A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Thursday, May 15th, 2014 in the Carter Auditorium, 4th Floor, 35 Northampton Street, Boston, MA 02118.

**Board Members Present:**
Paula Johnson, MD, MPH, Chair  
Celia Wcislo  
Harold Cox  
Myechia Minter-Jordan, MD, MBA  
Manny Lopes

**Also Present Were:**
Dr. Barbara Ferrer, John Townsend, Fatema Fazendeiro, Chuck Gagnon, Maia Brodyfield, Debra Paul, Tim Harrington, PJ McCann, Gerry Thomas, Chief James Hooley, Huy Nguyen, Brad Cohen, Anita Barry, Pam Jones, Carol Fabyan, Diane Cavaleri, Brendan Kearney, Eva Erlich, Hank Keating, Peggy Hogarty, Alicia Cashman.

**Proceedings:**

**Chairwoman's Comments**
*Paula Johnson, MD, MPH*
- Dr. Johnson opened the meeting at 4:15pm. Dr. Johnson moved to approve the minutes from the April 17th Board meeting; board voted and unanimously approved the minutes. Dr. Johnson gave the floor to Dr. Ferrer for her updates.

**Executive Director's Report**
*Barbara Ferrer, PhD, MPH, Med*
- Dr. Ferrer stated we will be presenting our final FY15 Budget to the City Council at our annual City Council Meeting on Monday. She will be accompanied by William Kibaja, John Townsend, and Chief Hooley; Dr. Nguyen is unable to join them. Dr. Ferrer does not anticipate much controversy; she does anticipate questions about the methadone clinic.
- Dr. Ferrer noted the House Ways & Means and Senate Ways & Means budgets are out. Lisa Conley sent the board an analysis earlier this week. The Commission is fairly pleased with both budgets and the funding received for homeless services and substance abuse. We are also pleased there is money in both budgets for Medicare expansion. The Commission is working closely with the Mayor's office to make sure any concerns we have will be included in the Mayor’s letter. We did not get the desired rate increase for homeless and are working to get an amendment before the Senate before week's end.
- Dr. Ferrer indicated a couple of decisions came down this week regarding the NEIDL Level-4 Biolab operated by Boston University (“BU”): 1) the bill filed by Councilor Yancey to prevent BSL-4 work at the NEIDL was defeated by an 8-5 vote; 2) the state Superior Court ruled in favor of the lab in pending court case filed by a group of citizens opposed to the lab opening stating the risk assessment was insufficient. The State ruled in favor of the defendant. This was the last pending court case that would have held up opening the lab. According to Dr. Ferrer, the Federal courts ruled a few months back on the same matter in the same way. Now the State has reaffirmed that decision.
Dr. Ferrer also noted Dr. Barry, Leon Bethune and Julien Farland have been working closely with the Boston Biosafety Committee (“BBC”). They are about three quarters through the process of reviewing every single written protocol in place that will set the Standard Operating Procedures (“SOP”) for BSL-4.

We have sent every section back to BU with suggested revisions and requests for additional information. Once we are in agreement with those options for SOP policies meet our standards, we will continue with the permitting process. Dr. Ferrer anticipates issuing the operating permit sometime this summer.

The operating permit allows the lab to start thinking about doing research projects there. However, they have to come back and present each individual project to us and have us sign off on it first. The BBC conducts public meetings and allows time for public comments at each meeting.

Mr. Cox inquired is this process was for both level 3 and level 4. Dr. Ferrer replied it is only for level 4; level 3s notify us of proposed projects, but we do not conduct the same type of review. Federal agencies will also have to complete their reviews. We've had so many discussions about the lab, that Mr. Cox and other Board members expressed interest in the possibility of taking a tour of the facility.

Mr. Cox inquired as to whether the Boston regulation covers animals. Dr. Barry answered that the treatment of lab animals is governed by industry standards and compliance with those standards is reviewed through our permitting process. Dr. Ferrer noted that the Commission has the authority to inspect and there is ongoing opportunity for public engagement at the Boston Biosafety Committee meetings, which are open to the public.

Dr. Ferrer congratulated EMS and Chief Hooley. She stated the Chief Hooley was at the White House on Monday along with the police being recognized by the President for their wonderful service, both to the City and the nation, in terms of their response to the Marathon. Dr. Ferrer said she is very proud of Chief Hooley and Boston EMS.

**Presentation/Overview: The Tuberculosis Clinic**

*Dr. Anita Barry, Director of Infectious Disease*

*John Townsend, Esq., Director of Administration and Finance*

Dr. Barry began with an overview of the BPHC mission and the TB clinic and some of the topics to be discussed. She explained that the clinic on Preston 5 at BMC has 7,000 to 8,000 patient visits annually; physician services are available 5 days a week; the nurse triage office is open 5 days a week; public health nurse visits are conducted; the staff are bicultural and bilingual - similar characteristics to the patients; referrals come from primary care providers, hospitals, civil surgeons and MDPH; there is a special linkage program with community health centers in neighborhoods with populations at particularly high risk for TB.

Dr. Barry highlighted special features of the TB clinic: sputum induction booth in the clinic; site for Directly Observed Therapy (DOT); HIV testing (linked with Project Trust) offered to all over 17 years old; free medication; the MDPH TB program is the payer of last resort, so some revenue is collected for visits.

Dr. Barry presented information on the following: the incidence of TB in Boston from 2000-2013, 6.5% per 100,000, higher than national average of 2.3%; incidence of TB by age group from 2011-2013, highest in those over 70 and between 40-49 years. Age groups are also linked with HIV; incidence of TB by race/ethnicity, highest in Asians and Blacks. 80% are foreign born and 9% are also HIV positive.

Dr. Barry spoke about the various TB Classifications: active TB, latent/sleeping TB, old TB and the possible exposure to TB: households, schools, workplaces, etc. and the TB clinic services. She went into great detail about Latent TB infection, the importance of receiving treatment, the number of Boston residents with Latent TB by age, race/ethnicity, and neighborhood that have been evaluated at the TB clinic.

Dr. Barry commented on the Community Health Center Linkage Program, how the program works and its participating centers: South Cove Community Health Center, Dorchester House Multi-service Center, East Boston Neighborhood Health Center, Joseph Smith Community Health Center, Mattapan Community Health Center, and Harvard Street Neighborhood Health Center.

Dr. Barry believes that from a public health perspective, we need to provide barrier free services for groups at high risk. Special needs groups include: contacts to an infectious case with a positive TST or IGRA; the homeless; correctional detainees/inmates; pregnant women: prevent the separation of mother and child after delivery.
• Services needed: fast track persons for clinical evaluations (i.e. high school student identified during contact investigation; develop integrated TB screening and referral protocols with many Boston community based organization - ABCD, schools, universities; infection control guidance; linkages with Boston correctional facilities including continuity of care referrals for ICE detainees and; clinical information - longitudinal information such as prior treatment, TST results and radiographic findings.

• Dr. Barry gave evidence the TB clinic works due to declining case rates in Boston because of complete treatment of cases and emphasis on treatment of Latent TB to prevent active TB; compared to national data, Boston has a higher completion of treatment rates for active disease: Boston 98%, national 88%.

• The TB clinic seamlessly blends clinical services with public health activities, it's culturally and linguistically appropriate, logistically easy follow-up for Latent TB available and meds are free.

• Years ago no one was charged for TB clinic services for fear contagious people would just walk away without being treated. Third party billing from public and private insurers began a few years ago. Getting referral numbers was initiated in the fall of 2013; payment often declined because of no "prior authorization."

• Mr. Townsend continued by explaining the sources of TB clinic external revenue: facility fees - BMC payments to BPHC; professional billing - Evans Medical Billing for BPHC; and fee for service billing - BPHC billed to DPH. He and Dr. Barry met with BMC last week to discuss the payment process and the budget. It was confusing at best because BMC has a convoluted process for determining payment amounts. Mr. Townsend said the budget is solid overall.

• Dr. Johnson wondered if there were any other TB public health departments in other large cities we could look at. Dr. Barry provided a list of approximately 20 cities that operate TB clinics. Among them were: Atlanta, Houston, Los Angeles, Miami, New York City, Philadelphia, San Francisco, and Washington, DC.

Presentation/Discussion: Phase 2 of the Northampton Square Development Project
Eva Erlich, Project Manager, Trinity Financial
Hank Keating, VP of Construction and Design, Trinity Financial

• Ms. Erlich is very excited about the progress and where we are in the project. She stated there are updates to the Phase 2 renovation, including 860 Harrison Avenue and the new tower on the corner of Albany Street.

• Mr. Keating continued noting the Phase 1 is 60% into construction. 100% of the residential units are completed. The major components left are upgrading the elevators, creating the corridor connector and completing the management office in the base of 860. Trinity has held monthly meetings with the residents. Mr. Keating said, at first, they were tough, but now they receive very positive feedback from the residents. CHEC and Burial Permits programs will have new office space in the storefront across from BMC.

• Mr. Keating explained that Phase 2 includes the Harrison Avenue tower rehab of 102 mixed rental units, 7 of which will be made ADA compliant and the construction of the new 26-story tower on the corner of Albany and Northampton Streets.

• Mr. Keating indicated the new tower will have 65,000 square feet of office space for BPHC to occupy. The space/tower will be merged with the Miranda Creamer building. BMC will also eventually occupy space there. Each building will have its own separate entrance, including the South End Fitness center.

• As a result of comments made during their public meetings, Trinity will be putting in new landscaping around the entire campus. There will be an also be an upgraded public plaza in front of the Miranda Creamer.

Adjournment
Dr. Johnson thanked everyone for attending, adjourned the public meeting and made a motion to go into Executive Session. There were no objections. At 5:50pm the Board went into Executive Session.

Submitted by:

Kathy Hussey, Board Secretary