for in the proposed policy statement and thus the JPC recommended that the governing council not adopt proposed policy statement B3: Peacebuilding Through Cooperation in Healthcare and Public Health Between Israel and Palestine.

Speaker Guest clarified that because the council votes in the affirmative, the motion on the floor is to adopt B3: Peacebuilding Through Cooperation in Healthcare and Public Health Between Israel and Palestine, but that the JPCs recommendation is to not adopt. A yea vote would adopt the proposed policy statement against the JPC's recommendation and a nay vote was to not adopt the statement in line with the JPC recommendation. The Speaker then opened the floor for discussion.

Motion: To adopt proposed policy statement B3: Peacebuilding Through Cooperation in Healthcare and Public Health Between Israel and Palestine.

JPC Recommendation: Do not adopt.

Councilor Linda Landesman, DrPH, MSW, HA, stated as a former Chair of the Executive Board they worked to strengthen APHA and find common ground in a collegial manner. There are strong feelings as the world experiences the painful heartbreak that began on October 7 when Hamas committed atrocities on Israeli citizens. It is critical for our organization to pass science-based policy. Finding a path forward is needed now more than ever. With B3, APHA can take a prominent role in supporting peacebuilding which is desperately needed. Dr. Landesman spoke against hate as a self-identified Jewish

person and expressed hope that APHA could recognize the humanity of the Jewish people throughout the world and formally recognize the legitimacy of Israel. The Councilor expressed the belief that supporting cooperation would make a difference for these two peoples to come to understand each other. However, Dr. Landesman stated that the authors feel given the current hostilities, it is not the right time to move forward. Dr. Landesman then moved to postpone B3 indefinitely. The motion was appropriately seconded and the Speaker called for a vote.

Motion: To postpone B3 Peacebuilding Through Cooperation in Healthcare and Public Health Between Israel and Palestine indefinitely.

Result: The motion was approved by a vote of 153 (85%) in favor and 27 (15%) opposed.

The JPC then moved forward with their report on the late-breaker proposed policy statements. Dr. Sykes stated that the JPC recommends adoption of LB2: Meeting the Health and Psychosocial Needs and Ensuring the Human Rights of Refugees from Nagorno Karabakh.

With the motion to adopt LB2 on the floor, Dr. Guest called for discussion. Councilor Campbell, PHN, was recognized and expressed support for the first portion of the policy title but expressed concern about singling out one group as opposed to addressing all refugees. Councilor Zookia, ATOD, stated there is a precedent in APHA to single out one population in a time of crisis. Debra Jackson, DSc, MPH, MCH, noted similar concern earlier in the process and but stated that the authors added a line recognizing that there are many refugees throughout the world, and this is just one of the latest situations. Myron Allukian, Jr, DDS, MPH, APHA Past President, stated this situation is very unique. The refugees are 120,000 people who have been living in this area for over 1,000 years, isolated in a country which, due to political borders, was not their own. Dr. Allukian stated that a result of what Azeri's did cutting off food, supplies and bombing, these 120,000 were forced to leave the region. Dr. Allukian stated it is APHA's purview to address situations that are viewed as a priority of those who can do something about it. Dr. Allukian stated this situation has been lost amongst other conflicts in the world and deserves attention due to its uniqueness. Dr. Allukian firmly supported the proposed policy statement as written. Hearing no further discussion, the Speaker called for a vote.

Motion: To adopt LB2: Meeting the Health and Psychosocial Needs and Ensuring the Human Rights of Refugees from Nagorno Karabakh

JPC Recommendation: Adopt

Result: The motion was approved by a vote of 160 (90%) in favor and 18 (10%) opposed.

With the statement passed, Speaker Guest reminded the council that will be APHA policy for one year and must be resubmitted and adopted in the 2024 policy statement development cycle or it will archive at the close of the 2024 Annual Meeting.

The JPC then delivered their recommendation to not adopt LB1: Ceasefire Now in Hamas-Israel War and End Attacks on Health and Human Rights. Dr. Sykes stated concerns about the unbalanced nature of materials included in this proposed policy statement and noted the JPC recommended the governing council not adopt LB1.

Speaker Guest clarified that because the Council votes in the affirmative the motion on the floor is to adopt LB1: Ceasefire Now in Hamas-Israel War and End Attacks on Health and Human Rights, but that the JPCs recommendation is to not adopt. A yea vote would adopt the proposed policy statement against the JPC's recommendation and a nay vote was to not adopt the statement in line with the JPC recommendation. The Speaker then opened the floor for discussion.

Councilor Rachel Rubin, MD, MPH, International Health, was recognized stated the authors understood there was some concerns about the statement and would be happy to consider specific amendments to the language. The reason the proposed policy statement calls on the US president and congress to implement a ceasefire and release the hostage is because APHA's power is to lobby the US government to influence allies. Dr. Rubin stated LB 1 follows the same logic of the 2019 policy statement on Yemen which calls on the US to utilize leverage with its allies of the Saudi led collation that perpetuate attacks. Dr. Rubin stated at present the health care system has entirely collapsed in Gaza and APHA should urge the President and Congress to call for an immediate ceasefire to prevention further deterioration and catastrophe and release of all hostages to comply with the Geneva conventions. Speaker Guest then called time as the 60-second limit on individual comments had been reached.

Councilor Landesman, HA, was then recognized. Dr. Landesman stated what is happening in Israel and Gaza is heartbreaking and we all want an end to the war, but to vote for LB1 governing councilors must be certain they agree with the drafter's incorrect use of the words "apartheid," "settler," and "colonialism." The Speaker interrupted to ask with Dr. Landesman was making an accusation against a fellow Councilor. Dr. Landesman stated no, rather the intent was to make clear to councilors these terms as misused in LB1 to suggest that Israel was created illegitimately and therefore has no right to exist. Dr. Landesman stated it appears to be the aim of LB1 to convict Israel in the

court of public opinion and violates APHA standards that requires APHA to act impartially and objectively. APHA appears to be subject to manipulation from outside organizations seeking to delegitimize the state of Israel. Now is the time to guarantee the integrity of APHA. The Speaker then called for time.

Councilor Yara Asi, PhD, International Health, was recognized and stated the characterization of LB1 is incorrect. Ceasefire is the mainstream position of every major health organization in the world. Israel has bombed Gaza multiple times since 2007 and never illuminated Hamas. Dr. Asi stated this is a political problem without military solution especially one that involved bombardment and decimation of the health care system in Gaza. Dr. Asi stated over 11,000 people are dead in Gaza, 75% of whom are women children and elderly and over half of all homes destroyed. The Speaker then called time.

Councilor Jackson, MCH, stated there is no doubt the current situation in Gaza is horrific, but APHA has multiple current policy on war and protection of health workers and health systems. Dr. Jackson stated quoted President Obama noting it was important to take in whole truth and that no side's hands were clean. Dr. Jackson stated that while LB1 had improved, it did not yet take a balanced approach.

Councilor Zookia, ATOD, stated the U.S. is complacent in harm across the world as a result of funding wars. Zookia advocated that when hospitals are bombed Councilors should vote for health; when babies are suffocating due to power shutoffs; when Gazans are deprived of energy and water; when 11,000 civilians are murdered as textbook genocide happens, councilors should vote and speak for health. Zookia stated LB1 is rooted in calling for a ceasefire to end the targeted genocide of Palestinian people. The Speaker then called time.

Councilor Johnson, CHPPD, then made motion to extend time. Speaker Guest documented the motion and would call for vote when time expires.

Brian Englander, MD, PHEHP, stated LB1 is bad policy and “why I and my children no longer feel safe.” Dr. Englander said LB1 was a divisive, violent and one-sided political statement, not a public health statement, that misrepresents facts and law. Dr. Englander said LB1 holds Israel to a historical standard and infers that Israel Jews and Arabs do not deserve support after Hamas attack. Dr. Englander noted that the actions steps are almost entirely covered by previous policy statements and that almost every reference is opinion. Dr. Englander expressed concerns that APHA has never had policy on Ukraine so why single out this conflict is such a biased nonscientific way. Dr. Englander alerted councilors that APHA and the Peace Caucus already made statements condemning war and its health consequence. LB1 is inflammatory and violates the APHA Code of Conduct. Dr. Englander stated adopting LB 1 will hurt APHA's credibility, split membership and erode trust in public health. Dr. Englander urged governing councilors to vote not to adopt LB1.

The Speaker paused the clock to clarify that APHA does not generate proposed policy statements, they are generated by members, so if members would like to see a proposed policy statement on the war in Ukraine they should write and submit one.

Councilor Conner, IH, stated LB1 is not unethical or unbalanced. The first paragraph calls out horrors of attack by Hamas and then the response of the ongoing response from Israel which is indiscriminately killing civilians who are not Hamas including children. Dr. Conner noted that the majority of U.S. citizens polled support ceasefire, as does the World Federation of Public Health Associations, of which APHA is a member. Dr. Conner stated APHA needs to speak up for the innocent civilians in this conflict and APHA should speak out against Israel calling Palestinians animals as racist. The speaker then called for time.

Andrea Thau, OD, FAAO, FCOVD, FNAP, Vision Care, stated that on Oct 7, 1,400 innocent civilians were murdered by Hamas including 4 of their relatives and it took 10 days to identify burned bodies. Young girls were mass raped and 240 innocent babies, children and seniors held by Hamas as we speak. Dr. Thau asked where is the public health concern for them? Dr. Thau stated LB1 is not based in facts, not objective, and filled with mischaracterization. LB1 used human rights rhetoric to attempt to bludgeon Israel in court of public opinion. Dr. Thau stated it is a bias resolution that if passed will undermine trust and credibility in APHA and public health. Dr. Thau stated that public health leaders cannot allow APHA to be used a pawn by those who seek the destruction of the democratic state of Israel and urged councilors to vote no on LB1.

Councilor Jennifer Carmona, DPH, CHPPD, offered conditional support if amended to make it clear who perpetrated attacks in Israeli civilians. Carmona motioned that line 118-123 be amended to “Hamas has killed...” Dr. Guest paused consideration of the motion until it was documented in writing.

Councilor Jennifer Mandelbaum, PhD, MPH, PHEHP, stated that the terrorist attack on Israel and humanitarian crisis unfolding in Gaza deserve deepest sympathies but APHA should not endorse LB 1. Taking one side based on politics will only cause discredit. Dr. Mandelbaum stated LB1 says Israelis are settler colonialists which denies the rights of Jews to their ancestral homeland and page five says war in Gaza is genocide when the primary aim of Israel is not to wipe out a group of people. Dr. Mandelbaum stated this is especially concerning given that the modern state of Israel was established in response to the Holocaust. Councilor Mandelbaum also expressed concern regarding the external endorsement of LB1 from Jewish Voice for Peace, and organization the Councilor stated pedals in antisemitism. The Speaker called for time.

Camara Jones, MD, MPH, PhD, APHA Past President, expressed strong support based on PH principles. These principles are those for just society which is what Dr. Jones stated LB 1 is about that. Dr. Jones stated the importance of valuing all populations equally, recognizing whole histories, and providing resources according to need. Dr. Jones stated a ceasefire is necessary for all of these things.

Councilor Janet Simon, DPM, Foot and Ankle Health, stated LB1 does not help find a path to peace, rather it is a flawed resolution that incorrectly and dangerously used terms ethnic cleansing to demonize Israel. Dr. Simon stated Israel is a multiracial democracy, albeit imperfect, where Arab Israelis have equal rights and the conflict is based on land and occupation not race. Dr. Simon stated Jewish people are indigenous to Israel and the population of Palestinians continues to grow.

Linda Rae Murray, MD, MPH, FACP, APHA past president, encouraged councilors to judge for themselves the semantic definitions, but babies are dying which should be really simple for public health to act. Dr. Murray encourages governing councilors to vote yes on LB 1.

The Speaker then raised the motion to extend debate which was appropriately seconded. The Speaker then called for a vote.

Motion:	Motion to extend discussion by an additional 10 minutes.
Outcome:	The motion was approved a vote of 134 in favor (78%) to 37 (21%)

The Speaker then moved to an amendment received and appropriate seconded. The Speaker asked all in line to step back as the debate was now on the amendment. Dr. Landesman, HA, stated that the proposed policy statement is so bad this amendment won't fix it. Dr. Landesman stated LB1 is totally unbalanced and expressed opposition to the amendment. Rachel Rubin, IH, expressed the authors support for the amendment. Hearing no further discussion, the Speaker called for a vote on the amendment.

However, when the text of the amendment received was added to the screen there was confusion on the Council as the amendment received did not match that previously voiced by Councilor Carmona. A point of order was requested, and the Speaker stopped the discussion clock. The Speaker clarified that the previous amendment was not received via email and had been confused with another proposed amendment. The Speaker ruled that as the amendment received via email had not been raised on the floor and the discussion would return to the main motion to adopt LB1.

Councilor Meit, MC, stated the word "terrorism" is not included in LB1. Nearly 1,500 young innocent people were murdered, decapitated, raped and dragged through the streets by Hamas and other are still being held hostage but the word "terrorism" is not use. Meit expressed concern that LB1 is based in politics not public health and that LB1 is a trojan horse that will contribute to rising hatred in a time of rising antisemitism.

Councilor Kerri Wizner, MPH, Occupational Health and Safety, expressed support of LB1 and motioned to make small edits to the action steps: on Line 333 remove words

“financial and” and remove “settler colonialism” through the document. With the motion appropriately seconded, the Speaker moved to discussion on the amendment.

Dr. Landesman, HA, again noted that LB 1 is so bad and so dangerous making these amendments will not fix it. Dr. Landesman express opposition to the amendment. ARGC Cowlbeck, OK, support proposed amendment.

Hearing no further discussion, the Speaker called for a vote on the proposed amendment to LB1.

Motion: To amend LB1 to remove “financial and” from Line 133 and the term “settler colonialism” throughout the proposed policy statement.

Result: The motion was approved by a vote of 103 (62%) in favor and 62 (38%) opposed.

The Speaker then returned to debate on the main motion to adopt LB1. Marian Levy, DrPH, RD, the Tennessee ARG, stated that one of authors of LB 1 identifies as a member of... Dr. Guest interrupt to remind Councilor Levy remarks could not address another member. Levy rephrased to state Jewish Voices for Peace (JVP) is listed as an external endorser. Dr. Levy stated JVP does not speak for the mainstream Jewish community, but rather is a radical anti-Israel and anti-Zionist group. Dr. Levy expressed concern that the spread of JVP's ideas give rise to antisemitism, and if LB1 is adopted APHA will further antisemitism against many American Jews who identify as Zionists.

ARGC Cowlbeck, OK, expressed support for LB1, noting that that what is captured in the spirit of ceasefire is well within the realm and responsibility of public health.

Councilor Campbell, PHN, stated that the us vs. them logic is dehumanizing and expressed opposition to the way the LB1 is presented, but not to ceasefire.

Dr. Guest then interrupted debate to remind those in the room that video recording of the Governing Council proceeding was not permitted.

Councilor Rubin, IH, stated that yes Jewish Voices for Peace Health Advisory Council is an external endorser, but JVP does not speak for the entire Jewish community nor does any specific organization including the Anti-Defamation League. Dr. Rubin stated the Jewish community worldwide is not monolithic and there are many Jews calling for a ceasefire who support the basic principles in the proposed policy statement, including many in the room. Rubin noted that the authors acknowledge the atrocities Hamas has committed and this is not hidden in this PPS. Dr. Rubin expressed strong support for LB1, stating it does not pit Jews against Muslims or Arabs. The Speaker then called for time and made a point of clarification that there was no formal mechanism in the APHA

policy statement development process for external endorsements and asked that comments around external endorsements cease moving forward.

Councilor Andrea Lowe, MPH, CPH, Ethics, expressed the Ethics section’s opposition of LB1 not because of the Action Steps, but because the statement does address ethics in some sense, but it does not address all of the core six values of ethics that should be addressed in policy statements. Councilor Lowe stated the sections opposition is in the fact that this statement is not bringing the governing council together. The Speaker called for time and a motion to extend debate.

A motion to extend discussion by an additional 10 minutes was appropriate moved and seconded.

Motion:	Motion to extend discussion by an additional 10 minutes.
Outcome:	The motion was approved by a vote of 99 in favor (60%) to 67 (40%)

Marc Hiller, DrPH, MPH, Ethics, noted that the APHA proposed policy statement evaluation criteria asks are the proposed strategies ethical, equitable and reasonable? Dr. Hiller stated the proposed strategies in LB1 fail to meet these criteria and LB1 is unethical and encourage councilors to vote no. Dr. Hiller stated public health focus is on health care delivery in conflict zones, forced migration, health disparities and refugee’s health. All of the this is necessary and legitimate and colleagues raise the need for urgent discussions on PH in Gaza. However, LB1 conflates this with anti-Israel propaganda. Incorrectly uses terms of “apartheid,” “settler colonialism.” The Speaker then called for time.

Dr. Jones, Past President, stated, “...my heart is hurting, and LB 1 is not the cause of this hurt”. Dr. Jones stated councilors misunderstood the intent. Dr. Jones expressed belief that describing Israel’s actions in Gaza against Palestinian people is not anti-Semitic it is just an acknowledgement of reality. Dr. Jones stated as an organization we have the power to call for cease-fire. The Speaker then called for time.

Councilor Englander, PHEHP, stated that fundamentally this policy is so unbalance and flawed that it is irreparable. We all agree that there should be an end to the war and there is no good loss of life in any war, but fundamentally this policy despite amendments is astoundingly out of balance. Dr. Englander strongly urged the GC to vote no on LB1 and stated LB1 peddles in blood libel and antisemitism cloaked in a construct of public health.

Councilor Conner, IH, stated what is unbalanced is the number of children who have died in Gaza. This cannot be justified. The Hamas attack was horrible but these children had no part in this attack. Dr. Conner called on governing councilors to stand with the 400

government workers who wrote a letter to President Biden calling for a cease-fire and be on the right side of history.

Moose Alperin, EdD, MPH, MCHES, Executive Board member, stated that LB1 is biased and unbalanced and encourage governing councilors to vote no.

Councilor Asi, IH, emphasized that the framing of apartheid is the framing increasing used by organizations such as Human Rights Watch, Amnesty International, multiple Israeli human rights organizations and increasingly, human rights scholars around the world. Asi stated public health is political and hoped that the purpose of balance in policy balance was not at the expense of reality. Asi stated cease-fire is an increasingly accepted position worldwide and APHA can lead on this.

Councilor Meit, MC, asked governing councilors to please read the policy because it is not just about ceasefire, it is anti-Semitic and it is important councilors understand what they are voting for.

Councilor Johnson, CHPPD, asked whether APHA needed this policy statement to make a statement on a ceasefire noting that on November 3, Dr. Benjamin made a statement against the war. Could APHA make a statement calling for a cease-fire using the same existing policy statement, 20095, Dr. B quoted in his November 3 statement? Dr. Guest responded that APHA can make statements and when it does looks to ensure there is alignment with policy statement supported by science. APHA looks to statements such as the one cited in the November 3 statement to support comments on emerging issues.

Zamir Bradford, MPH, FRSPH, CHPPD, stated this is a time and moment in history where we can do something right that can make a difference; this is the chance to act for health and protect life. Bradford expressed support for the statement.

ARGC Wilcke, VT, stated dread for the vote because pass or fail it will tear the APHA apart. Dr. Wilcke stated there is a good argument to support a cease-fire but if it comes at the expense of alienating a good portion of the membership it would be detrimental to the APHA. Wilcke then made the motion to postpone LB1 indefinitely.

Councilor Connor, IH, asked if this was allowed. The Speaker clarified that the proposed policy statements as they come before the Governing Council belong to APHA and any member may make a motion on any proposed policy statement regardless of authorship status. Dr. Conner responding that vote to postpone LB1 indefinitely it is a no vote for a cease-fire.

The Speaker then called for a motion to extend debate which was appropriately moved and seconded. The Speaker then called for the vote.

Motion:	Motion to extend discussion by an additional 10 minutes.
Outcome:	The motion was approved by a vote of 95 in favor (58%) to 71 opposed (42%)

The Speaker then returned to debate on the motion to postpone indefinitely. Councilor Landesman, HA, supported the motion to postpone indefinitely, stating that the Middle East Studies Association lost 28% of members... Dr. Guest stopped Dr. Landesman, stating the remarks were not related to the amendment being discussed.

Councilor John, HIV, spoke against postponing indefinitely stating that failure to adopt policy is policy and there could be other mechanisms to amend the language and reach compromise.

Councilor Lowe, Ethics, asked if it was possible for the Governing Council to make a motion or request APHA or Dr. B to release a statement in support of a ceasefire. The Speaker responded this was not possible.

Councilor Landesman, HA, spoke again stating the Middle East Studies Association lost 28% of membership when considering an anti-Israel policy. Dr. Landesman agreed with ARGC Wilcke that one way or the other there will be people who are unhappy. Dr. Landesman expressed support for the statement by the Peace Caucus and by the Executive Director on the war and stated LB1 was not needed.

ARGC Levy, TN, stated LB1 will tear APHA apart. Levy supported the motion to postpone and expressed that everyone should feel welcome, valued and safe at APHA.

Past President Murray stated a vote and discussion is important and a vote to postpone indefinitely is a vote against the proposed policy statement. Dr. Murray encouraged the council to make amendments if needed, but to vote on LB1.

Councilor Trynosky, One Health, was strongly opposed to motion to postpone due to the level of engagement and presence on the issue. The Councilor stated that not acting is counterproductive.

Bob Vollinger, Jr. DrPH, MSPH, ATOD, stated a ceasefire is really important but expressed concern about the risk to APHA's reputation as an organization and as a consequence of a vote.

Councilor Englander, PHEHP, expressed support for the motion to postpone indefinitely and called for LB 1 to be rewritten entirely following compromise.

Councilor Mandelbaum, PHEHP, also expressed support postponing indefinitely citing the belief that a vote could fracture organization. Mandelbaum stated the final version of LB1 contains inaccurate information and in this evolving situation it is difficult to determine fact.

An unidentified speaker asked for clarification that if adopted, LB1 would only be APHA policy for one year. The Speaker confirmed.

A second unidentified councilor asked as to other options to move forward with amendments and a vote rather than postponing.

Speaker conferred with Parliamentarian and then called for a 14-minute recess.

The Council reconvened and ARGC Wilcke, VT was recognized. Dr. Wilcke rescinded the previous motion based on conversation had during the break to allow compromise to be reached.

Councilor Rubin, IH, made a motion to amend LB1 by removing all of the current language of the proposed late-breaker and replacing it with “Ceasefire Now in Hamas-Israel War”- In light of the continuing escalating of civilian casualties in Gaza and Israel and the collapse of the healthcare infrastructure in Gaza, APHA calls upon President Biden and Congress to urgently demand an immediate cease-fire and call for de-escalation of the current conflict by securing the immediate release of the hostages and those detained; by restoring water, fuel, electricity and other basic services; and by passing adequate humanitarian aid to the Gaza Strip.

The motion was seconded and the Speaker called for discussion.

An unidentified Councilor asked if a “sense of resolution” could be called for. The Speaker replied there is not that authority in governing council.

Councilor Meit, MC, stated the amended statement is great but requested it not be framed in the context of “Cease-Fire Now” stating that this organization still uses term genocide. Councilor Meit then made a motion to amend the amendment to remove the word “now” from the title of the proposed policy statement.

The Speaker called for silence from the gallery and asked again that all recording stop and those taken be deleted.

Councilor Conner asked if Councilor Meit would agree to add “immediate” before ceasefire to the amendment and Meit agreed.

Councilor Ashley Hickson, DrPH, MPH, PHEHP called for a point of order to ask if it was possible open the floor to hear from those who are not governing councilors to hear their perspective. The Speaker stated the question was out of order as it was not related to

the amendment but asked the Councilor to raise the question again following the vote on the amendment to the amendment.

Councilor Danielle Campbell, MPH, HIV/AIDS asked that the amendment to the amendment be restated. Speaker Guest restated the amendment to the amendment and clarified that approving the amendment to the amendment did not constitute approving the amendment. The Speaker also clarified the original amendment is to strike all text of the original statement and replace it with “Immediate Ceasefire in Hamas-Israel War”- In light of the continuing escalating of civilian casualties in Gaza and Israel and the collapse of the healthcare infrastructure in Gaza, APHA calls upon President Biden and Congress to urgently demand an immediate cease-fire and call for de-escalation of the current conflict by securing the immediate release of the hostages and those detained; by restoring water, fuel, electricity and other basic services; and by passing adequate humanitarian aid to the Gaza Strip.

Hearing no further discussion Speaker Guest called a vote on the amendment to the amendment.

Motion:	Motion to amend the amendment to LB1 so that the title is as follows “Immediate Ceasefire Now in Hamas-Israel War”
Outcome:	The motion was approved by a vote of 159 in favor (98%) to 3 opposed (2%)

Discussion then returned to the proposed amendment of LB1. Speaker Guest clarified that an amendment of this nature was allowed.

An unidentified Councilor asked if all the other aspects of the statements be stricken if the amendment was adopted. The Speaker clarified that yes, this one statement of the amendment would now be the policy statement.

Councilor Johnson, CHPPD, sought clarification that because this is a late-breaker if adopted it would stand for one year and would need to be resubmitted. The Speaker confirmed this was the case.

Councilor Jackson, MCH, expressed support to amendment.

Councilor Campbell, HIV/AIDS asked if late breakers were required to follow the proposed policy statement format. The Speaker replied that the format needed to be followed when the proposed policy statement is submitted to JPC but that the governing council has authority to edit.

Councilor Lowe, Ethics, expressed the section’s support for the amendment.

The Speaker interrupted to stress that is recording of the Governing Council continues all guests in the gallery would be expelled. Hearing no further discussion Dr. Guest called for a vote on the amendment to LB1.

Motion:	Motion to amend LB1 to remove all original text and replace it with “Immediate Ceasefire in Hamas-Israel War”- In light of the continuing escalating of civilian casualties in Gaza and Israel and the collapse of the healthcare infrastructure in Gaza, APHA calls upon President Biden and Congress to urgently demand an immediate cease-fire and call for de-escalation of the current conflict by securing the immediate release of the hostages and those detained; by restoring water, fuel, electricity and other basic services; and by passing adequate humanitarian aid to the Gaza Strip.
Outcome:	The motion was approved by a vote of 169 in favor (97%) to 5 opposed (3%)

With time for debate expired, the Speaker then called for a vote to adopt LB1: Immediate Ceasefire in Hamas-Israel War as amended.

ARGC Wilcke, VT, asked for point of clarification, that there no longer a recommendation from the JPC given that the proposed policy statement has been entirely revised. The Speaker replied yes and the JPC recommendation was stricken.

Motion:	Motion to adopt LB1: Immediate Ceasefire in Hamas-Israel War as amended.
Outcome:	The motion was approved by a vote of 158 in favor (90%) to 18 opposed (10%)

An unidentified Councilor asked if it was possible to change the number from LB1 as people will not be aware of significant change when they hear it was adopted. The Speaker responded no- the proposed policy statement remains LB1.

Speaker Guest thanked the JPC for all of their hard work and Governing Councilors for their participation in the debate.

13.0 Announcement of Nominations Committee Election Results

Dr. Guest noted Mary Armstrong, PhD, would serve as the Nominations Committee Chair for 2022-2023 and asked all newly elected Committee members to please meet with Dr. Armstrong following the meeting.

The following individuals were elected to the Nominations Committee for a three-year term:

- Shenita Freeman, DSc, MSHIA, MPH- Aging and Public Health
- Sarah Maness- PHEHP
- Iyabo Obasanjo, DVM, PhD- Maternal and Child Health

14.0 Announcement of Nominations Committee Election Results

Deanna Wathington, MD, MPH, FAAFP was elected as President-Elect to serve a three-year term as President-Elect, President and Immediate Past President

Aaron Guest, PhD, MPH, MSW was elected to serve a second three-year term as Speaker of the Governing Council.

The following three individuals were elected to serve a four-year term on the Executive Board:

- Jessica Boyer, MPH, MSW
- Monique Brown, PhD, MPH, FGSA
- Shirley Orr, MHS, APRN, NEA-BC

By unanimous vote the following individuals were elected as APHA 2023-2023 Honorary Vice Presidents. They serve a one-year term.

- *Canada* – Vamini Selvanandan, MD, MPH, CCFP
- *Latin American and the Caribbean* – Jarbas Barbosa, MD, PhD
- *United States*- Robert Ross, MD

15.0 Business Summary and Announcements

Dr. Guest reminded all Governing Councilors to please complete the Governing Council Annual Meeting evaluation by November 18 at 4 p.m. ET. Dr. Guest stated that dates for orientation and 2024 Speaking with the Speaker sessions will be available mid-December. The Speaker noted that the 2024 Mid-Year meeting of the Governing Council will be held virtually June 10, 2024, from 2-4:30 p.m. ET and the Governing Council would meet at the Annual Meeting in Minneapolis, MN on October 26 and 29, 2024.

16.0 Adjourn

With no remaining business before the Council, Dr. Guest adjourned the meeting.

The Governing Council's 2024 midyear meeting will take place virtually on Monday, June 10, 2024, from 2-4:30 p.m. ET.