

BOARD OF HEALTH MINUTES
TOWN BUILDING
Jan 10, 2022

Minutes taken in December 2022 by Academic Public Health Corps member Cora Cunningham

The meeting was called to order at 6:30 p.m. Present in person were Dr. Robert DeFrancesco (RD), Dr. John Schuler (JS), Brian McNamara (BM), and Julia Junghanns (JJ). Present via Zoom are Dr. Arnold Soslow (AS), Susan Green (SG).

6:30 p.m. Public Comments

SL: My name is Steven Locke and I'm a physician in Wayland. I'm a past vice chair of the BOH about 15 years ago. At that time, Dr. Soslow and I had chaired a pandemic flu task force and spent time meeting people in the town to devise strategies related to pandemic flu. Well that never happened but now we have COVID. I'm wondering if you are aware that I did a survey using their survey tool of people who identified as Wayland residents and asked whether people were in favor of an indoor mask mandate or not and the vote, 106 people responded, and 85% were in favor in it. I passed that along to the BOH and requested a consideration and for this to put on the agenda for this meeting. What was the outcome of that request? RD: It was decided not to put it on the agenda for this evening. SL: Will it be reconsidered at another meeting? RD: It can be brought in as a motion and then voted on for the next agenda. SL: Ok, well I hope someone on the board will make such a motion and that the vote will be public and that the vote will be discussed among the board members and be reconsidered.

6:35 p.m. 7 East Road, Demo and new construction with variances and greater than 60% being added (no additional bedrooms), Septic Designer Mike Sullivan, owner Charles Mazokopos

JJ: We found out they were not able to attend tonight so we can pass over this agenda item.

6:35 p.m. COVID-19 Updates and Information

JJ: We can talk about the case report we put together for tonight. We have had a lot of activity in cases from Dec. 31 - Jan. 6, we had 195 cases, and from Jan. 7 - Jan 10 we had 20 so far. This morning we have not had a chance to see how many more cases came out, but we will probably do a mid-week check so we can update this graph with current information. Our nurses have been working very hard providing case management, outreach, and guidance to families as well as calls that we've taken over the last week. Calls involve, questions, looking for clarification on guidance, messages coming through over the weekend and at night. I've been in touch with the nurses numerous times and Ruth as well who is still out sick. The schools have their dashboard which is showing, 361 cases and 190 are positive in the last two weeks. BM: So, every one of these is a student? JJ: That's a very good question. This is information from the school's website, so I am not sure. But we have to look at the town, not just the adults, but also the children. AS: We should have markers and quantitative data on absenteeism in the schools at the teacher level and the student level. It's not just cases it's the impact of cases in terms of teaching quality and presence. It's true of every employer and every setting. And then we should display data of the other towns just so no one is misled by data that is fragmented. JJ: I do not know who puts the information on the school website so I cannot attest to those numbers. We do have Ruth but she's out, she's the one who has access to that information. Our website could definitely be updated. From the beginning of the pandemic to maybe

September, we had a lot of support from the town (updating the website, etc.), but that support has shifted and the Health Dept does not have the staff to keep up with all of that. The pressures of the surge are telling. JS: Where does the state get its numbers? JJ: The state has their website where they post their numbers. BM: Where do they get the information? Do they get it from the towns? JJ: No, they have information on their website from the lab tests that were done. JS: So that's a different count? JJ: No. JS: If they had lab tests that came in today, and there's 25 more tests, it's going to differ and there will be some change. JJ: Potentially yes. JS: Ultimately, they're supposed to be the same numbers. AS: What's also not being counted are untested. That's why it's so important to have an impact number. BM: How do you ascertain information of the impact number and then how do you compare that from town to town if your data isn't collected the same way? How do we do that? AS: It's a major problem. There's no easy answer which is why I said don't just look at count, but we should be able to pull in the school committee of our sister towns should share the impact of absenteeism at the student and teacher level to help us look at impact. BM: We have that. We can get that data through the person who's working with us through the grant. JJ: What exactly are we looking for? BM: Basically, what the student count would be because if the students test positive, and they stay positive, a lot of students are finding out from home tests which might not be reported to the state. JJ: the home tests are NOT reported to the state, that's one of the big problems that Dr. Soslow is talking about. The home test is not a molecular test in the lab. If people don't go out and get a PCR then we don't have that information and it's not reported anywhere. JS: Once they test could they call you and that could be counted? JJ: No, we don't have the staff or the ability to sustain and track all of that. We only are able to track lab tests, and the state doesn't even require it. RD: Does the school committee track that? JJ: Yes through a process in the schools, it's a lot of oversight and work. RD: So, if you're looking at data that has to be factored in as well. BM: Well only if you can get the compilation from all the other towns. The apples-to-apples comparison right now is the lab testing on the state's website. SG: I talked to a friend of mine who is a pediatrician and works at Children's in the clinic and she said there not even necessarily using PCRs. I people are testing positive using an antigen test and they have symptoms, then they are considered COVID-positive because it's taking so long to do PCRs. It's not relevant information to wait so they need to act on it and isolate, so I don't know what's happening with the reporting in cases like that. JJ: That is being done because when we have talked to people who have tested positive on a home test, we given them guidance for testing positive because we know the odds of them getting PCR test because it's important that we give them the right information. BM: Well, they're an important tool that they're using to keep kids out of school and to prevent spread. JJ: Exactly, and they're keeping other people from going to gatherings. But if people don't go and get that PCR afterwards, then it won't be recorded in the state database. There is this new shift to the home tests and the state data does not include it. The schools have been extremely busy. I was in touch with Parry from the school administration and the pooled testing was done early last week and most of the result are still not back. The school committee met last week and went through the guidance, and they have adopted the new guidance that the DPH adopted. SG: So, they're using the 5 day criteria and not the 10 day? JJ: Yes, and that was communicated by the school superintendent. AS: Masking for 5 days? JJ: Yes. JS: Can I ask about the extended care facilities? JJ: Yes, we have heard from our three assisted living facilities and there is activity at all of them. They are doing a good job with their protocols. Some of them are using the 10 days for staff. BM: How many positive are there roughly? JJ: I don't know. I can find out. JS: How about the nursing homes? JJ: I haven't heard back so I will have to call them. I have reached out to all of our facilities to encourage them to keep in touch with us, reach out if they need supplies, and to continue vaccinations. JS: Do they get the tests from the state directly? JJ: They can have units come in and if they

have a positive, they will bring in a unit to do testing for everybody. JS: As far as you know there are no hospitalizations? JJ: Not that I know of. I think that they would tell me if there were. JS: Maybe ask them whenever you talk since they are the most vulnerable as a group. JJ: I've heard that most cases are mild. It is prevalent though and there is a lot of household spread. AS: I'd like to discuss the board's vote and some additional perspectives. I think I need to share a perspective of what I think the board failed to appreciate as we go forward in this high prevalence period and the impact of health, society, and schools and what many of our sister communities have done and we have not done in terms of a mask mandate. I can't predict where the discussion will go but I can present some perspectives I think need to be reconsidered.

6:55 p.m. Perspectives from AS

AS: There was a response from a Wayland resident who was supportive of the board's vote not to create a mask mandate and her perspective was "they can mask if they want to but it's a personal choice." I really don't understand where my fellow board members are coming from in light of what's happening. The first question is the whole issue of I versus we, this is a cultural issue. The second question is the fact that we live in a Commonwealth, which implies a sensitivity and acceptance of our role to be aware of our fellow citizens and their needs. The third question, the science question, and we all agree that masks work, does anyone doubt that masks work? JS: I don't think all masks work effectively. BM: I think that if worn properly, they do stop the spread. I don't think the data suggests that, but I do believe that if worn properly, masks stop the spread 100%. AS: This is where I'm coming from with surprise because I would never believe that BOH members believe that masks don't work. JS: I don't believe that all masks work. AS: The assumption is that we are talking about masks, proper masks. Do we want to go down the rabbit hole of stopping any further discussion of doing what's right for the community because everyone wants their own special study when the totality of medicine except for some rogue individuals believe that masks are not important in stopping viral spread? BM: I don't think anyone is saying that. AS: I know you're not saying that but you're voting as if... We live in a Commonwealth, which I take very seriously, and this particular state has focused on providing health and education benefits to the community. It's a key foundational argument in the Commonwealth model. The third point is the dose-reduction that we want to achieve in the community. I'm only talking about indoor experiences. When you're wearing a mask, you automatically decrease the amount of spread within that area of the indoor space. Nothing works 100%. I just want us to understand that wearing our masks benefits ourselves, benefits the community, decreases the amount of circulating COVID, and the dose is so important in determining who gets more serious infections. That's why we wear masks, to cut down the circulation of COVID. The fourth thing is why is Wayland so resistant to a temporary, short-term, 4-week wearing of masks indoors? It's not for the retailers because we know that they need some additional guidance from us. It's not coming at the state-level, and it certainly should come from the local level, which is where I like to see most of these decisions made and yet I'm hitting a roadblock with our own BOH. It's completely contrary to what we should be doing for those within our community who are more vulnerable. By not doing the mask mandate, you're making them stay and exercising more fear and contributing to an unhealthy situation on their part. If we wore our masks, then it will restore some faith and comfort for when they need to go out in the community. BM: I'd like to comment on that. Looking at the state's website on percentage of positivity in towns with and without masks mandates, I'll take January 6, 2022, Sudbury had a 9.78% positivity rate, Waltham, 14.35%, these are both mask-mandate towns, Wayland, 10.67%, Weston, 8.7%. December 30th, same group: Sudbury had a 5.43%, Waltham, 6.44%, Wayland, 5.84%,

and Weston, 5.37%. 12/23: Sudbury, 4.37%, Waltham, 2.89%, Wayland, 3.35%, and Weston, 1.96%. Wayland and Weston don't have a mask mandate. 12/16: Sudbury, 3.81%, Waltham, 1.7%, Wayland, 2.82%, and Weston, 1.85%. So, I'm not saying that masks aren't effective. I'm saying that the data doesn't show they're preventing the spread. RD: You can put this on the next agenda. AS: The next agenda is in February but we're talking about an imminent issue where we can make a decision.

AS: Motion is to have a special session next week and to discuss and reconsider this initial vote.

BM: Second. RD: JS - Yes, BM - Yes, SG - Yes, AS - Yes, RD - Yes. Approved 5-0 motion passes.

BM: I think we should generate an agenda ahead of time.

7:05 p.m. Violation of the State Law "An Act to Modernize Tobacco Control" hearing-by selling tobacco product to a person under the Minimum Legal Sales Age-, Wayland Wine and Spirits-302 Commonwealth Rd, owner Eric Pearlman Guest- Olivia Dufour, Regional Tobacco Control Program Manager

JJ: Olivia Dufour, our Regional Tobacco Control Manager, is the person that did the work for this compliance check, she is not able to join us tonight. I spoke to her this morning and told her I could help work through this agenda item. Tobacco compliance checks for under aged sale of tobacco products (tobacco "sting") were done for all permitted businesses in Wayland, this business sold tobacco to someone younger than legal sales age. A fine for that violation is \$1,000. Mr. Pearlman requested to come before the BOH to share his side of the case. EP: I've owned the store for over 11 years, and we are very diligent with our checks on alcohol and tobacco. One of our clerks sold tobacco to someone underage, I'm not denying that. He's worked for me for about 9 years, he's fantastic. I feel like the sting wasn't done in the full spirit of a compliance check. The woman that came up was taller than my clerk and she had a mask on. I'm not trying to say that we were not at all at fault, but I feel like it wasn't done in the full spirit of a compliance check. Over the years we have had many checks and we always pass because we card everybody. We're probably one of the more diligent stores in the town because that's how I expect my employees to be when they're in the establishment. So, we made a mistake and I feel like if she wasn't wearing a mask it would have been an easy one. My clerk, for whatever reason was in the middle of stuff, having an off day, but I just feel like if it was the normal person that was sent in for a sting, we would have carded it. Anyone who is not 40 or over, unless we know them, we're carding. But generally, it's in that 30-year-old range, so we're extremely diligent. We made a mistake, but I feel like the way the check was done is not how it is normally done. I guarantee you there are plenty of stores in Wayland or other towns that are not even remotely as diligent as us. For whatever reason, our guard was down that day and sending in a female over 6' tall with a mask on was unfair to us and shouldn't have been done that way. I wanted to get that out there in front of the board and see if we could have some sort of resolution other than the \$1000 fine. JS: So, you think that having someone come in who is 6' tall isn't in the spirit of a check? EP: I'm not saying you trapped me but I'm saying that in 11 years, I've maybe been there 20% of the time. But I hear from my staff as far as who comes in and generally speaking, over the years, before masks, they look like they're 16 years old. They're little kids. So yes, I do feel like that. JS: You have to learn that there are 12-year-olds that are 6' tall. EP: 100%. But when you put the mask on, I feel like this isn't the right environment to be doing that. If she was 6'2" with no mask, she would have been carded all day long. AS: Julia, I have a question for you. This is based on the assumption that the person you chatted with this morning is aware of this argument. What was her response? JJ: In this case,

the question is did they sell to a minor? The answer is yes. They did not ask for an ID from the person who went to buy the cigarettes. In this day and age where people are currently wearing masks, they should be carding everyone. That is the law. We have done a lot of outreach and education in the community before this new fine structure was adopted to make sure that everyone knew that if you sold to a minor, it's \$1,000 fine. We've done two rounds of educational work: handouts, emails, and Olivia went around as well. There is that option for someone to plead their case before the board because that is the law, but the law is also that they can't sell to a minor. AS: The individual who did this sting is someone who we've used before? Or was it someone who was a new individual? JJ: These people that are hired to do these tobacco stings, the sellers are not supposed to know what they look like, that's the point of the sting. The business manager and their staff are supposed to be trained on tobacco regulations and protocols for selling tobacco, it's a law. AS: Are there individuals that are used repeatedly or is this a new person? JJ: It varies depending on who's available to do the work and then they get trained by the leading person, in this case Olivia. JS: The procedure hasn't changed right? JJ: In the past we had the police department help us with compliance checks before selling tobacco but they couldn't do that during the pandemic, so we were lucky that we had help from the regional tobacco staff. BM: During the checks, did that person go into other establishments? JJ: Yes. BM: Do we know how many? JJ: At least 15 and this was the only violation. EP: That's hard for me to speak against. BM: When you say it's entrapment it's hard to believe that it's entrapment when the other 14 establishments were in compliance. EP: I feel like the spirit definitely changed and I figured I would speak before you all to tell you that, as I said, there's no scientific data, but I'd be willing to bet that we're the tightest shift in town. They've never sent in someone of that height and with a mask. But I get it. BM: You don't know that. EP: We know because the police pull up in front of our store and send in a 16- or 17-year-old. They pull up in a black unmarked car. So, we know who it was and when we pass. I had one clerk who had a bad day. JS: Sounds like you pay a lot of attention to the cars that drive up in front of your store. EP: They generally conduct the stings after dark and in Wayland typically everyone is asleep by 6 p.m. JS: How many stores do you own. EP: That's irrelevant. JS: Do you own more than one store? EP: Does that have any bearing on this though? JS: I'm curious if you've been to other places and have had the same experience. EP: What same experience? JS: You failed a test. EP: No, I've never failed a test. It is what it is. I just wanted to talk before you guys. Olivia kind of told me it was black and white. I don't want to take too much of your time. JJ: And Eric, I appreciate what you're saying. I know that you are not the only place that has ever failed a compliance check. JS: Are there any other violations where this store is at? JJ: Not right now, no.

7:20 p.m. Discuss Board of Health member Susan Green's resignation effective March 25, 2022, appointment and election process to fill the vacant seat

JJ: If the board wishes to fill the vacancy, then we notify the Board of Selectmen that we will have a vacancy as of March 25th and that we would like to proceed with filling it until the next election. That will trigger other things through the BoS, like an advertisement of the vacancy and potential people who might be interested and then there would be an interview process with the BOH and Board of Selectmen. JS: Who makes the final choice? JJ: I believe the Selectmen do. AS: What is the duration of this interim appointment and how do we publicize that the BOH is accepting any applicants from the town of Wayland? JJ: The appointment would be for the interim, until the next election. We send the notification to the Selectmen, that triggers other things to happen, and then they advertise it, maybe the town newspaper, and then they collect information on anyone who is interested and they make arrangements

for interviews. AS: So, if I understand, the individuals who are viewing this live are now made aware that there's an opening that occurred from Susan's resignation and they should contact you if they know someone who is interested? Or they close off to any other applicant at this time. JJ: We write a letter to the Selectmen to let them know we want to fill the vacancy, and then they move forward to fill the seat. Interested individuals, we currently are aware of two but there could be others, will be interviewed at a later date. SG: I have one more year. I'm really resigning at the end of my second year. Elections are normally in April. I have submitted my letter to the Town Clerk who also refers it to the Selectmen. JJ: This would be if we want to fill the seat for the period of time from when Susan resigns to when the next election takes place, that person will have to run for an election also, in this case they would fill in for around a month and a half. After the election it would be a one-year term (the balance of Susan's term). AS: That election is for a one-year term? JJ: Yes.

AS: Motion to initiate the pre-scripted responsibility of the board to inform the town of Selectmen to initiate that process. BM: Second. RD: AS - Yes, JS - Yes, BM - Yes, SG - Yes, RD - Yes. Approved 5-0 motion passes.

7:25 p.m. General business, Review and approve Minutes October 19, 2021, July 8, 2020, July 23, 2020

RD: October 19, 2021. Any additions or comments?

BM: Motion that we approve the October 19, 2021 minutes. JS: Second. RD: AS - Yes, JS - Yes, BM - Yes, SG - Yes, RD - Yes. Approved 5-0 motion passes.

RD: July 8, 2020 Minutes

BM: Motion that we approve July 8, 2020 minutes. AS: Second. RD: JS - Yes, AS - Yes, BM - Yes, SG - Yes, RD - Yes. Approved 5-0 motion passes.

RD: July 23, 2020 Minutes. SG: Apparently there was a list, but I didn't see any attached list. JJ: I'll make sure I have it. I know where it is we can wait. JS: Let's push it to the next meeting so we can retrieve that information.

7:30 p.m. Next Meeting

RD: When is our next meeting? BM: There's an emergency meeting next Monday with two items on it. RD: The 17th. JJ: That's a holiday so we won't be meeting. BM: Does the state publish their public information on Thursdays? We should try to align with that information update. BM: Meet on the 20th? AS: You might get the information on the 20th but sometimes it's not updated. BM: What about the 18th and we all Zoom in in the morning? Or the 21st. JJ: I won't be in that date. SG: The 20th is fine. BM: Thursday the 20th. JJ: I don't know where the information comes from on the school's website, I need to have time to look into things and review information. JS: We can also look at the state data. AS: It's hard to do but what do we agree that what we're looking for are measures of impact rather than number of cases per site? We can easily get the data on the other towns from the DPH. It would be nice to do a query on our sister towns. Maybe some of the other towns are going towards that direction. I have no disagreement Julia that it is hard to ask this now because it is not easily obtained. SG: What are we going

to do with that information? AS: We have to see multiple points where this is trending. It would go a long way to provide another measure of the impact because I think a lot of people are moving away from the test numbers. It's not a good measure to look at the two-week prevalence rates. That's not what this kind of data measures. JS: I'm not sure we're going to have the kind of data you're looking for to answer this question. AS: It might be an unknown but then you have to ask yourself what the best approach is for a community to mandate masks. And when I say mandate, I refer to non-restaurant facilities. JS: Why do you separate them? AS: You can make a mandate as you see fit. I sent an article where the chief health officer set up a mask mandate for a town and excluded restaurants. It's not going to be perfect. The question is what's better than what we're doing now. We should have a town mandate and that's what I'd like to see us do. JS: Out of curiosity, why don't you think we have a state mandate? AS: I'm not even going to go there. It's moving far away from our responsibilities.

SG: Motion to adjourn the meeting. BM: Second. RD: AS - Yes, JS - Yes, BM - Yes, SG - Yes, RD - Yes. Motion passes 5-0 meeting adjourned.

**Minutes of 011022
APPROVED 012323**