

From: Buzby, Maureen <mbuzby@CityofMelrose.org>

Sent: May 14, 2025 00:24:20.000000000 UTC

Subject: RE: BOH meeting versus BOH public hearing (apologies in advance for long email)

To: Merkin, Ross D.,MD <rdmerkin@mgb.org>

Oh my. I got goosebumps as I started to read and then I got tears in my eyes. This is perfect. I wouldn't change a word. Powerful!

And yes, Nicotine Free Generation policy is the terminology we are using.

You will hear "Tobacco Free Generation". And also "generational policy". And maybe even "birthdate restriction". They are all the same. We tend to say Nicotine Free Generation.

From: Merkin, Ross D.,MD <rdmerkin@mgb.org>

Sent: Tuesday, May 13, 2025 7:58 PM

To: Buzby, Maureen <mbuzby@CityofMelrose.org>

Subject: Re: BOH meeting versus BOH public hearing (apologies in advance for long email)

Hi Maureen,

I wrote a brief speech this evening that draws on my personal experiences as an oncologist in preparation for the Hopkinton meeting tomorrow. I was hoping you could look it over and tell me if this is in the ballpark of what I should say at the hearing tomorrow. Also, please let me know if "Nicotine-Free Generation policy" is the correct terminology. Thanks for taking a look, and I'm looking forward to seeing you in person tomorrow.

I am Ross Merkin. I am a doctor who treats patients with cancer, including cancers of the mouth and throat. I work at Massachusetts General Hospital and live in Melrose, MA.

I'd like to take the next few minutes to speak to you about the devastating health impacts of tobacco use, and to urge you to adopt the Nicotine-Free Generation policy. In my professional opinion, implementing Nicotine-Free Generation would be a major step forward in improving public health and saving lives in your community.

More than half of the patients I care for have a cancer that was caused by tobacco use. These cancers are 100% preventable—but tragically, many are not curable. Despite the best treatments we have, I have cared for far too many patients who have died from tobacco-related cancers.

Many of these patients began smoking in their teenage years. It is well established that once someone becomes addicted to nicotine, it is extremely difficult to quit. Many of my patients have smoked for decades, often expressing a strong desire to quit for much of that time, but were unable to break the addiction.

Tobacco can even cause cancer in relatively young individuals. I'm currently caring for a man in his 50s who began smoking as a teenager. He developed cancer of the voice box. To treat it, he underwent chemotherapy, radiation, and surgery to remove his voice box—leaving him with a tracheostomy and unable to speak with his mouth. Despite these extreme measures, his cancer returned within six months. It is now incurable, and he is likely to die before reaching 60. This diagnosis—and the suffering he's endured—was entirely preventable.

I see patients like him every day. Each case is tragic not only because of the suffering involved, but also because it never had to happen. Preventing young people from ever

becoming addicted to nicotine is the most effective way to reduce the enormous toll tobacco continues to take.

Preventing deadly cancers by stopping youth from becoming addicted to tobacco products is why I believe the Nicotine-Free Generation policy should be implemented. By protecting young people today, we can save countless lives tomorrow. I urge you to adopt it and protect the next generation from the preventable suffering caused by tobacco addiction.

Thank you for considering my opinions, and I would be happy to take questions following the conclusion of the hearing.

Sincerely,
Ross Merkin
Cell (617) 894-7651

From: Buzby, Maureen <mbuzby@CityofMelrose.org>
Date: Tuesday, May 13, 2025 at 3:32 PM
To: Merkin, Ross D.,MD <rdmerkin@mgb.org>
Subject: RE: BOH meeting versus BOH public hearing (apologies in advance for long email)

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Exactly. You will be most effective because you can speak to your patients' experience. Zack Rick's testimony in the Somerville hearing was great because he just talked about his medical practice. It's the real world of tobacco's sad legacy. It's what we are trying to save youth from.

Board members should sit there stone-faced just taking everything in. They should not react to anyone's testimony, other than to say thank you. They could ask a clarifying question but they don't usually. If they do it can open the door to additional testimony from anyone. Everyone is supposed to have just one turn at the mic. Audience should be silent except when it's their turn to speak. Most board meetings are recorded so that there is a public record. And almost all hearings are recorded.

Do the rules sometimes get broken? Yes. We just roll with it. Not our job to correct how the hearing is run – though I would like to! You will be expected to give your name, professional designation if germane (yours is), and home address.

Dr. Winickoff usually says something like, "Johnathan Winickoff, pediatrician, MGB. I live in Newton." At that point they don't usually

make him (or other professionals) give his street address but they can.

Local residents who testify are expected to give their name and street address.

If there is a lot of testimony in favor, some of us will pass. I usually arrive early and sign in not knowing what the crowd will be like.

Better to sign in and pass than to not have the opportunity and wish had.

I write out my remarks and time them to make sure I will get everything in within the time allowed.

If I don't get to speak, or choose not to, I can always leave my written remarks behind.

I've seen chairs who don't seem to be familiar with meeting rules or Roberts Rules. Others seem well versed. I think this chair knows how to conduct a hearing. The HD (Health Director) is very experienced.

But it can be frustrating. Like people who don't follow the doctor's orders. What are you going to do?

Haven't heard but among the opposition (retailers, distributors, trade association execs, Smoker's Rights folks, and once in a while a smoker) we might see a municipal leader. We have had city councilors and select board members show up at other hearings. If they do, they are usually opposed for "economic development" reasons (AKA votes).

From: Merkin, Ross D.,MD <rdmerkin@mgb.org>

Sent: Tuesday, May 13, 2025 12:41 PM

To: Buzby, Maureen <mbuzby@CityofMelrose.org>

Subject: Re: BOH meeting versus BOH public hearing (apologies in advance for long email)

Thanks this is helpful. So I should plan on a 3 minute speech discussion all of the terrible complications of tobacco use? I should not expect to take questions from the audience ?

Sincerely,

Ross Merkin, MD
Mass General Cancer Center
Center for Head and Neck Cancers
Mobile (617) 894-7651 | Email rdmerkin@mgb.org

Clinic (617) 724-4000 | Fax (617) 726-0453

Sent from [Outlook for iOS](#)

From: Buzby, Maureen <mbuzby@CityofMelrose.org>

Sent: Tuesday, May 13, 2025 11:18:09 AM

To: Merkin, Ross D.,MD <rdmerkin@mgb.org>

Subject: BOH meeting versus BOH public hearing (apologies in advance for long email)

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Hi Ross,

Thanks for dialing in last night.

I'm glad you asked. I've been meaning to share a bit more detail about what to expect in these meetings/hearings, and especially the difference between a meeting and a hearing.

First of all, all Massachusetts BOH meetings/hearings are also "open meetings", meaning they have to be posted 48 hours in advance and there has to be public access.

Meeting:

Monthly BOH **meetings** (most Boards hold monthly meetings) have an agenda and the agenda is posted with the meeting notice – that's how the tobacco industry knows that tobacco is on the agenda. There are usually several items on the agenda such as the Public Health nurse's report, the Health Director's report, appeals, etc. There are rules for how these meetings should be conducted. Some chairs are more well-versed and/or choose to follow the rules more strictly. If a topic is on the agenda then that topic is not open for "public participation". "Public Participation should be on the agenda for every meeting and is dedicated to issues residents would like to raise that are not on the agenda. Once issues are raised in PP the Board can decide if they want to have those items on the agenda for a future meeting. These rules get violated. Sometimes it's hard to plan.

The board can invite guest speakers to address any meeting topic. If all goes well only the guest speaker speaks to that

topic during the meeting. If there are questions there may be other SME's in the audience who might be allowed to answer questions, with the Chair's approval, and in doing so sometimes get a chance to offer up additional information. Sometimes the Board Chair forgets to enforce the rules and that opens up the meeting and others chime in. It can end up more like a hearing. That is not the objective of a BOH meeting. Things can go sideways. You will hear us discuss strategy around how to try to handle this. I got "ambushed" in two meetings – Belmont and Lexington. The HD's told me in advance that these were "introductory" meetings and to just explain the policy. Then if the board decides they can have it on the agenda for a later meeting. In both cases the DH's told me not to have other experts there. And in both cases the opposition had representatives in the room and they were allowed to speak after me (I was on the agenda, they were not), and in both cases we got derailed. Their comments resonated – "Down the road a forty year-old decides he wants a cigar and won't be able to buy one???" NOTE: I'm offering this long-winded explanation so you have more context for some of the discussions you will hear on our NFG Team calls. It can be a fine line - - we try to be respectful of the Board's wishes and the HD's instructions and sometimes we get hammered. Tricky.

Public Hearing:

Now, once a topic has been discussed at a regular monthly BOH **meeting** the Board may vote to hold a **public hearing**. Hearing date/time/place is set. For controversial topics the hearing is often moved to a larger room. The HD handles all those logistics. They decide in-person only, virtual only, hybrid. Also, how many minutes per speaker. (Three minutes each for Hopkinton.) I'm still not sure if it's in-person only or hybrid. Everyone signs in and then they get called to testify in the order they signed in. Or if folks are online an administrator keeps track of the order in which they raised their electronic hands. As you heard last night, we try to be a little strategic in how we line up. Sometimes we need someone at the end to "correct" falsehoods in the opposition's

testimony. We also try hard not to be redundant. We don't all need to say, "Smoking is still the leading cause of preventable death." As Anthony Ishak said last night, he often tries to bat clean-up.

The **public hearing** is an opportunity for all people to share their views on the topic. There is no Q&A. When conducted correctly the chair opens the meetings, provides hearing instructions, and then those who want to testify are called upon to speak. There should be a timekeeper. Speakers who go over the time limit should be cut off. Comments should be addressed to the Board, not to anyone in the audience. The Board does not take questions. SHOULD not take questions.

They should just sit there and listen. Sometimes a Board will vote at the end of the hearing. Usually, they vote to take everything under advisement and have the vote added to the next meeting agenda. Written testimony is often sent to the Board in advance of the hearing, All members should have written testimony in a meeting packet provided by the HD.

They may or may not have had a chance to read all the documents in the meeting packet. Peter Brennan from New England Convenience Stores/Energy Marketers Association submits a 51-page document! Once in a while a Board will offer additional time for written testimony to be submitted. Another fifteen days. Or thirty days.

We've learned as we've gone on that it is especially important to have local people at every hearing. We've been accused of being "hired guns". We've been called "outsiders". Of course, everyone from the opposition is an outsider. You'll hear us discuss local support a lot. It's critical.

But subject matter experts are also critical. The industry will tout stats about the decline in smoking rates for instance. Our experts need to testify about what they see/hear/treat. That's where you come in. if you say exactly what you said when you introduced yourself to our group that will resonate. Who your patients are and what caused their medical

condition. You have immense credibility. Your voice is important.

My apologies. Didn't mean for this email to be so long but wanted to give you a better sense of how things might play out in Hopkinton (**might** as opposed to **should**). And especially to explain the difference between a meeting and a hearing.

Hope this helps. Please let me know if you have any questions. Looking forward to Hopkinton.

Best,
Maureen

From: Merkin, Ross D.,MD <rdmerkin@mgb.org>
Sent: Tuesday, May 13, 2025 7:25 AM
To: Buzby, Maureen <mbuzby@CityofMelrose.org>
Subject: Re: Monday Meeting 6:15-7:15pm and agenda

What questions should I be prepared to answer tomorrow? Should I plan on making a small speech or am I just available for questions about how bad tobacco is?

Sincerely,
Ross Merkin
Cell (617) 894-7651

From: Buzby, Maureen <mbuzby@CityofMelrose.org>
Date: Monday, May 12, 2025 at 6:13 PM
To: Merkin, Ross D.,MD <rdmerkin@mgb.org>
Subject: RE: Monday Meeting 6:15-7:15pm and agenda

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Thanks so much.
Hopkinton is this Wednesday (May 14) at 6:45PM.
Good luck at the dentist. 😊

Maureen

From: Merkin, Ross D.,MD <rdmerkin@mgb.org>
Sent: Monday, May 12, 2025 6:10 PM
To: Buzby, Maureen <mbuzby@CityofMelrose.org>
Subject: Re: Monday Meeting 6:15-7:15pm and agenda

Thanks maureen. I had not received it. I'm not sure I'll be able to join tonight- currently at the dentist... but im planning to be in Hopkinson next week.

Sincerely,

Ross Merkin, MD
Mass General Cancer Center
Center for Head and Neck Cancers
Mobile (617) 894-7651 | Email rdmerkin@mgb.org
Clinic (617) 724-4000 | Fax (617) 726-0453

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From: Buzby, Maureen <mbuzby@CityofMelrose.org>
Sent: Monday, May 12, 2025 6:08:15 PM
To: Buzby, Maureen <mbuzby@CityofMelrose.org>
Subject: FW: Monday Meeting 6:15-7:15pm and agenda

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Not sure if you received this.

From: Anthony Ishak <aishakpharmd@yahoo.com>
Sent: Monday, May 12, 2025 5:49 PM
To: Anthony Ishak <aishakpharmd@yahoo.com>
Subject: Re: Monday Meeting 6:15-7:15pm and agenda

Thanks to Ginny for allowing us to use her Zoom link. See you at 6:15
Apparently my email from yesterday did not go through:
<https://simmons.zoom.us/my/ginnychadwick>

Anthony Ishak Pharm.D. BCPS
he/his/him

On Thursday, May 8, 2025 at 09:40:32 PM EDT, Anthony Ishak <aishakpharmd@yahoo.com> wrote:

Hi All

We'll meet Monday 6:15-7:15pm (If someone has a 1 hour Zoom account, send me the link and I'll send out, otherwise it will be on Teams) to discuss 2 items:

1. Plan for Hopkinton Public Hearing Wednesday (info to be sent as a separate string) (30 minutes)
2. Approach for outreach for the following **highly interested** towns: (20 minutes)
 - Sherborn
 - Maynard
 - Wenham

Please think about any contacts you have in the towns above or if you are able to dedicate time/resources to help.

I have a 7pm meeting that I plan on attending no more than 15 minutes late so we'll table any other topics to another meeting.

Anthony

Anthony Ishak Pharm.D. BCPS

he/his/him

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