Transcript: In Conversation with Marjorie Decker
Boston University School of Public Health
Public Health Conversation Starter

Craig Andrade:
Hello, everyone. My name's 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 Marjorie Decker, who is a state representative serving the 25th Middlesex District, Cambridge of Massachusetts. Representative Decker serves as a House chair for the Joint Committee on Public Health. Decker works focuses on many areas of public health, including maternal health and reproductive justice, addressing homelessness and anti-poverty, LGBTQAI+ rights and environmental justice. Rep Decker has received many accolades, including outstanding Dignity Leader for Dignity Alliance, Massachusetts, and the Mental Health America Legislative Champion Award.
Thank you again for being with us, Chair Decker.

Marjorie Decker:
Thank you. I'm going to try to get through this with some allergies going here.

Craig Andrade:
No worries. No worries. For the subset of our audience that hasn't met you before, could you please share a bit about how you came to doing the work that you're doing?

Marjorie Decker:
Well, it's really nice to see you, and I just want to start by saying thank you for just being such an incredible resource to me and to my colleagues here in the legislature and on the public health committee specifically.

Craig Andrade:
Chair Decker, it's a pleasure to work with. All you have to do is call and I'll come.

Marjorie Decker:
I know that's amazing. And you do, so thank you. I have these dual roles. I'm a legislator, so I represent my constituents in Cambridge, and then I'm also the house chair of the Committee on Public Health. So my job is to also take a larger look at what's happening in the state and make sure that we are looking at legislation and issues that are impacting our state from a much higher view. And that my job is to look at how are we making sure that the state of Massachusetts, and specifically the House of Representatives, is really addressing the issues that are facing our communities across the Commonwealth.

We always bring our full selves to these roles. And for me as a legislator, as you know, I bring to this work a lens and a commitment to looking at equity. I grew up in public housing. I'm the first in my family to graduate from high school, go to college to, get a master's. And so for me, the question is always when we're looking at policies, and public health is really the perfect nexus of this. It's, who are we centering? Who's benefiting from this? Who's not benefiting? Who's being harmed? Who's being strengthened? And those questions have always been a part of my core as an elected official because too often, the communities that I grew up in and were surrounded by, were always underserved.

I'm also sitting where I sit here today because there are a lot of people before me in decision-making roles who ask those questions and my family benefited from that. But we know there's a lot of people who continue to be harmed. And there's a lot of folks who even if they're not directly harmed, they're not directly benefiting from the decisions we make about resources and budgets and policies. So I get to bring that work to this work as a legislator, but also, it's been incredible. This is my third term serving as chair of the Public Health Committee. And the underlying questions of public health are very aligned. How do we ensure that people are thriving?

Craig Andrade:
Yeah. We at the School of Public Health recently had the privilege of hosting you and members of the Joint Committee for Public Health. You're serving as co-chair, as you say, for the third term. Can you say a little bit about the current priorities the committee is focused on?

Marjorie Decker:
Well, I can tell you a few things that I'm looking at, but really, as we continue to do hearings, priorities evolve. That's also one of the incredible experiences of being a legislator and being a chair. So I can tell you, as a chair, some of the things that I'm personally taking a look at are we are really trying to develop a comprehensive look at perimenopause and menopause legislation. No coincidence that that comes on the heels of the incredible work that we did to help pull together an omnibus on maternal health. And you know that part of that momentum of that came out of this commission that, again, thank you for all of your work as a commission member, which really looked at the racial inequities in maternal health outcomes, which we know are not inevitable, but really are at the root of it systemic systems that are built on racism.

And so I'm really proud of that work. We'll continue looking at the maternal health bills that are before our committee, but also spending a lot of time saying, what does perimenopause and menopause look like for women? And it's a field in which I believe, at the most, it's like six to seven hours of graduate education goes towards this topic, even though it's a third of your life. And there's a lot of consequences. Women were taught to just so much, just push through it. Push through a third of your life. Don't worry about how inconvenient it is. Don't worry about how it affects your mental health, your ability to actually show up at work, lead, take care of your family. And so that is where I'm really excited about the conversations that I'm having and to say, what would a... And what does the lens around equity look like when thinking about that too?

As we find out more information and more people start to have access to some treatments. And I think an important thing is that I've learned is that mustering through it and surviving it is actually still danger to your health. There are direct correlations to cardiovascular issues, lifespan, cancer, if in fact we don't treat the symptoms of perimenopause and menopause. And then you layer that on going back to communities that continue to be underserved, who then are only those outcomes and harm are only exasperated. So that's a big thing that I'm really leaning into this session. We continue to look at the issue of environmental health, and that means looking at air quality issues, both indoor and outdoor air quality. We know that there's a huge equity component that is based on both, not only underserved communities, but communities that have high immigrant populations, low income communities. You can have communities that are higher impact on air quality just based on a block within a community. And as someone who grew up in public housing and has seen firsthand where even things that most people can take for granted with means is that a water leak in an apartment and what that does to increase and cause the growth of mold. That certainly exasperates poor health outcomes for many people. But when you have housing authorities that are not addressing that, and a lot of that is because they don't have the resources financially, but there's a direct health consequence and harm.
So we're going to continue doing really important work as we look at bills that come into our committee, along with the really important issue of PFAS, looking at these forever chemicals that we absolutely know are in our bodies and they're everywhere and there's a direct correlation to high rates of certain types of cancer. So we did a lot of work last session on that. We're going to continue doing that work because it's not just about getting out of the committee, but I think the opportunity we have in the committee is to say, "Okay, well, we pass it up favorably, but I want to figure out can

we address any concerns that were roadblocks for the committee after us or the committee after that so that we actually can get a bill that really can get ready and be brought to the floor." So we continue to prioritize those issues.

And then I'll say a few other things, workforce development, looking at what we can do within the public health committee to... And this is happening in different parts of the legislature. I have colleagues who are working on this as well, but trying to see if we can do our part in public health and saying, what would it take to both continue to assess what are the parts of the healthcare workforce that we need to invest in? What does investment look like? How do we ensure that when we do invest in workforce development, both retaining and expanding, that it's also with people who look like members of all of our communities, not just some of our communities? And we know that when people trust their healthcare providers, from the person who's checking them in at the front desk to the person who is providing them the direct care, when people have that trust, then there is the ability to also do more prevention work. And prevention we know is the most financially responsible thing to do if we're thinking about also the cost of healthcare in Massachusetts.

So we're going to continue doing work on that. We're going to continue looking at issues around prior authorization. How do we make sure that doctors and patients are able to best decide and quickly decide the kind of care that they need, and try to have some really good conversations with the insurers who are trying to balance their need for profit versus the need to also ensure that the models are sustainable since we all rely on private health insurance or the state to get access to healthcare. So those are just a few, but there's so many issues that will come through from food allergies to eating disorders to workplace safety. There's just so much that comes through public health, and it's an exciting and very, very busy committee.

Craig Andrade:
You and I have known each other for quite a while now, and just as you showed in the response to my question, you bring all of yourself. And in illustration of that, I'd love to go back to the commission on racial inequities and maternal health. Could you say a little bit about the dynamics of that and how you and Senator Comerford were able to really share the stage with broad spectrums of commission members that really helped that commission succeed in a lot of ways?

Marjorie Decker:
I think I'm going to just say credit to my colleagues who actually designed the commission. I believe 28 members were on that commission, and every member of that commission, minus one person, was a person of color. And people can think, "Well, that makes sense because the goal of the commission was to get racial inequities," but legally trying to create a commission that allows you to appoint people that would have that kind of representation took a lot of brilliance and thought on their part. So I will say that.

I also will say that then we had a commission that was predominantly people of color who now had a commission that was being chaired by two legislators by law. I had no part in creating that commission. I was not part of the brilliance that brought that commission forward. But as the chair of public health, it was in statute that I would now be one of the co-chairs of that commission.

And to also just acknowledge that you had two white women who were chairing a commission that was predominantly people of color that was designed to look at how do we improve health outcomes and also show that what was happening to birthing people of color and looking at issues around infant mortality, has it impacted children of color, that these were systemic. This was a system of intentional and unintentional systems of racism and unconscious bias, which meant that it was not inevitable. It meant that we could actually be intentional and addressing how do we need to change the systems so that we're actually centering families of color in the birthing process and all of the entry points into the maternal health journey and the infant mortality, and looking at what needs to change.

So just to say that it was a complicated, it was an important model, and I think Senator Comerford and I had to have some really good important conversations with members of the committee to establish some trust, to establish how we saw ourselves as the shepherds of this committee, not the leaders of this committee, but also felt very responsible to our obligation statutorily as chairs of the committee.

And so trying to create a model that didn't exist. We relied on you, as well as... And I'm not going to start naming other members of the committee always... There's just too many people to credit. But to say that how we even developed a new model of how to engage a legislative commission, I thought was really powerful. And it really did go back to who's being centered not only in the policy question, but in the mechanics of

how we actually asked the questions and get the answers. And then, from there, we had a commission report and we were able to use that reporters, our North Star to then develop legislation with colleagues

Craig Andrade:
To be explicit, the sharing and passing power in all kinds of ways that this A team of OB/GYN, doulas, broad spectrums of experts across the ecosystem of childbirth and labor and parenting, it was an incredible illustration and practice of equity and meaningful ways to let those voices come forward. And then the dynamics of the testimonies that we heard people crying because of such trauma, but such relief of being able to tell stories that in many ways weren't even believed. So it was a credit to your leadership and Senator Comerford's to be able to step back and let those people step forward and then come up with the report that is still living and helping to inform legislation all over the place. So just wonderful.

Marjorie Decker:
Yeah, thank you, Craig. And I also say, to be able to listen to people come to the hearings and tell their stories, and I know that Senator Comerford felt this way too, but I felt a deep obligation. If I didn't already, which I did, but it only deepened, I'd say it deepened my obligation to say, how do we honor the stories that are being told and that people are sharing and the expertise that was given on that commission because taking a lot of people's their time. This is unpaid time, unpaid time from their professional lives, their family lives, either because they testified before the committee or they spent a lot of time working in groups to come up with both the data, the narrative, and the recommendations while identifying the obstacles. And so part of honoring that was it helped power momentum for this omnibus bill that we passed last year.

I would say the omnibus bill was, it represented a lot of bills that had already been filed for years by a number of different legislators, including several of my own. But this commission, which just to be very specific, the majority of this commission were Black women and women of color. And again, their professionalism, their experience and their energy also is what powered our momentum to be able to carry and even develop an omnibus bill. Without that commission, no omnibus bill existed. And so I feel like it was an incredible lifetime opportunity to be in that space and to be able to play a role in carrying that work.

Craig Andrade:
Yeah, well said. Speaking of inequities, now we're in the midst of a commission on poverty. Is there anything you want to say about where we are with that and let the audience know that that is a thing and that we're working forward and trying [inaudible 00:16:31]?

Marjorie Decker:
Yeah, thanks for bringing that up. Again, just for people who are watching this, when there are legislative commissions, legislative commissions come out because a legislator usually working with advocates will file a commission and says, "Here's a problem that we should look at." And sometimes the commission will be very prescriptive about here's who should be on the commission, and here's exactly the challenges that they should be looking at, and here's what we expect. And then sometimes the commissions... That was the brilliance of the Maternal Health Commission, just the blueprint that was already baked into the commission.
And then there's the Poverty Commission, which again, this was not my bill. This was the incredible work of other colleagues who filed legislation and got this commission passed. But I was asked to chair the commission on the house side by the speaker, and I'm now joined by my colleague, Senator Sal DiDomenico. And he and I do a lot of anti-poverty work. So it makes sense that we would both co-chair this. And the call of the commission is what would it take to significantly reduce poverty over the next 10 years? And I got to say that when I was asked to do this, I a little bit was like, oh, no. I don't know. What would it take? Right? It would take a lot of money. That's what it would take. Some of it's really not that complicated, but where you get that money? How you prioritize who gets what money in a state that I think is so advanced in trying to address the social determinants of health, because I got a public health crowd watching this, a state that really has invested in meeting the needs of people? It's still a really big broad question.

And so we've had this commission. And this commission, the difference between this and the other commission is there's a lot of state folks who are on this commission. As you can tell, and thank you for being on this as well, but it does not have that same kind of grassroots, organic feel. And it's just a different kind of commission, but it means that it has a lot of people whose jobs are working in the space to reduce poverty, either because they work for state agencies or nonprofits. And so these are folks who are actually on the forefront of having to both implement policies and to try to come up with innovative ways with how to meet the needs of people.

And so we have the opportunity to look at what can we do. And I think what my co-chair and I have decided as this commission is winding its way down because of the timing of it, we also decided to file an omnibus bill on poverty. And again, we didn't have to reinvent the wheel, we just looked to our colleagues, and we had a number of colleagues who've been doing really important work, and what we said is that we're going to take a bunch of legislation that's already out there, including some of our own. And what we're going to try to show our colleagues collectively is that if you want to significantly reduce poverty over 10 years, you have to pull multiple levers at once. That starts with how do you get more cash into people's pockets? And while there's a lot of people who may be uncomfortable with the idea of government giving people more money, the truth is it costs tax dollars to address poverty whether you reduce it or eliminate it or not.

But we know that there's a lot of data out there now that shows from various pilots like the universal basic income, that when people have a certain amount of cash, they are able to make decisions that actually stabilize their family's needs and gives them bandwidth to go out there and actually make more money on their own. The majority of people do not want to rely on government services. You and I both grew up in lives in which we relied on... There was nothing great about that. It actually is a place where there's a lot of shame associated with it. You don't get your needs fully met, not even halfway met. And so what we do know is that when you give family the autonomy and the ability to meet their family's needs with enough cash, it's actually far more of a cost savings to the taxpayers and it actually strengthens families for the ability to make the best decisions. And then families are able to transition off a lot sooner to needing government services.

So that's a big part of our bill. And we're also looking at other parts that address issues around job training, employment. We just decided to say, we're going to take a lot of different bills, put them in the same bucket and say, "You need to take a comprehensive approach to poverty." And it was tough because there's nothing that we don't touch in the legislature that doesn't touch our ability in some ways to reduce poverty, and yet you can't have 8,000 bills that are being passed in any one session. So I'm excited about that work. I don't know where it's going to lead us, but it's important conversations that we're having and we're bringing people out of their silos. And I think people on the commission have really appreciated that.

Craig Andrade:
Yeah, really deep, strong, big thinking conversations happening in those conversations. I just want to bring us to the present moment that we're all in and thinking of populations that are undermined and marginalized in all kinds of ways. LGBTQAI+ communities are really being marginalized, harmed, and in the crosshairs of broad spectrums of challenges that really are threatening people's lives. And I wonder your thoughts around any of that and from a local legislative perspective, what you are thinking about.

Marjorie Decker:
Yeah, I would say they're not even in the crosshairs. They are the target. We've had conversations in my office and my family. We go, what does it take from this administration at the federal level? We have a lot of the corporate class that has now been appointed to government positions, right? People with no experience governing legislating, policy development, program implementation, and clearly being part of the 1% was not enough. And they have now gone out of their way to strip rights, resources, programs, policies and laws that are intended on creating harm. And the LGBTQI community has been a direct target of that visceral hate. I don't fully understand all of it. I don't understand what it means to hate a group of people who really have nothing to do with your life in a way if you should choose, and yet you are going out of your way to harm them.

So where that comes in my work as chair of public health is we see that because of a presidential executive order, it is only emboldened 26 states have banned the ability for healthcare providers to provide gender-affirming care to their patients, to interfere in the ability to provide care. And the same thing we've seen with reproductive care, where you have states now that have been emboldened to go ahead and peel back protections that allow women to meet with their doctors to decide and birthing people about what is the best action to reproductive care or whether to reproduce or not. So to have government interfere in your ability to make decisions about your access to care and the kind of care that you need, it is so harmful. And I'm really proud to say that I've been meeting with advocates from Fenway, Planned Parenthood, Boston Medical Center, Children's Hospital, Department of Public Health, members of the LGBTQ community. And for months, we've been talking about how are we going to ensure that we can still provide this care while also protecting. We also know that what's at stake here are hundreds of millions of dollars that they're threatening to take away from our hospitals. And so it has put our hospitals, which are already under siege

and underfunded, in a position to say, "Do we continue providing gender-affirming care knowing we will risk losing hundreds of millions of dollars for all kinds of care?" And the answer is we shouldn't have to wait for them to answer that question. So I was able to work with Chair Michlewitz who is the chair of Ways and Means, who has been really committed to working on this, along with Speaker Mariano, to say, "What can we do?" And with my colleague, representative Sam Montano, who's now also a member of the Public Health Committee this year, which I was super excited about, we filed amendments in the budget working closely with leadership who've been talking to us for months about this to say, "Let's create a public health trust." So we've created a framework, first in the Nation framework, Craig, that creates language that will allow us, and we've put money, we've put over a million dollars in it right now, that will allow us to provide gender-affirming care through the Department of Public Health outside of the hospital system.

I can tell you when this was originally envisioned, and we were talking to DPH about this, we were all trying to get some of the information working closely with Fenway Health. We thought we would need four clinics because talking about a really small percentage of the population. And that's also so mind-blowing here. For such a small percentage of the population to have so much vitriol and hate and harm targeting, it's really sick. But we passed this in the budget. It's gone through the Senate. We're waiting for the conference committee to get through. But when we did this, which was only a month ago, it was only targeting adolescents. We now know in the last couple of weeks that this administration has now also targeted the care of transgender adults who need gender-affirming care. So part of what we're doing right now is trying to figure out, okay, how many more people are impacted? What's the additional cost? And what's tough here is that the decisions that are being made at the federal level, we're not going to be able to replace the loss of those funds dollar for dollar. We can't do it. We can't do it in our public health infrastructure. We're not going to be able to do it in how we approach preventative care, whether that's through vaccines or the types of healthcare, in this case, gender-affirming care, reproductive care, Planned Parenthood losing millions of dollars for care that they provide. So here is one slither of one part of where we have been able to address this.

I can just tell you, I continue to meet with healthcare providers, as well as the various associations, both of the community health centers, the hospitals and members of the LGBTQ community. We are working together to make sure that we are not feeling alone in this work and that we're also not working in silos and trying to figure out what

is the best and highest path forward here. So that's what we're doing right now. We don't have all the answers, but the important takeaway is that we are asking the questions and we're committed to trying to figure this out.

Craig Andrade:
Chair Marjorie Decker, I feel the energy as you speak, and I appreciate the tenacity that you bring to your practice in midst of exhausting moments that we all live in. I wonder if you have any advice that you would give to public health students and other practitioners as we continue to fight for the public's health and for public health?

Marjorie Decker:
Yeah. My advice is to don't give up. This feels really overwhelming. I think all of us are going... We're so used to being saying, "Hey, how are you?" And my response has been, "Oh, I'm great. I'm compartmentalizing." And I can't even believe that I'm in a world where I'm modeling compartmentalizing for my kids. I feel like part of the victory of Gen X was to say, "We don't have to compartmentalize. We can feel our whole selves and unpack that." And now we're saying, "Pack that shit to the side. Right now, I'm going to be okay," but the world's not okay. And not only is our country not okay, the world's not okay. And there's pain and suffering, and it is intentional around the world and in our country and in our state. And so I joke and I say, I'm compartmentalizing because we can't afford to lose parts in us that provide our ability to find joy in small things and big things. And so I've been saying this a lot, but I'm also doing it for myself.

I've recently started going back to it, my therapist. I've been seen a therapist in years simply because I haven't made time. And I'm a big advocate of mental health. And I've said, I've got to start walking the walk here because I need to create space within myself to say, how do I process what's happening here and still show up every day? For the first four years of Trump, I used to say tuning out and burning out are both forms of privilege. So take care of yourself. Show up and take care of yourself. And only when you can do that. And I'd say that's both true, but now it's also more methodical.
We know while they're going at lightning speed to burn it all down, part of I think we're all trying to figure out is why aren't we responding in lightning speed? Well, because it's not sustainable. And so we've got to be methodical. We've got to really be intentional about taking care of ourselves. And we've got to also be really good at being critical thinkers because there's a lot out there that's deliberately trying to make us even angrier than we already are. So being a critical thinker, staying committed,

asking who's benefiting? Who's being centered? Am I caring for myself? Am I caring for the person who I'm listening to? For me, am I showing grace to the person on the other side of this conversation who I don't agree with and not so quick to get on social media and pounce on?

I think, for me, modeling that is really important because it's about creating some space that doesn't burn it down because burning it down means that a lot of us who've experienced being underserved in variety of ways in our lives, it is communities that are underserved and marginalized and vulnerable that actually suffer the most when it's just burn it down. And so that's also a form of privilege, and we all need to show up. So I don't know if that was exactly direct prescription of advice, but trying to model and be honest about how I'm trying to take this day by day and week by week.

Craig Andrade:
Well, you took us to church for life lessons. Thank you very much. Again-

Marjorie Decker:
Always good to be with you.

Craig Andrade:
Always wonderful to meet with you. Thank you for everything you do, all that you are. We really appreciate you. Thank you for making time.

Marjorie Decker:
Thank you for who you are in the world. I'm so grateful to you and I'm so grateful to the BU School of Public Health, the students that you graduate who actually end up working for me over the years here and help us do good work in the Commonwealth and for all of your colleagues who are always ready to be a resource. Thank you.

Craig Andrade:
Our pleasure. Thank you. Best wishes, be well.