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**Introduction**

I am a candidate for the Board of Health.

I am also new to Marblehead. Newness can be a challenge in elections. It is natural to be more comfortable voting for people you know than it is to vote for a stranger. Hopefully, this document will introduce me to the community and show how I will add value to the Board of Health and to the Town.

The logic behind my candidacy has three elements: 1. I have a strong and broad educational background. 2. I have meaningful and relevant professional experience and 3. I will offer a fresh new perspective on the challenges facing the Board today. The individual elected to the Board on June 20 will have the opportunity to influence the health status of this community for at least three years. Given the dynamics of the public health space, it is impossible to be certain about what issues the Board will face or what decisions the Board will be asked to make.

However, the Town can prepare for those uncertainties by electing the candidate most qualified, most broadly experienced, and the most unincumbered by the tensions of the recent past. In short, I hope this document will show why I am the right person at the right time for this position.

**Personal Information.**

I live on Lafayette Street in Marblehead with my wife Beth who works at Salem State and my son Lucas who is a 9<sup>th</sup> grader at Marblehead High. I have three older children and four grandchildren - two boys and two girls – all under 10 years of age.

### Professional Background:

My engineering degrees are from MIT, Cornell, and Berkeley. My first faculty position was at UW, Madison. My biomedical engineering lab was well funded, and my research became more and more clinically oriented. To accommodate that change, I decided to go to medical school there. After residency and fellowship in Denver, I joined the faculty at the University of Virginia (UVA). The challenges of opening a new Pediatric Intensive Care Unit led me to the Stanford business school on my first sabbatical. At Stanford, I had the opportunity to learn from real leaders in health policy and economics. After my return to UVA, I received appointments in Pediatrics, Public Health Sciences, the Law School, and the Business School, and I was also awarded the Harrison Foundation Professor of Medicine and Law endowed chair.

In trying to better understand the US system, I began to study other national health systems. I had the opportunity to study, teach and/or consult in Germany, New Zealand, the Czech Republic, China, and Singapore. My global health interest ultimately took me to Botswana which at the time was at the peak of the HIV/AIDS pandemic and the PEPFAR response to it. I received a Fulbright Senior Specialist award to develop a program of psychosocial support for HIV orphans and vulnerable children. That work was supported by the Global Fund. Eventually I was appointed as Founding Dean of the new University of Botswana School of Medicine. I was also principal investigator for a \$10M NIH medical education partnership grant to help with the building of that school.

Prior to moving to Marblehead, I served as Chief Medical Officer in the New Mexico Department of Health during the peak of the COVID crisis. In that role, in addition to the responsibilities related to COVID testing and vaccine operations, I worked with two other pediatricians to develop a policy which protects newborns exposed to harmful substances in utero and co-authored a grant from the US Department of Education that brought \$10M to improve the mental health services in the public schools of the state.

### My Reasons for Seeking the Position and the Strengths I will Bring to It.

Like most pediatricians, I am an optimist. Living in Marblehead has strengthened that natural inclination. Being an optimist influences my leadership style. I try to be a positive coach developing future strengths rather than focusing on past failures. I generally find it easier to be an advocate rather than a detractor.

I am also a very curious person. I get excited about learning new things. I also work at trying to be a good listener and to learn from others. Not surprisingly, as a professor/teacher of many years, I enjoy sharing what have learned. I believe that my comfort with being open about learning and sharing ideas is germane to the Board position today. Rightly or wrongly, there appears to be some concern about the level of communication from the Department of Health recently – especially about the Transfer Station. Over the years I have learned that in public health it is virtually impossible to overcommunicate. If I am elected to the Board, that knowledge will guide my service and my approach toward to communicating with the entire Marblehead community.

Neither my optimism nor my curiosity will prevent me from dealing directly with problems the Board will face. I am an engaged manager. ICU docs are taught very early in training to try to avoid surprises. To prevent being surprised, it is necessary to be fully aware of the history and the current reality of the situation, to have a good sense of what might go wrong, and to have a response plan to implement if the situation does change. Said another way, the attending physician, as the ICU team leader, is responsible for verifying that everything is going in the right direction. I am aware that teams work better when team members trust each other, and that team leaders are key to creating and maintaining the culture of trust. I am very mindful that Boards of Health are not ICUs, but this experience has shaped my approach to management and, if elected, I will bring that background to the Board with me.

The primary purpose of the Board of Health is to protect and, when possible, improve the health status of this community. My medical background gives me a great platform from which to begin. Because I am a pediatrician, it will be easy to focus on the health of our children and adolescents. At the same time, I am a senior and therefore keenly aware of the health

challenges of that stage of life. I will do everything I can to positively influence the wellbeing of our Town and all of its residents.

Finally, to be completely transparent, I want to share what I see as the biggest challenge I will initially face if I were to become the new member of the Board of Health. I have been directly and indirectly involved with probably a hundred or more public health offices in my career, and not a single one of them has contained a Transfer Station or anything like it. I will need some time to become appropriately knowledgeable about this important resource. I understand the engineering and logistics, but it will take at least a couple of weeks to fully appreciate their historical and political context.

My own personal experience with the Transfer Station is very positive. I have spoken with many others who share that view. Everyone seems to agree that we can and should add improvements to the present solid core. But at the same time, virtually everyone sees the very large cost overruns as quite disconcerting. Given the difficulty we would have in getting additional Town allocations, I suspect we should try to avoid a “Perfect is the Enemy of the Good” type trap that is possible in some scenarios.

I promise if elected I will be extremely diligent about getting up to speed as quickly as possible on these issues. I want to be able to contribute meaningfully to the discussions about the alternatives, and I look forward to hearing as much as possible from everyone who has opinions about them.

Thank you.