

Event Transcript

Boston University School of Public Health Conversation Starter In Conversation with Kerwin Amo and Daniella Montero

Craig Andrade:

Hello, everyone. My name is Craig Andrade, Associate Dean for Practice at Boston University School of Public Health. Thank you for joining us for this public health conversation starter. Today, I have the privilege of speaking with Kerwin Amo and Daniella Montero who serve on the Joint Committee of Public Health at the State House and our alumni of Boston University School of Public Health. Kerwin Amo is the Chief of Staff to state Representative Marjorie C. Decker, co-chair of the Joint Committee of Public Health. Daniella Montero serves as this research analyst for the Joint Committee of Public Health, where she has led initiatives regarding PFAS and medication cost cap legislation while supporting the committee's efforts to reduce maternal mortality and morbidity through the passage of a comprehensive maternal health omnibus bill. Thank you both for being with us today.

Kerwin Amo:

Thank you for having us.

Craig Andrade:

Yes. You're most welcome. Let's start. Let's start with you, Daniella. Can you tell us a little bit more about your work that you do with the Joint Committee for Health?

Daniella Montero:

Yeah, of course. And thank you so much for having me on today. As a research analyst on the committee, I'm responsible for researching and redirecting bills across a wide array of topics. Last session, my portfolio included bills related to environmental health, vaccines, and end of life options, just to name a few. Throughout the session, I also meet with stakeholders and advocacy organizations to discuss public health related legislation, and I help inform the chair on bills before the committee so that they can make informed decisions regarding how the bill will move forward in the legislative process.

Craig Andrade:

Amo, excuse me, Kerwin, can you say a little bit about what you do?

Kerwin Amo:

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Sure. My role serves primarily as an administrative function, helping to support the Joint Committee on public health, but also to help and support representative Marjorie Decker's personal legislative team. So, working to establish legislative briefings here in the State House, addressing constituent cases and concerns, anything from what normally constituents would have issues, interacting, interfacing with certain state agencies, primarily Department of Unemployment Assistance, sometimes the Group Insurance Commission, GIC, and other state agencies. So, primarily as a supportive administrative role to support the work of the joint committee as well as Chair Decker's personal legislative team and legislative efforts.

Craig Andrade:

Before I move forward with some other questions about the work, can you both give me a little bit of insight, and the audience as well? Your origin story, how did you make it to State House and to the Joint Committee for Public Health? Kerwin, why don't you start?

Kerwin Amo:

Sure. Oh, wow. What a journey. What a wonderful memorable journey for me. So, originally, I'm from Rhode Island, small but mighty state. I came over to Boston Medical Center around 2017, and I took on a job as an HIV medical case manager in the pediatric infectious disease section as well as the OBGYN section. So, I primarily supported pregnant women, primarily from South America, Haiti, and many disadvantaged backgrounds in Massachusetts as well. Usually, they would come to me. When they're pregnant, we do an internal health screening, find out that they've tested positive for HIV. And my role was just to serve as a case manager and a guide for these mothers, helping them to navigate public benefits, WIC, Mass Health, SNAP, and then to help with medication adherence for their newborns. Usually at their four-month negative PCR tests where they're cleared, I helped to transition them back to primary care.

And then, for those who were behaviorally infected, I would stay on for as long as I possibly can. I've done everything from IEP plans to showing up at court, and helping folks get jobs, that type of thing. And then, I got into BU School of Public Health and decided to go on a health policy journey, and that's where I decided that it was great. The work that I did, helping individuals one-on-one was such rewarding work. However, it was the policies, right? As a case manager, throughout my lifetime, I could

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help maybe a couple of hundred families, but if you could change policies, then you can impact thousands, maybe hundreds of thousands.

And so, from that work, it took me to advocacy at an organization called Healthcare for All, where I worked as a policy coordinator at the Prescription Drug Affordability Team, working to reduce the cost of prescription drugs throughout the Commonwealth. I then became a community organizer at the same organization and took on behavioral health, oral health, prescription drugs, overall hospital affordability outside of the State House. That gave me a hunger to try to figure out, well, how do these policy decisions get made? How do policies get created, and what's the role within the building of advocacy organizations, residents of the Commonwealth, and outside organizations and trade groups? Which led me to taking on a role as the chair's chief of staff where I've gotten to work alongside the committee, Daniella, Ramla, Sarah, Marissa, all of them. Ryan too.

And I've had a deeper appreciation of the work that they do, how much work really, really gets done. We often say that the House is really the powerhouse that drives legislation here. They do wonderful research, speaking to different stakeholders, constituents, advocacy groups. And really, the journey began for me at BU, and it just led me to this journey. Rest in peace, Dr. David Jones. That man was probably my greatest mentor in helping me to get to this place. It was his hope that I fall deeper in love with policy. And through the work of Chair Decker and the Joint Committee of Public Health, I really developed my love of policy and advocacy.

Craig Andrade:

Thank you for that. What a journey. I wonder who's going to play you in the movie version of it?

Kerwin Amo:

Listen, Denzel can be an older me. You know?

Craig Andrade:

I see Michael B. Jordan, maybe. I don't know.

Kerwin Amo:

You know-

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Craig Andrade:

Daniella, your origin story. He's getting his head too big. We've got to move on to you quickly.

Daniella Montero:

Yeah. So, I grew up in Florida, a really interesting place to grow up in when you are interested in public health, I guess, as a profession. Throughout my entire life, I had friends and family and people I work with have so many issues just accessing basic healthcare, and I always thought that just isn't how it should be. Healthcare is something that should be a human right, and it shouldn't be so hard to get care in what is supposed to be a healthcare system when it does not make any sense. So, I always thought that I just wanted to become part of the system, and in my own way, I would help fix it. So, I went to the University of South Florida where, originally, I was a biomedical sciences major, and I was on the pre-med track, and I thought I was going to go to medical school. And at the time, I really wanted to be an obstetrician gynecologist. I said, "I'm going to fix a whole lot of things one patient at a time."

And my first semester of college, I took a public health policy class where we talked about immigration policy and health insurance policies, and it really piqued my interest, and I realized that through policy work, you can change the entire system. And that can help maybe perhaps millions of people all at once if you change it in the right way to promote health equity. And as a physician, I could only help one person at a time. And because of how the systems in the US are set up, the likelihood that person would come back to me with the same illness or issues were so high, so taking that class really was the catalyst for me changing my major from biomedical sciences to public health. And I would think that is truly the best decision I ever made in my life.

And then, luckily, I applied to grad school right before I graduated and I got into the BU School of Public Health. And through my time at BU and taking classes with you, Craig, and Dr. Jernigan, I really found my passion for health policy. In my last semester, I had an internship with Senator Julian Sear, who was the co-chair of the Public Health Committee, where I got to really have a lot of great hands-on experience at the State House, and I just knew that this was the place where I wanted it to end up after graduation. And luckily, things aligned and a research analyst position opened up on Public Health Committee, and here I am today.

Craig Andrade:

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Wonderful. That through line of all of us getting that public health policy bug is a real ... it repeats itself over and over again. As a nurse, it was that love for individual care, but recognizing when discovering policy that you could make a difference for a significant amount of people. Thank you both for sharing a little bit about your story. I wonder if you would say a little bit about some of the policy that you have been working with during the time at the Joint Committee for Public Health. You mentioned, Daniella, the omnibus bill around maternal health. Could you say a little bit more about that or any other bill that is something that is what you're focusing on or brings a fire in your belly?

Daniella Montero:

Yeah, absolutely. To start with, the maternal health omnibus, this is definitely something that was a major priority for Chair Decker last session, considering that in the US, black-birthing and people of color are three times more likely to die during pregnancy or in labor and delivery than their white counterparts. And even still in Massachusetts, people of color are dying at twice the rate as white-birthing people of color are, which is an atrocious injustice. These statistics are not inevitable outcomes. They are definitely predicted outcomes of racism and consequences of racial inequities in our healthcare system. So, the Maternal Health Omnibus, the committee helped draft last session, and actually did get passed into law, would allow for more birthing options for people in the Commonwealth, expand equitable access to midwifery care and postpartum supports, and provide better insurance coverage for perinatal individuals in the Commonwealth. I think that was definitely the biggest thing that we did accomplish and get across the finish line last session.

The most significant things that I had the opportunity to lead on last session was regarding PER and polyfluoroalkyl substances, also known as PFAS or forever chemicals. They're a class of nearly 15,000 chemicals that are known for their incredibly strong carbon and fluorine bonds, and these bonds make them highly persistent in the environment and the human body. They've been widely used in consumer products and industrial processes for decades now, and we know that they negatively impact human and environmental health. I had the amazing opportunity to redraft a comprehensive PFAS omnibus bill that was filed by Chair Cyr and Speaker Pro Temp Hogan last session. And this bill takes a multipronged approach to address upstream and downstream sources of PFAS contamination by setting up trust funds to help communities mitigate the impact of PFAS and establish safer chemical alternatives in manufacturing to PFAS. It addresses waste water discharged with PFAS in it and reduce

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and phase out the use of sludge of PFAS-laden fertilizer. And I think most importantly, the bill would've banned PFAS in food packaging, consumer products, and firefighter personal protective equipment. And I can pass it off to Kerwin to talk on some of the things he's worked on as well.

Craig Andrade:

Thank you.

Kerwin Amo:

Yeah. So, focusing more on Chair Decker's legislative work, aside from the Joint Committee on Public Health, I think one of the biggest things that I've gotten to really get my hands dirty on is the Special Commission on Poverty. She's the co-chair, along with Senator DiDomenico. [inaudible 00:13:45] work, also very intimately involved in the Special Commission on Poverty. And as the chairs, they were tasked by the Speaker of the House and the Senate president to come up with a comprehensive plan and to really study poverty in the Commonwealth and how to significantly reduce poverty in the next 10 years. The commission has had about two years. It's been delayed through some budget, but has had about a year or two to come up with these recommendations.

So, we've actually had three listening sessions in geographically different locations in the Commonwealth. We've had Western Mass. We've had here in Boston, and then we've done the South Shore. And I think what was so interesting to hear through these listening sessions and holding these hearings are how intricate poverty is. It's not just nutrition. It's not just education. It's not just economic. There's so many other things that also go into it, right? And trying to come up with a comprehensive legislation that would input and attack it at all different areas is quite a challenge. So, through the legislation, it's allowed us to call into the commission about 40, 45 commissioners, and these are academics, heads of state agencies. These are some professors and non-profit executive directors because we really do believe in order to tackle poverty, we have to take a multi approach, or you have to take a multi-level approach. And trying to attack it just from the head, you're going to leave some people down below.

Listening from the folks out in Western Mass, there were hosts of farmers that were talking about the income equality that they face, the protections that they don't necessarily have and that they need. That was a group that I don't think we would've heard from if we hadn't gone to Western Mass. The South Shore, there was so much talk about clean slate legislation. I was unaware. I thought, after some time, that part is

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automatically spent in prison. You get out. You've done your recompense to society, and then you're good to go. Right? You can get a job. After some time, maybe your history is shut, closed, and then you can go on. And that was not the case. We found folks who had spent time in prison but went on 10, 15 years, and they still can't get a job. And a lot of that is because their records aren't automatically sealed after some time. And so, we heard a lot about clean slate legislation.

We've heard a lot about, of course, raising the minimum wage. And when we wrestle with these issues in our smaller groups, it's trying to figure out how can we develop this comprehensive report that will address all the varying parts of poverty. But then with both chairs, Chair DiDomenico and Chair Decker, for them, it's personal, right? They've lived it. They've seen it. It's not just something that they just say. They've always breathed trying to address poverty, the root causes. So, that's something that's been really, really, really, really awesome to see and work on.

And then also, having the opportunity to talk to all of these heads of agencies and nonprofits, so, so brilliant, so, so wise, and it just reinvigorates me wanting to do service, right? Go into advocacy, go into service because there are folks on the ground. I think about the Mass cap agencies who are fighting this battle through and through, doing that direct client work, the work that I used to do, but they've been doing it for decades. And trying to figure out ways to support them, increase funds and resources so they're going to the appropriate places and the appropriate people, reducing waste, and really trying to address the root causes of poverty, and that's something that I'm proud to say that I've worked on in my time here. It's something that I look forward to seeing advance, and at the very least, getting the conversation pushed forward, which I feel like we're always trying to do in public health. We're always trying to push that conversation forward.

Craig Andrade:

Yeah. What a rich span of opportunities you both have had and dug your hands in in rich ways, from PFAS to maternal mortality and morbidity to poverty. We recognize that policy can make a significant difference in such an environment like the Joint Committee for Public Health. And in a state like Massachusetts, we can really make a difference, and you both are really significantly doing that. It's really great to hear. My question ... I want to return to you, Daniella. As we currently face the issue that threatens the public health right now and our public health practice, how do you think we, as a collective, can work together on these pressing issues to make change? We acknowledge we're in a challenging environment post-election. We see things

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happening in the federal government in all kinds of ways that are unsettling, and challenging, and concerning. And we have our state and a lot of things that we can do. While we are a fairly affluent state and have opportunities that other states don't, we are dealing with some challenging issues. How can we build connections with people to make the difference that we want to see? Your thoughts?

Daniella Montero:

Yeah, we're definitely living in a very unprecedented time. Every time you pick up your phone, at least every time I pick up my phone, I have a new notification from the Boston Globe of some crazy thing that's happened federally that I thought never would happen. But alas, here we are. I think during this time, it's very critical for public health practitioners across fields and disciplines to band together as a united front in light of the acts happening through the Trump administration. They've taken to undermine public health across the US. We need to continue to communicate with each other and find innovative ways to continue to advance our core public health values despite the administration's efforts to restrict and weaken public health infrastructure.

Craig Andrade:

Amo, excuse me, Kerwin, do you want to say a little bit about that? What do you think we can do as a collective to make a difference and fight for the public's health?

Kerwin Amo:

I'm just in awe of my colleague, Daniella, because she's right. I mean, we need to do it. Public health has always been the sound reasoning board with both science and consumer voices. The one thing I love about the BU School of Public Health is that it's integral to who we are. It's how we learn to be public health practitioners. But Daniella is absolutely right. We need to band together. We need to pull our collective resources, departments together, and to scream out loud into that infinite void right now. I feel as though with public health, we have so many resources, so many brilliant folks who are working on key issues that's very important. But to me, it feels like it's been a long, long two and a half weeks. And what I've seen is that ... and what I feel, actually, is that we need to band together as public health practitioners.

It can no longer just be about theory or about classroom experience. Take that stuff out of the classroom. Right? In the State House, there's power here. People feel like they have to wait for every presidential election to do something. No. You have your state representatives, your state senators, and they want to hear from you. They need

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to hear from you. That is the power, the power of the people. And I would just advocate for public health practitioners near and far to band together, and especially when we're fighting this political and policy battle, is to use that collective strength to call your state representatives. There's a lot of power in the state, so you need to call. Whatever it is that you care about, whatever protections that you're needing, call your state representatives in the House and the Senate. Together, use that unifying voice. Create these campaigns, and give your state legislators the power they need to advocate, and create, and draft policies to protect your public health and to protect your rights. Daniella is waiting. Daniella is waiting to hear from y'all. She's definitely one of the greatest public health research analysts that we have here, and her work is vital. And so, I feel as though that practitioners need to band together, and I think she's completely right. That's the only way we can get through this together.

Craig Andrade:

Thank you. Final question coming. As the alumni of BU School of Public Health, what would you say to present students? What advice would you give to keep advocating and working for the public health of our community? What would you say to students that are looking to graduate and emulate some of the activism and advocacy that you both emulate and dig into one on a regular basis? Daniella, I'll start with you.

Daniella Montero:

I would say to not let the current political landscape discourage you from the work you're doing as a public health practitioner. The work we do is more important now than it has perhaps literally ever been before, I think especially at the state level. At least personally, for me, public health has always been a passion I had, even if I didn't have the vocabulary to realize what I was hoping to work on was public health. And fighting every day to advocate for policies that will bring health equity and the change that we need in the systems is so, so important, especially at the state level. In Massachusetts, I think it's critical for us to continue to advocate for and pass legislation to safeguard and promote the health of our most vulnerable people. So, getting involved in whatever way you can by, perhaps, volunteering on a political campaign and door knocking, or coming to the State House with an advocacy group, or even just as an individual, as a constituent, talking to your legislator about policies that advance public health are important to you, and making sure that your voice is heard in this process, so then we can keep the fight going and help keep Massachusetts a beacon of hope in the United States at this time.

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Craig Andrade:

Thank you, Daniella. Kerwin, what would you say to our current students?

Kerwin Amo:

Honestly, I agree with Daniella. It's never been more important to just get out there, right? Join as many clubs as you can. I'm a shy person. I know it may not seem like it, but you can start small. Right? Just you and a couple of friends. Join the Activist Lab. Get out, join a nonprofit, volunteer some time. Start slow if you need to. But it's never been more important than today, even now, to get out there and make sure your voices are heard. So, whatever it takes, take some spare time, and get out there. There's so many people doing great work in the community, in the local community. It doesn't have to be something super major. But there are ways to get involved, and I always appreciate the great constituent letter even if you want to start there. Finding out who your state and local reps and senators are and letting them know about you and your issues and what you care about, I think is a great way to start.

But we need to take public health out of the classroom and into the streets, so don't let it be something that is just for research and educational purposes, but put that into practice. Public health has always been meant to be a practical degree, a practical field, and so I would really love to see, as an alumni, more of my BUSPH brothers and sisters being loud and causing some chaos in the streets and letting people know that we're here. Public health is here to stay, contrary to these executive orders and some folks out there who seek to overturn our science. We are practitioners, and we'll be here whether you like it or not, and that's what I feel.

Craig Andrade:

Oh, Kerwin Amo, Daniella Montero, you do BU School of Public Health proud. Thank you so much for this conversation. The time went by like nothing, and you shared some wonderful things. I appreciate all you each are and all each of you do. Thank you so much for all that you've done for us here in the Commonwealth. And I wish you all the very best. Thank you for your time.

Kerwin Amo:

Thank you so much for having us.

Daniella Montero:

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Thank you.