

**California Medical Leadership Forum for Public Health/Preventive Medicine**  
45<sup>th</sup> Meeting (18<sup>th</sup> using Video)  
**January 13<sup>th</sup>, 2025, 8:00-9:30 am PST**  
**MINUTES**

**This meeting used a Zoom account from CAPM with phone access provided. “Handouts”** (i.e., the agenda, last meeting’s minutes,) were attached to the email notice. All attendees except those participating by phone could enter information in “Chat.” Web references for agenda topics were embedded in the agenda.

Dr. Hattis officially began the meeting at 8:00 recognizing this is the 45<sup>th</sup> meeting and the forum was founded in 2000 with more than a 10-year track record. Dr. Hattis began with a welcome and overview of the agenda noting that over the last 100 years public health has had major accomplishments to be proud of, but we can't rest on our laurels because the world is changing and some of the public health challenges are changing, as is the politics and the public attitudes. He noted that while communicable diseases were the original motivating factor for having public and the COVID epidemic and monkeypox and so forth were proof of that, we need to do more for chronic diseases, injuries, violence, overdoses, and climate change and other environmental health catastrophes. He added there has been resistance by political leaders and the public, noting that mandates cause financial losses and inconveniences which doesn't help public health reputation. Today we shall try to combine what is needed in some of these areas with the political attitudes of a new presidential administration and consider if it might be possible to engage these folks and come up with some common approaches as we move in new directions.

The focus today will be on a few areas. Ron provided an overview of persons in attendance with information to share noting he made some selected slides from Howard Hu’s challenges to the fluoride issue and noted that Don Lyman has several areas of expertise, including being in charge of the state's chronic disease and injury program as well as has had some peripheral involvement with the fluoride and the pasteurization issues over time both in New York and California. We also have Jeff Klausner from USC filling in for Howard Hu. Jeff is a major researcher on some of the communicable diseases including HIV with projects all over the world. We have Traci Stevenson our secretary from Touro and where they've been doing some innovative things on nutrition. And we have Jessica Nunez de Ibarra from CDPH who will try to make us a little more sensitive to why the public has been getting skeptical about public health and some of the pain that they experience partly due to our own mandates during the pandemic.

---

1) **Approval of Minutes:**

Traci requested motion to approve minutes. Ron asked for a small correction on the top page regarding the number of virtual meetings we have had. Don. Lyman seconded the motion. There were no objections.

2) **Special Topic, Part I: Los Angeles Fires**

Ron reported that he has adjusted the agenda due to the dramatic emergency going on due to the Los Angeles fires, affecting public health. He shared the updated agenda via screen share and scrolled through it noting that we're going to discuss public health programs where we may have some pressure and skepticism from the new administration. These include immunizations, pasteurization and fluoridation. After those are discussed, we'll have the roundtable where each member will have up to a minute to offer a biography and explain what you do. Then part b will include Jessica talking about winning back the trust of a public that has experienced financial and social pain and disillusionment by closures and mandates that happened during the pandemic. We shall then discuss whether there might be some areas of consensus regarding chronic diseases and nutrition.

- A. Ron shared slides he put together about the fires noting wildfires is a public health crisis.
  - A.i. There are risks to life and there may have been 25 or more deaths from these fires, plus the amount of the city and the county that have been burned. The limited loss of life is a credit to law enforcement and the fire departments rescuing people and aiding evacuations.
  - A.ii. Ron was on a disaster medical assistance team for 20 years and did not actually have an opportunity to respond to fires like this but did do earthquakes and hurricanes. A lot of the injuries and deaths were from collapsing structures.
  - A.iii. Dangers also include respiratory failure from the terrible air quality, cardiovascular events, and some heart attacks triggered by stress. There will probably be some suicides to watch out for. Additional hazards are electrocution from downed power lines and loss of life-sustaining medical treatments because medical facilities are down.
  - A.iv. Ron discussed his work responding to the World Trade Center including toxic air quality noting that based on that experience, there will likely be chronic pulmonary and other respiratory conditions caused by exposure to carcinogens in plastics and other toxic materials that are part of the structures that were burned.
  - A.v. With earthquakes we have had coccidioidomycosis and other infections, and we could have that with the fires too. (See also D.ii.6.d.iv below.)
  - A.vi. There will be mental health effects including anxiety disorders, depression, hopelessness, suicidal ideation, and just mourning loss of property and lives.
  - A.vii. Likely non-fatal conditions, including burns, hunger, malnutrition, heat and cold exposure, interruption of health care, and lack of water and power in large areas of the city.
  - A.viii. For the many who have lost homes, health hazards associated with homelessness and financial losses will have an impact on public health.
  - A.ix. Education is being disrupted, noting two of the elementary schools and a high school which his wife attended growing up in Pacific Palisades have been destroyed. We learned during the COVID pandemic that when schools are not available, equity in education suffers.
  - A.x. Regarding prevention, Ron notes that we know from the past Northern California fires that electrical utility sparks actually set some fires off. We have allowed development in

areas that are high-risk, and have not controlled brush around houses adequately. We have not required fire-resistant roofing. We need to have multiple egress routes from neighborhoods for evacuations; noting that some people were stuck in line trying to get out of the Palisades. We also need better water access including an increase in reservoirs and not closing key reservoirs for maintenance during fire season as happened this time, noting that pressure went down to almost zero and we need to increase reservoirs.

- A.xi. We will need health monitoring of the population to see what is happening, and federal assistance including health programs for the damages not just physical.
- A.xii. Regarding air pollution, advice has been given when outdoors to wear an N95 mask, but a lot of people threw out all their N95 masks when the COVID epidemic subsided. People have been encouraged to stay indoors, but we have not been monitoring how much better the indoor air is than the outdoor air.

B. Ron asked if anyone had other ideas for prevention and mitigation, recognizing that some of them most experienced people in public health are on this call.

- B.i. Linda Rudolph added that it's clear from the climate science that these fires are going to continue to get worse without very substantial and rapid climate action. We have had record heat events and we are not going to be able to adapt to these events. The only hope for the future is primary prevention by reducing fossil fuel combustion which is also threatened now with the new administration.
- B.ii. Linda put some notes the chat about particulate matter that is associated with a very wide range of health impacts and wildfire smoke. Fire is responsible for an increasingly large proportion of particulate matter exposure in California's population but a reminder that the other significant big contributor to particulate matter in California is burning fossil fuels. She pointed out that stopping the burning of fossil fuels is a multi-pronged benefit for public health in our state.
  - B.ii.1. Also ;posted in the chat: Recent article about delayed health burden for years after a hurricane - that overshadows the immediate health harms:  
<https://www.nature.com/articles/s41586-024-07945-5>
- B.iii. Ron noted he listed climate change action at top of a list of preventive action due to its importance, but it takes years. He added that we have made progress, but then a new industry of crypto uses a tremendous amount of power. It seems like we take one step forward and we face a step back that neutralizes some of the progress.
- B.iv. Linda added that we should alert people to the fact that there's a very large coalition of environmental justice, environmental and health organizations that are working on a bill that will soon be introduced in the legislature to hold fossil fuel companies accountable for the harms that they've caused.
  - B.iv.1. We have not had the most robust budget situation in California. This bill addresses some of the root causes of wildfires and many other health problems by bringing in potentially a lot of revenue to help the state both mitigate climate change, reduce the risks of wildfires, and address the health impact. Linda stated she would be happy to come back and talk about this bill as it moves forward.

### 3) **Special Topic, Part II: Public Health Changes under New Federal Administration**

A. Ron asked Dr. Hu to provide information he and Jeff might have related to working in vicinity of RFK Jr. and the Trump transition team.

A.i. Howard noted that his interactions have been with the with the team members of RFK Jr's transition who contacted him to talk about his role in the fluoride issue. He added that his impression is that RFK Jr. is willing to talk, certainly his transition team are willing to understand the input of public health professionals. Ultimately, he will call the shots for DHHS and so will Trump. Howard's personal view is that we should give as much evidence-based input as we can, be as influential as we can and see where the chips fall.

A.ii. Ron noted that he had picked out some of the slides Howard had made about fluoride toxicity. See also G. below.

B. Jeff then shared his slides to provide a bit of insights at the federal level noting that as Ron or Howard mentioned, he lives in Mandeville Canyon, which has been a focal point of fire prevention. He has been evacuated for the past week. Robert Kennedy Jr. also lives on Mandeville Canyon, and he sees him with some frequency on different runs and hikes.

B.i. Department of Health and Human Services has about a \$1.6 trillion budget. The proposed leadership nominees are:

B.i.1. Director/Secretary: Robert F Kennedy, Jr.

B.i.2. Director, CDC, David Weldon, a physician from Florida and had been a Republican Congress Member.

B.i.3. Director, NIH: Dr. Jay Bhattacharya, a health economist from Stanford and very vocal in the COVID response and one of the authors, the Great Barrington Declaration

B.i.4. Director, FDA, Martin Makary, who's an oncologic surgeon from Johns Hopkins also was very vocal in the COVID pandemic

B.i.5. Director, CMS: Mehmet Oz, a well-known media personality and vendor of supplements and lifestyle etc.

B.ii. Priorities: Jeff stated there is a 2025 mandate for leadership chapter 14. He put the link in the chat, noting this is what they call Project 2025. They have about a 50-page chapter on the priorities of the new administration with a focus on:

B.ii.1. Medical freedom

B.ii.2. Chronic diseases

B.ii.3. Pro-life (this also filters into patient choice and provider autonomy)

B.ii.4. Stable married families

B.ii.5. Emergency preparedness: they do recognize and prioritize emergency preparedness perhaps in a way that tries to really value individual choice and civil liberties. Jeff added that personally he thinks the state of California, and this group, should not put too much effort into trying to change things at the federal level and should

focus on the state of California where one out of eight Americans live and has 40 million plus residence.

B.ii.6. Jeff noted Ron asked him to focus a little bit more on infectious disease in California. He shared that as of February 1st, Dr. Erica Pan will become the state public health officer and director.

B.ii.6.a. Dr. Pan is pediatric infectious disease trained. She had been a local communicable disease officer in Alameda County in Oakland, then was the health officer in Alameda County, then became the California state epidemiologist. Now she will become the state public health officer and director. He has worked with her for about 15 years, noting she is very practical, easy to work with and accessible. He thinks we can have confidence in her ability to work with many different types of groups and he is very encouraged by that.

B.ii.6.b. Ron stated that he thinks she attended one of our meetings when she was state epidemiologist and maybe we can get her back to be discuss various issues as we see them.

B.ii.6.c. Jeff noted that she's going to be very busy in this leadership position, but she does recognize the value of communication and working together. Two weeks ago, the state did one of their first HIV bird flu talks to hospitals and some medical providers.

B.ii.6.d. Jeff noted areas of focus and priority include:

B.ii.6.d.i. Pandemic preparedness

B.ii.6.d.ii. Vaccination (and people's attitudes about vaccination, vaccination hesitancy)

B.ii.6.d.iii. HIV, STIs, hepatitis, and TB. (the traditional communicable diseases of public health; he predicts continued flat funding in these areas at the state level).

B.ii.6.d.iv. Valley fever. Jeff noted someone brought up recently there could be increase in coccidioidomycosis due to the fires and the people working the fires in the mountains, but Santa Monica is not really a cocci area like Bakersfield or the outbreak that occurred in wildfire fighters a couple of years ago that was related to working on a fire near Bakersfield. But valley fever continues to be a big public health and infectious disease issue for the state.

B.ii.6.d.v. Food and water safety monitoring

B.ii.7. Surveillance and epidemiology and public health

B.ii.8. Ron asked if there were any questions for Jeff. He went on to add that we have made occasional mistakes with regard to vaccinations. Some of the criticisms that we may consider as evil or misguided or crazy are not. Vaccine history is more complicated and there are reasons to take fresh looks. Ron stated that he was a leading opponent of the swine flu program in 1976 and was pretty sure that the virus wouldn't ever appear, and the vaccine would cause some side effects, which turned out to be a correct prediction. In the Cutter incident, about 20,000 people got polio from an inadequately inactivated vaccine. There have been a few problems with immunization, even though we believe in it strongly as a general rule and it has saved countless lives from various diseases. It pays to support further study to hopefully prevent problems.

B.ii.9. Jeff shared link to Project 25 and his contact in chat: [Jdklausner@med.usc.edu](mailto:Jdklausner@med.usc.edu).

C. Ron then asked Don to share some thoughts on current changes and ‘bomb throwers.’ Don noted, as background, he was the state epidemiologist and disease control officer for New York and then California over the last 40 years and that we have “been here before.” There are two perspectives on this to share including the observation that when we went through challenges to public health in California with the Reagan administration in the early 80s, it was very clear the target of the “bomb throwers” was not the specific program or modality that they put in front of us, the real target was the staffing. Industry people used the Reagan administration to de-professionalize the EPA, and some of the health agencies. So, he suggested remembering that the target is not immunization. It is not pasteurization. It is the staffing that they are targeting. And the Reagan administration was successful in cutbacks. That is the target they have this time as well. The second perspective is that when you work on these things, the “bomb throwers” show up. They take the target seriously and attack it. The perspective they took in New York when he worked for the feds and here in California, is to agree that there are problems with each of these processes, whether it's water quality or milk quality or whatever, and to admit there are things that need to be fixed. They have not been fixed at the federal level for about two generations because of the dysfunction in Washington. He recommended that we summarize the things we would like to see fixed with an optimistic, positive, constructive approach. The “bomb throwers” want to blow things up and then walk away and not come back to fix what they blew up. We want to use whatever they do for damage and their perspective and approach it positively.

C.i. Don spoke to current concerns about pasteurization:

C.i.1. Kennedy has talked about raw milk. In California, this is not an issue. Raw milk has been legal here for a long while. The control agency used to be the Department of Public Health. The industry got that moved off to the Department of Food and Agriculture where it lives today. They use our communicable disease control people in the health department as a backup for when outbreaks happen there. Since it has been moved off to Food and Ag, he has not seen a lot of press play on that, noting that it is legal, and the industry itself has diversified. They're no longer owned in California. Don doesn't think it is going to be a big issue in California.

C.ii. Don also spoke briefly to fluoridation. He was co-chair for the fluoridation activity in the mid-90s through the early part of the 2000's and fluoridation coverage in this state increased from about 17% up to about 60, 65%. It took about 10 years. Fluoridation is not mandated on retail water distributors, water companies, cities, localities unless the money to do it is provided from non-rate payers. They found that most of the providers were very helpful, very optimistic, very cooperated to fluoridate their water supplies which is how they got up to 60, 65% of coverage. As they walked thru this process, they kept finding studies that make correlations but not causality. And the real question was, is this sufficient evidence to stop the provision of a preventive modality, which is quite productive? The decision has been to follow up and to see what the data say, but not back away from fluoridation just because there's another study. This is where we are in fluoridation right now. A study referenced was from the National Institute of Health, but

they also had a study in our state that came to a different conclusion. He does not think this is the death knell for fluoridation.

C.iii. Other issues include vaccines. Don notes that if you lose public confidence in vaccines, that is really bad news, so you cannot let that happen and need to figure a way out of that.

D. Jessica Nunez de Ybarra added on this theme about happenings that impact everything we've just discussed, related to the United States Preventive Services Task Force.

D.i. The United States Preventive Services Task Force is that task force of subject matter experts that speak to interventions that are reimbursed by federal health programs for prevention, as part of The Affordable Care Act. This was part of a guarantee that we think about prevention and coordinate screenings on a large level and public health science.

D.ii. The task force is being threatened, and business powers are taking the government to court and this will be heard by the Supreme Court.

D.iii. She is sharing this because as related to the promises in Project 2025, some of the concern from the business community is that they have been being asked to pay for process and procedures, preventions that they feel their constituents having access to, might lead them astray morally, apart from their religious teachings. This is all going to play out and Jessica feels that it is a very important challenge to experts and to science and it is something we need to watch and defend. Apparently the only vocal folks who've taken a strong stand against that notion that the task force is not constitutional or an infringement in any way is the American Public Health Association. Her hope is that CMA and AMA is taking a strong stand and that we are vocal about our concerns.

D.iii.1. Sometimes we need people with real subject matter expertise to be weighing in on what's reimbursed, what are the interventions to keep things dynamic and supportive for the best interest of people.

D.iv. Jessica expressed that she would like it noted for the record and hopes that people pay attention to some of these very far-reaching, very concerning trends.

D.v. Related Chat Discussions copied from CHAT are included here:

D.v.1. Jeffery Klausner: Here is the link to the Health Chapter of Project 2025 [https://static.project2025.org/2025\\_MandateForLeadership\\_CHAPTER-14.pdf](https://static.project2025.org/2025_MandateForLeadership_CHAPTER-14.pdf)

D.v.2. The SCOTUS case my understanding is (about) whether the USPSTF was constitutionally convened and legally allowable.

D.v.3. Jessica Nunez de Ybarra: Here is what I could find online regarding some strong vocal support of preventive care as part of the Patient Protection and Affordable Care Act. I agree with you Jeff - USPSTF is one component it seems. It would be important to ensure that we get clarity on what is at stake. <https://www.fightcancer.org/releases/35-patient-provider-and-physician-groups-file-amicus-brief-urging-us-supreme-court-protect>.

E. Howard then provided further discussion regarding fluoride with response to Donald's comments and noting he would respectfully disagree based on two major points.

- E.i. Howard noted that the recent study that Donald referred to, the NIH published study, is not an ordinary study. There's a monograph where they did a systematic review and there was a meta-analysis of 19 high quality, low risk of bias studies that have been conducted over the last 10 or 15 years, some of them by his group and others in groups in Canada, Mexico, and elsewhere.
- E.ii. The NTP is not an organization that is out there crying wolf. They're a very conservative organization.
- E.ii.1. Their conclusion was clear that fluoride is a neurodevelopmental toxicant. He added that the magnitude of the effect is within the order of magnitude of the leaded gasoline effect. We're talking about 65% of the US population
- E.ii.2. There's also a lot of basic science studies that have come out, particularly, high quality studies have been published over the last five years that have looked at mechanisms. Fluoride clearly has all sorts of ways of disturbing neurotransmissions, cell signaling, other processes that provide the scientific and the so-called Bradford Hill criteria to support this as a causal relationship.
- E.iii. The second point is that the major effects clearly are prenatal and the first year of life.
- E.iii.1. That actually turns out to be the stage of life where fluoride exposure does not actually improve dentition and lower the risk of dental caries. What's been lost in all of the debates and the media is that Dr. Hu and his colleagues believe that there is an opportunity to reduce impacts on neurodevelopment by recommending ways of decreasing prenatal and first year of life fluoride exposure while the dental and environmental health folks work together on the risk benefit going forward of water fluoridation. This is a more nuanced view and what he has been doing, environmental health and environmental epidemiology for 30 years.
- E.iii.2. Ron asked Howard to comment on the study that correlated third trimester maternal fluoride in urine with four syndromes that seemed to suggest a positive correlation with very low p-values, particularly an 18% increase in autism spectrum with 0.008 P-value.
- E.iii.2.a. Howard replied that's a study he and his colleagues did here in Los Angeles based on the Madras pregnancy and birth cohort study.
- E.iii.2.b. He noted he doesn't think the science is yet robust enough to talk about fluoride impact and behavior. But these are the kinds of studies that we worry about.
- E.iii.2.c. The NTP was just stuck with intelligence and cognitive outcomes and did not address behavior because we don't have a sufficient critical mass of evidence. But there's other research that's worrisome.
- E.iii.3. Ron commented that the studies suggesting a slight IQ decrease were mostly done in China, in areas that may have higher fluoride levels, and wondered if Howard had any comment on that.
- E.iv. Howard commented that it is not the not the bulk of the evidence that the NTP focused on. They focused on the high quality, low risk of bias studies. It was not the ecological studies, but the prospective epidemiology studies where they had individual measures of prenatal and infant exposure, had all the covariates you need to control for (noting these were just like the lead studies, and he's been doing lead research for 30 years). The

studies were doing the dose response modeling and looking at the effect estimates and how it might play over the range of exposures that we see in US, Canada, and Mexico.

E.v. Ron added that his conflict of interest is that his kids were born and spent their early years in the only state that made fluoridation illegal, Hawaii. His wife took prenatal vitamins, and the kids took baby vitamins with fluoride. In a series of 'n' equals 1, his kids never developed any caries. Ron also used to work at Kern County, and would drive out to Ridgecrest to do well-child care. The Ridgecrest Trona area of Northeast Kern County and Northwestern San Bernardino County has had natural fluoride in the water, higher than fluoridation percentages. Although their water department now claims fluoride levels more typical of fluoridated systems (perhaps achieved through dilution), one or more generations seem to have grown up with higher levels. When examined, those kids seemed healthy and intelligent. However, they did have fluorosis in their teeth, white spots that were visible when he did oral exams, but he never saw cavities. Ron suggested that if the population of the Ridgecrest California area is large enough for power in a study, we could compare average IQ scores and incidence of autism and of anxiety disorders and the other things that had been, to see if there has been a silent epidemic going on among people who grew up with high fluoride intake. He commented that we have to balance things, and it may be that the prenatal vitamins with fluoride and the infant vitamin drops with fluoride will disappear from the market.

E.vi. Ron also asked what is NTP?

E.vi.1. Howard explained it is the U.S. National Toxicology Program, a branch of the National Institute of Environmental Health Sciences which is one of the NIH institutes.

E.vii. Jo Marie Reilly asked Howard to comment on what he will advocate for with the limited but nonetheless, compelling research he sees in terms of the clinical applications for those of us who care for women and children?

E.vii.1. Howard responded that when he was working on lead research for 30 years the CDC put together a working group on lead in pregnancy and came out with recommendations for lead during pregnancy. It took about three years for that expert panel. He stated that it'd be nice if the CDC did the same here and brought in dental, environmental health, risk assessment, and other professionals to look at the evidence and come up with some recommendations that would be useful for obstetricians and pediatricians. He added that he has given his view and thinks the science is pretty solid and he would hate to see this languish for years because we're talking about kids and women who want to give birth to great kids.

E.vii.2. He added, it's very similar to lead in that you may lose points of IQ. On a population level, it's a huge effect. On an individual level, you'll never know if Sammy or Johnny or Lisa could have been smarter. But the population impacts in terms of lost (IQ) points, in terms of the economic impacts of lost points are enormous. That's why it is important to pay attention.

E.vii.3. He added that also doesn't reflect the fact that these are average estimates based on data estimates from regression curves, but averages of people who might have lost five or six points instead of two or three and some who lose very little.

E.vii.4. The research on what are the susceptible subgroups still has to take place. That is what the EPA also is required to do, protect people not only from the average effects, but also susceptible subgroups.

E.viii.Jo Marie asked if the ADA come out with anything yet.

E.viii.1. Howard stated that they have said, “we don't believe it. We're strongly in favor of water fluoridation.” And this is the same with the American Academy of Pediatrics. Howard said that unfortunately, he hasn't seen a forum where the environmental health and the dental public health people can get together and actually hash out the science and come up with something clear.

E.viii.2. Howard has a lot of sympathy and empathy for the dental public health folks because this is something they've been recommending for decades and it's really, really hard to suddenly stare the science in the face and say, you know, actually, this doesn't make sense.

E.viii.3. There have been the so-called “crazies” for decades, who have been anti-fluoridation because of more libertarian reasons around forcing us to put fluoride in water. Howard notes when they started publishing this research, which was NIH funded after extensive peer review, they were immediately lumped with the “crazies” and were accused of being radicals. But that was not the case.

E.viii.4. There are historical reasons why there's a lot of pushback and sort of non-belief, but you have to face up to the science. And the NTP report is really quite clear.

E.ix. Ron concluded by thanking Howard, adding that public health cannot stay on the same track unchanged when knowledge is changing, such as disease patterns, toxicity data, morbidity and mortality statistics. We need to be nimble, and we need to be open to new and better studies. And if we can, we should convince the “bomb throwers,” rather than to take drastic action immediately, to do high quality studies and get to the bottom of some of these problems and find balanced approaches.

E.x.

4) **Roll Call/Roundtable**

Dr. Hattis handed this portion over to Dr. Sumedh Mankar to conduct the roll call. There were 24 identified attendees.

California Academy of Preventive Medicine

- 1) Dr. Hattis, President, led the meeting.
- 2) Dr. Mankar Vice President facilitated roll call.
- 3) Dr. Lyman, present, introduced himself earlier during the first topic of discussions.

California Department of Public Health

- 1) Jessica Nunez de Ybarra, present, with the Office of Policy and Planning which is new in the department as a result of the state and federal investments in public health infrastructure, future of public health. Jessica serves as the community health medical administrator. She also currently works with Erica Penn.

2) Carolyn Peck, present: Director of the Preventive Medicine Residency at CDPH. Carolyn thanked all the people who've notified us about the new research on fluoridation. She thinks we will have to move forward with what the research is showing us. \_

### Medical Schools

Touro University California, College Osteopathic Medicine

1) Traci Stevenson, present, forum Secretary. No new updates.

UC Berkeley

1) Jared Mazanti, present, is the Director of Strategic Initiatives in the Dean's Office at the School of Public Health. It's great to see everybody and learn a couple things about the fires and fire prevention and the relation to climate change.

UCSF

1) Roz Plotzker, Program Director for the UCSF Preventive Medicine Program. She also does work with STDs with the California Department of Public Health. Their main update is that they have expanded their program to Fresno. They have their inaugural class down in Fresno noting that kind of related to the discussion today, their resident is going to be doing some work with CDPH's work on the impact of heat on public health. It is going to be interesting looking at heat related illness and heat related death among agricultural workers in the Central Valley.

Stanford

a.1) Eleanor Levin from Stanford reported she is in cardiovascular medicine and has two colleagues on the call noted below; Eleanor also reported that their gun safety group safe went with Dean Winslow and Julie Parsonnet to the White House to a symposium on gun safety in June. There their office was happy to report a 25% decrease in fatal shootings over the last year. They've had great progress. That's all going to be dismantled by Trump. They will continue to work through the medical schools where across the country they have students and faculty participating.

(a.1.1.a) Ron asked if that was 25% decrease in deaths and Eleanor replied, mostly in deaths, yes, with gun safety, promoting gun safety laws, gun safety awareness among public health providers and first responders.

a.2) Sandra Tsai, preventive medicine specialist in cardiology and an expert in preventing diabetes notes she works with Joyce and Eleanor and is happy to be here.

a.3) Joyce Njoroge, is a new colleague, and an expert in heart failure with a special interest in social determinants of health and maternal morbidity and mortality.

(a.3.1.a) Ron commented to Joyce that regarding heart failure there is a real opportunity for prevention especially with the SGLP2 inhibitor drugs and asked her to say a few words.

(a.3.1.b) Joyce responded that she is one of the heart failure and transplant cardiologists at Stanford and is very interested in disparities, particularly with peripartum

cardiomyopathy or pregnancy associated heart failure. She stated the comment about SGLT2 inhibitors is really helpful to bridge this topic about what causes such high rates of heart failure in our population. A lot is comorbidity driven, so not just the diabetic effects of the SGLT2 inhibitors but also optimizing things like obesity. GLP-1 agonists are also now FDA-approved for heart failure patients and most likely we'll see that the data is that the weight loss really helps with metabolic syndrome, concurrent diabetes, high blood pressure, all of these things that impact heart function. We're starting to include at least SGLT2 inhibitors in our mainstay therapy for heart failure and new guidelines will probably also include GLP-1 agonists. She recognizes there's a lot of concern around those medications, but when used appropriately and with counseling on good nutrition, they can be really helpful.

UC Irvine

1) Arianna Nelson: anesthesiologist and pain medicine doctor that works at University of California, Irvine, primarily in the medical school. She does some teaching in addiction medicine, with a course for the grad students and also is a special government employee for the FDA for analgesics and analgesic procedures. Arianna noted that we may hear a baby in the background and was particularly interested in the comments on fluoridated water. She actually was reviewing some of those studies in her prenatal period and did try to mitigate fluoride consumption, cutting it about in half by drinking non-fluoridated water, but also filtered tap water. She did feel like the data were compelling enough to make those efforts. Ron added "may your baby grow up to be a genius," but Arianna added that her three-year-old did not, since the data were not available at that time. She jokes that scientific rigor will be very low with 'N of two'; one had fluoridated water, one did not. She noted that, as others have stated, we should really stick to the evidence and is not trying to say in any way that, her 'N of 2' is evidence of anything but does think we should focus efforts on showing where there have been missteps and where public health has done really tremendous things like vaccines. She is concerned about vaccine hesitancy in the next four years.

Loma Linda University

1) Karen Studer, present, is the program director for the residency in Preventive Medicine as well as the chair of the department. She also teaches at the School of Public Health. They're very interested to see what is happening with the funding situation as well as keeping everyone in prayers with the fires nearby.

UCLA

1) Priyanka Fernandes, Program Director for the UCLA fellowship program. Priyanka shared her comments/updates are one based on what's being discussed and wonder if there's appetite at all for within the state in terms of residency funding for training programs. Her second comment was to Dr. Klausner and the others in LA, if

there's any way they can mobilize their UCLA trainees who want to be involved. She is wondering if there's any way or where they can help.

a. Priyanka shared message from 'notetaker' in chat: "Hi, I'm an AI assistant helping Priyanka take notes for this meeting. Follow along the transcript here:

[https://otter.ai/u/LhUpLkGS3-nRxmNomN3PpVg2vk?utm\\_source=va\\_chat\\_link\\_1](https://otter.ai/u/LhUpLkGS3-nRxmNomN3PpVg2vk?utm_source=va_chat_link_1)

USC

1) Jo Marie Reilly: present, from the USC Keck School of Medicine school, and has joint appointments in Family Medicine and the Department of Population and Public Health. She joined this Forum about a couple years ago now with Howard Hu. Some of the big things at USC include that for almost five years (but it's really taken off in the last two years) there has been an Institute of Addiction Medicine Science. Also, as we heard from Howard, there is a lot of work in environmental health. Another area they are very involved in is nutrition and obesity health. That's an area of particular interest and she has done a lot of work in.

2) Jeffery Klausner: present, is a former CDC medical officer and former local San Francisco deputy health officer for STDs and HIV. He has been at USC now entering his fifth year and does mostly NIH, CDC, and state-funded research in HIV and STI prevention.

#### Guests

1) Cynthia Mahoney, present, is with Voting for Climate and Health here as a guest. She notes she is grateful to be here because restoring public trust is going to be essential for climate action. Cynthia shared the following information copied from chat:

a. Recent article about delayed health burden for years after a hurricane - that overshadows the immediate health harms: <https://www.nature.com/articles/s41586-024-07945-5>

b. Also AI uses a tremendous amount of power!

2) Priyanka Thatipamala, present, is a recent graduate of the CDPH Preventive Medicine residency.

3) Linda Rudolph, present, works for the Public Health Institute.

5) **Special Topics II:** Ron began the second session of special topics calling on Jessica Nunez de Ybarra to give a perspective to increase our sensitivity to the effects of the pandemic, the restrictions, shutdowns, and politically-induced skepticism of public health, what we're up against and what we might be able to do to restore or increase public trust. Traci was also asked to address the nutrition issue.

1) Jessica stated the California Department of Public Health and partners are trying to reflect on how to be a learning, healing, and impactful organization. This includes deep dives on looking at decision intelligence in the department.

a. She notes that we know trust has eroded and there have been some infrastructure investments in public health and yet for the crippling needs that continue to sort of threaten our communities and the proactive response we'd like to have noting that we have to choose our battles. She will be in touch with everyone.

- b. Jessica took a moment to thank Caroline Peck for her service as the CDPH residency director. Carolyn will be stepping away from her role at the end of February so they will be recruiting a new program director, and they will be working together. Erica Pan will assume directorship at the beginning of February. Tomas Aragon's last day will be the end of January
  - c. Jessica stated they have an incoming federal administration that will start next week. The governor has released his budget in recent days and has a special convening with the legislature to look at finding funds for the people in Southern California.
  - d. Jessica notes that everything is very fluid and yet what we have to do in public health is to really listen to our communities as they are the folks that really have a strong sense of what they need, and we need to listen. They will be working on that.
  - e. Jessica is eager to hear from Forum members about what they are learning, and to hear about successes. She invited members to share with Ron anything they feel in upcoming presentations of this forum when they (CDPH) have done things right.
  - f. She feels very hopeful with Erica Pan and notes they're making some inroads on health security with the UC system. This does not include funding necessarily, but they will see.
- 2) Ron then asked Traci to make brief comments on the nutrition issue noting this is an interest of Robert F. Kennedy Junior, and one of the areas in which we might be able to see some redirection that we would consider progress
- a. Traci started with a shout-out to Jo Marie Reilly, who has an article that was published that gives an overview of nutrition over the last 40 years, if anyone would like to read that, there'll be more information in the chat.
  - b. Traci shared that Karen Studer was also a co-author on this article and shared the link
- b.i. Here is link to the nutritional competencies published in JAMA  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2824217>
- c. She noted that in 2020, the White House Biden-Harris administration brought a large group of people together and hopes there's a momentum moving forward. It included a lot of different stakeholders in addition to educators and private entities as well. So hopefully, even if the government completely dismantles things there are some seeds growing out there.
  - d. This has led to the ACGME, AAMC and AAACOM all coming together to think about building nutritional competencies in medical education. She added another shout-out to Jo Marie Reilly, noting that she sees Dr. Reilly's name associated with much of the information about nutrition research. This includes a publication of nutritional competency recommendations published at the end of September of this year in JAMA. The competencies are not required, but there are recommendations of integrating nutrition education and into residencies as well as undergraduate medical work.
  - e. Harvard Law and Congress Member McGovern on the East Coast also built House Resolution 1118 that passed. It is just a resolution but is aiming at tying residency funding to showing that your program is integrating nutrition into medical training.

f. She commented that we know RFK Jr. has talked about opposition to highly ultra processed foods, and she thinks a lot of the research would show if we can just focus on highly ultra processed foods, that alone will help with nutrition. She hopes we will see some ways to continue that focus rather than fight against it and thinks that over the last five years or so, there's been a huge movement in food as medicine including big endorsements by the American Heart Association, the American College of Lifestyle Medicine and there's a foundation that can continue to be built.

6) **Topics for Next meeting and Conclusion:** Ron asked for input on the next meeting and on follow-up actions, arguing that we need to be proactive, give good input and help to assure that before policies are issued that we have input. He recommends interacting and engaging with new leaders even if we start out not being eye to eye. He then requested suggestions for the next meeting noting and when to hold it.

A. Jessica noted that we do have some funded research on long COVID and other post-pandemic issues. Researchers from across the university system are engaged in the “CPR3” program, which has facilitated research grants, and they could share where those resources are and some of the things that can make the community more trustful of public health. We could invite that group to come and speak to this group. It is a UC partnership, coordinated by UCSF with Priya Strete at UCSF as the PI. She noted that the findings are incredible and are available online with over 30 researchers on project areas that will be important as we try to gain trust to see what they learned from that research across the UC and other academic centers that receive those grants. Jessica can provide contacts.

B. Jo Marie added that two other things that came up in this meeting worth considering

B.i. Asking Dr. Erica Pan to speak. She’s just starting but may have thoughts or comments about what she's doing moving forward.

B.ii. As Jessica brought up, the U.S. Preventative Task Force, and what might be happening with the Supreme Court.

B.iii. Ron added that Jo Marie got a shout out from Tracy and asked for a link or reference in the chat to the articles mentioned. Jo Marie stated she will provide a biography of her work that can be shared with the group, noting she is really involved with nutrition education across the spectrum of physician work. She will be happy to share that information.

C. Priyanka suggested discussions around learning to understand what's being done at the scientific level and then at the policy level around these issues.

C.i. Ron noted he thinks we can get that, adding that some of our past meetings focused more in detail on issues like on maternal mortality, the risk of wildfires, air pollution, heat emergencies, and many things that we have covered over our 40 plus meetings in the past. Today, there was not time to get into detailed science except maybe on fluoride.

C.ii. Sumedh asked Priyanka what other topics of discussion she would think would be good to bring forward. Priyanka noted we have been really good with topics like gun safety and suggested speaking on something like Valley Fever is something we could benefit from learning about. Ron added that we have not had a meeting on Valley Fever but could put that on the back burner.

D. Jeff suggested a topic to refresh on the core functions of public health regarding surveillance epidemiology, policy development, accountability, etc., to see how we could strengthen the kind of core public health functions that are kind of agnostic to subject matter but critical across the board.

D.i. Ron noted that the way that we have focused on this in the past was how best to teach these subjects, adding that although we're probably doing a better job in the medical schools, continuing medical education is necessary because most of the physicians are not in training right now but out in practice.

D.ii. Jeff noted some challenges are to enable people to understand the difference between public health and medicine for indigent populations. How do we more effectively communicate what public health is? How do we balance population health, ethics, and issues of patient autonomy versus humanitarianism?

D.iii. Jeff thinks one of the challenges with the pandemic response was the political leaders and the general population's lack of understanding in addition to living in a very individualistic society. We still need to advocate for communication, e.g., through education and white papers. Ron noted it is definitely true that the public did not understand some of the edicts that were coming from what they see as the elites, and as Jessica mentioned, we need to communicate better. We can ensure that well-meaning and respected members of the public are seated at the table. He noted the example during the early days of AIDS, Tony Fauci had people screaming and insulting him and he said, "let's talk about more rapid clearance of new drugs," and he became a hero to the AIDS community instead of a villain. So there is a potential for that, but it will not be easy.

Ron asked if there was any objection to the next topic being on sequelae of the COVID pandemic, including possibly long COVID. There were none. The meeting was concluded at 8:35 a.m.

Submitted by Traci Stevenson, Secretary, with minor edits by Ron Hattis  
Approved at March 11, 2025 meeting.