

JOHANNA RAVENHURST, MSPH - Chair  
TONY JUDGE, Vice-Chair  
KAREN WALSH PIO, LICSW, LADC 1 - Clerk  
CHRISTINE McKIERNAN, M.D.  
JESSICA COLLINS

SHARON HART, Director of Public Health

**NOTICE**

**BOARD OF HEALTH MEETING (VIRTUAL)  
&  
AGENDA**

**March 1, 2022**

**6:00 p.m.**

Join Zoom Webinar from your Computer:  
Please click this URL to join:

<https://us02web.zoom.us/j/82522439263?pwd=L1Za0cxUGZWQW0wU25mNGNOMHdzQT09>  
Passcode: 005034

Or join by phone: US: +1 646 558 8656  
Webinar ID: 825 2243 9263  
Passcode: 005034

**NOTE: Not all the topics listed in this notice may actually be reached for discussion. In addition, the topics listed are those which the Chair reasonably expects will be discussed as of the date of this notice.**

**To: Board of Health Members**

**From: Sharon D. Hart, Director of Public Health**

**Re: A Board of Health Meeting (Virtual) will be held on Tuesday, March 1, 2022 at 6:00 p.m.**

**1: Chair to Call the Meeting to Order**

**2: Acceptance of the Minutes of the January 25, 2022 meeting.**

- 3: Announcements and Open Forum (10 Minutes) – NOTE: Persons wishing to submit written comments/questions regarding items which are not a subject of a public hearing are encouraged to use the following Google form:**

<https://forms.gle/3ANuGTGEkMLDWpjU9>

**4: New Business:**

**(a): COVID-19 Update**

- COVID-19 Report (Sharon)
  - Wastewater testing
  - Vaccine clinics

**(b): Mask Mandate – discussion of COVID-19 metrics and mask mandate**

**(c): Peabody Plant – discussion of response from Peabody Health & Human Services Director, next steps**

**(d): Update - Indoor Air Quality, HVAC, Moisture Mitigation planning at South Hadley High School**

**(e): Update - South Hadley Drug & Alcohol Prevention Coalition (Karen)**

**(f): Update – Mosquito spraying opt-out process and February 10<sup>th</sup> public listening session of the mosquito control task force**  
(materials posted here for reference, not required reading for discussion - <https://www.mass.gov/service-details/past-meetings-of-the-mosquito-control-for-the-twenty-first-century-task-force-subcommittee> )

**(g): Update - Highly Pathogenic Avian Influenza update from MDAR (Sharon)**

**(h): Emergency Order to Vacate – 47 Spring Street – Basement - Ratify**

**5: Set Next Meeting Date – (TBD) at 6:00 p.m. Virtual using Zoom**

**6: Adjourn Meeting**

\*\*\* Please note: Meetings are recorded\*\*\*

JOHANNA RAVENHURST, Chair  
TONY JUDGE, Vice-Chair  
KAREN WALSH PIO, LICSW, LADC 1, Clerk  
JESSICA COLLINS  
CHRISTINE MCKIERNAN, MD

SHARON D. HART, Public Health Director

**Board of Health Minutes**

**January 25, 2022**

--Draft-- --Draft-- --Draft-- --Draft--

Present: Johanna Ravenhurst, Chair; Tony Judge, Vice Chair; Karen Walsh Pio, Clerk; Jessica Collins, Board of Health Member; Dr. Christine McKiernan, Board of Health Member; Sharon Hart, Public Health Director; Jennifer Jernigan, Assistant Public Health Director; Monasia Ceasar, Health Compliance Specialist

*The Board of Health Meeting was called to order at 6:02 p.m. by Chair Ravenhurst.*

**1. Acceptance of the Minutes of the December 14, 2021, meeting and December 21, 2021 Public Hearing:**

Chair Ravenhurst introduced the minutes from the 12/14/21 meeting and questioned if there were any changes to be made. No revisions were brought forth. Chair Ravenhurst mentioned she would accept a motion to approve the minutes from the 12/14/21 meeting. Dr. McKiernan made the motion and Walsh Pio seconded it. A rollcall was taken.

Dr. Christine McKiernan: Aye  
Karen Walsh Pio: Aye  
Tony Judge: Aye  
Jessica Collins: Aye  
Johanna Ravenhurst: Aye

Chair Ravenhurst introduced the minutes from the 12/21/21 public hearing and questioned if there were any revisions to be made. No changes were presented. Chair Ravenhurst mentioned she would accept a motion to approve the minutes from the 12/21/21 public hearing. Dr. McKiernan made the motion and Walsh Pio seconded it. A rollcall was taken.

Tony Judge: Aye  
Dr. Christine McKiernan: Aye  
Karen Walsh Pio: Aye  
Jessica Collins: Aye  
Johanna Ravenhurst: Aye

## 2. Announcements and Open Forum:

Chair Ravenhurst provided guidelines for Board members interested in distributing supplemental documents amongst the Board to be reviewed in preparation for an upcoming meeting. Moving forward, Board members must submit any attachments ten days prior to a meeting. This is in hopes of having the agenda and the corresponding documents available at the same time. If received after, the documents will be shared verbatim during the meeting.

Chair Ravenhurst verified there were no memos left in the open forum. She noted there were attendees present at the meeting and asked if they had any announcements to bring forth to the Board. No additional announcements or comments were presented.

## 3. New Business:

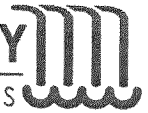
### (A) COVID-19 Update

Chair Ravenhurst introduced Director Hart to provide the COVID-19 update. Director Hart shared there were 152 new cases this week with a total of 193 active cases in Town. She worked with the Director of Council of Aging and identified that 25 out of the 152 were over the age of 62. Hart noted that 13 out of the 152 reported cases were for those under the age of 5 years old. Director Hart was notified by the Infection Control Department at Holyoke Medical Center about an additional death.

Director Hart noted that cases numbers were 224 and around 240 cases in previous weeks. The case numbers are on a downward trend similar to last year's case numbers. If following the same curve, there should be a significant decrease in the beginning of February.

Director Hart summarized the new DPH COVID testing option for school Districts. If School Districts choose to elect symptomatic and or pool testing, participants can discontinue contact tracing and the Test and Stay program. Participating School Districts will be provided with rapid antigen tests for staff and students. Hart received confirmation from Mary Walsh that the District is interested in participating in the new testing program.

Director Hart shared that the DPH is moving away from contact tracing. The surveillance systems will be looking to focus on severe outcomes, prevention measures, and vulnerable populations. The extensive case number information will gradually stop. The capturing of every case will end as the Department transitions to establish systems that monitor trends, emergence of new variances, and identification of cases in vulnerable settings.



Director Hart clarified that data availability has already started to decrease as the use of the rapid antigen tests increase. The test results from the antigen tests are not reported, the Department only receives case information from PCR tests. Hart shared that she is currently focusing on those under the age of 5 and those amongst the vulnerable population for contact tracing.

Director Hart announced she was awarded a 300,000-dollar Public Excellence grant. The grant will fund two nurses and a grant coordinator to be shared amongst Holyoke, Chicopee, and South Hadley. She recently met with the other two Health Directors and brainstormed potential areas of interest. The group proposed school-based programs that would potentially focus on youth obesity and substance abuse.

Each Town has an opioid/ substance abuse advocacy group that could be partnered with to increase outreach efforts. Currently, the Health Department has been focused on executing daily tasks and mitigating COVID and has not had the opportunity to do additional programming. This grant will provide the opportunity to execute additional initiatives and programming.

Director Hart shared that the grant is currently renewable for 3 years with the potential of being extended further. The Town will get a host fee between 40 to 45 thousand dollars a year. Hart highlighted the importance of the regional partnership as there is speculation that future funding will be distributed to regional groups. Chair Ravenhurst expressed her excitement about the collaborative as the state seems to be moving in the direction of supporting and encouraging regional collaboratives.

#### **(B) Mask Mandate- discussion of article and COVID-19 (Christine)**

Chair Ravenhurst introduced analyzing the COVID metrics to review the mask mandate as the next topic. Dr. McKiernan shared the importance of setting definitive standards when considering the lifting of the existing mask mandate. Dr. McKiernan referred to an article from the CDC that summarized metrics used when prevention strategies have been increased to address an increase in community transmission. The following items should be considered: new cases per 100,000, percent positivity, health system capacity, vaccination coverage, and the ability to detect an increase in cases.

Dr. McKiernan presented the DPH data that reflected recent COVID activity in the area. She mentioned the data for both South Hadley and Hampshire County as there are several bordering towns who share access to amenities. Based upon the DPH metrics, South Hadley had 217 cases per 100,000 residents while Hampshire County had 209 cases per 100,000 residents. Both of which exceed the threshold set by the CDC for the greatest risk category, which is 100 cases per 100,00 residents. The percent positivity rates for South Hadley was 12.8 %, while Hampshire County had 11.67%. Both recordings fall into the highest risk category as they exceed 10%.

As previously mentioned by Director Hart, the numbers are visibly decreasing and are expected to continue doing so. Dr. McKiernan noted that transmission rates are high, and she would not be in favor of rescinding the mask mandate. The Board members shared the same sentiment and proposed to revisit the metrics in February.

Chair Ravenhurst shared the vaccination rates for South Hadley as 76% of residents having at least one dose and 67% having two doses. Ravenhurst clarified that the State is likely to consider those only who have had a booster as being fully vaccinated. She highlighted that the age groups 16-19 and 23-29 have the lowest rates in the community. Director Hart agreed to verify the details on the wastewater surveillance data collection as a potential resource to analyze.

The Board of Health has also received a compiled list of complaints received by Town Administration with the corresponding response. There have been no additional complaints in the month of January. Judge shared that he has observed widespread compliance amongst residents and businesses regarding the mandate. To summarize, Chair Ravenhurst mentioned that the Board will revisit the metrics in February with the hopes that the rates continue to decrease.

**(C) Discussion of SHELD response to the Board's questions about Peabody Plant letter sent by Greater Boston Physician for Social Responsibility**

Chair Ravenhurst introduced SHELD's response to the Board's questions regarding the Peabody Plant as the next topic. The Board of Health received a letter from the GBPSR in the Fall requesting the Board of Health to curate a letter requesting an environmental report and health impact assessment be done for the construction of the plant. SHELD is listed as one of the investors in the project. In consideration of drafting up request letter, the Board asked SHELD some additional questions for clarification. Sean Fitzgerald, the General Manager from SHELD answered those questions via e-mail. The correspondence was shared with the Board of Health members.

Chair Ravenhurst shared Mr. Fitzgerald's response on the screen to provide a brief overview to the Board. Dr. McKiernan referenced the presentation given on June 8th 2021 from Sean Fitzgerald in which he provided an overview of the proposed plant construction. The plant is projected to produce less emissions and will only be used a couple of times a year. In Fitzgerald's response he cited previous environmental reports that have been conducted and all areas met the state's standards for protection and welfare. Dr. McKiernan questioned how the plant would impact the people of Peabody. There are existing plants currently operating in the area. Peabody is known to have a vulnerable demographic, with high poverty levels.

Collins expressed her support for health assessments on such projects as they provide insight on how the residents of that area will be affected by the execution of the project. She also shared that she believed these types of reports and assessments are likely to become required on the State's level. Collins then referenced a situation where the Board of Health worked to protect a local aquifer and there were similar claims of standards being met. She clarified that the letter of request was simply expressing support of having the assessment done and not showing favor or lack thereof for the project. Entities typically oppose of these assessments as they delay the projects. Collins expressed the importance of such reports to identify potential equity compromises associated with the project.

Chair Ravenhurst questioned if the conducting of the assessment will cost SHELD additional money as the project will likely be delayed. She also shared the update she received from the GBPSR. The Board of Health in several Towns have decided to send a letter to the governor requesting further investigation prior to construction. The participating towns included Peabody, Danvers, Marblehead, Holden, and Wakefield.

Dr. McKiernan questioned how this would differ from the assessments previously done. Collins shared that health assessments typically involve a multi- sector advisory group that identify potential threats and areas of concern associated with the project. It is conducted through an equity lens and provides a platform to hear from the local people. Requests have been made from Board members to get copies of the previous assessments that have been cited as well as the plan approved documents. Collins proposed the possibility of reaching out to local Board of Health in Peabody to get clarity on what information was missing from the previously conducted assessments.

Chair Ravenhurst questioned how this project fell under the South Hadley Board of Health purview, besides SHELD's investment. Collins clarified that the Town should be aware of how its investment is impacting the health of Peabody's residents. Walsh Pio highlighted a lot of discrepancies between the claims from SHELD and GBPSR. The Board members hoped that receiving insight from the Peabody Board of Health and copies of the previous assessments would help clarify this.

Collins mentioned that Senator Jo Comerford has proposed the *Healing Act*, a legislation that focuses on getting health assessments conducted across several sectors prior to doing similar projects. For the next steps, Chair Ravenhurst will follow up with the Peabody local Board of Health to get a current set of concerns regarding the projects and to acquire copies of the assessment reports previously done.

#### **(D) Update- Indoor Air Quality Assessment Report for South Hadley High School**

Chair Ravenhurst introduced the update on the indoor air quality assessment report for the South Hadley High School as the next topic. The Board members were interested in getting the status on the measures being taken following the assessment has been received from the state. Chair Ravenhurst

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reached out to the Superintendent and associated staff members on an update. Chair Ravenhurst was told that Committees are currently being established to discuss the report and the next steps. There will have to be an extensive discussion on the funding and the mitigation of Facilities Management. Chair Ravenhurst is under the assumption that this would fall under the purview of the Selectboard and the School Committee. She then questioned what specific information the Board of Health would want.

Collins shared that she feels as though things are shifting in a different direction. Sectors that have previously operated in solitude will now collaborate with other entities on situations that overlap into different subject of interests. It has been demonstrated with COVID, that the School Committee values insight from the Board of Health. This insight could be in the form of presenting data and offering recommendations. The Board of Health should be informed on the measures being taken despite it not being within its direct jurisdiction.

Judge expressed the importance of evaluating the School's preventative and maintenance plan to ensure that the health and well-being of the students and faculty are not being compromised. Health threats at the local High School are well within the oversight of the Board of Health. The Board of Health should express their approval or dissatisfaction with the proposed remedies within the plan. The action plan should also be considered time sensitive as the weather will shift and provide unfavorable conditions for mold.

The Board of Health has been proactive in addressing this matter by coordinating the indoor air assessment with the State. Chair Ravenhurst agreed the Board should stay in touch with the School Committee in relation to receiving updates on the plan but felt that the Board of Health did not need to weigh in on funding and mitigation strategies. Dr. McKiernan expressed the importance of the Health Department being involved to ensure that the appropriate standards are being met in the plan. Director Hart suggested that the Board of Health request a priority list and progress report on the actions being taken from the Superintendent and School Committee.

In conclusion, Chair Ravenhurst agreed to reach out to both the Superintendent and School Committee regarding updates on the preventative plan as well as to make this topic a recurring monthly agenda item to be reviewed on a regular basis.

#### **(E) Update- South Hadley Drug & Alcohol Prevention Coalition (Karen)**

Chair Ravenhurst introduced an update on the South Hadley Drug & Alcohol Prevention Coalition as the next topic to discussion. Walsh Pio shared that the work of the Coalition has been delayed by COVID-19. The alcohol compliance checks have been postponed to March and the High School Cotillion dance has

been rescheduled to a date not yet determined. The Coalition typically conducts a lot of outreach programming in preparation of the dance. The Coalition will be informed later this month if they have

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been awarded a grant to purchase two more vape detectors from the District Attorney's office. This would be in addition to the two detectors given to the Coalition by the Board of Health.

The School social worker will be hosting a webinar on February 6, 2022, regarding online safety for caregivers. Walsh Pio shared she would be willing to forward Board members the flyer with additional information pertaining to the event. On April 7, 2022, the Safe School Summit will be held with the option of being virtual if necessary. The summit is an annual event that discusses various elements that contribute to the safety in the school environment.

The High School has a new peer leader and senior class advisor. The peer leaders have been working on the *Sandy Hook Promise* initiative which targets adolescent mental health. Walsh Pio also noted that the Coalition is currently operating in its 8<sup>th</sup> year out of its 10-year grant. Collins proposed utilizing some of the Public Excellence grant to advocate for youth mental health. Walsh Pio expressed her interest in youth mental health, as mental health issues are often tied to substance abuse. The Coalition has done work with suicide prevention and has made collaborative efforts with peer leaders in the past.

Collins shared she had learned about a new tobacco product being sold in small businesses recently at a Tobacco Control Meeting. The product comes in a clear container mimicking a test tube. The test tube has crushed up tobacco leaves that has been mixed with other ingredients. The container is not labeled and is sold discreetly. Director Hart attested to the challenges faced as new tobacco products emerge. The Board of Health must stay updated on new products and think of ways to skillfully curate regulations that will target the emergence of new products. Hart shared that the product in question maybe known as Fronto King, which is crushed flavor enhancer. The Town of South Hadley has banned the sale of flavored tobacco products.

#### **4. Set Next Meeting Date- (TBD) at 6:00 p.m. Virtual using Zoom**

The virtual meeting was set for Tuesday March 1<sup>st</sup>, 2022, at 6p.m.

#### **5. Adjourn Meeting**

The meeting was adjourned at 7:31 p.m.

Respectfully,

Monasia Ceasar

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**ATTACHMENT A**

**RECORD LOCATION**

County Level Positivity Rates	BOH File
GBPSR Peabody Plant letter Fall 2021	BOH File
Peabody Plant Questions	BOH File
Weekly COVID-19 Municipality Vaccination Report	BOH File
Guidance for Implementing COVID-19 Prevention Strategies	BOH File

DRAFT



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MARGRET R. COOKE  
Commissioner

Tel: 617-624-6000  
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**ADVISORY REGARDING FACE COVERINGS**  
**This Advisory has been updated as of February 14, 2021**

The Department of Public Health urges all eligible residents to get vaccinated and stay up to date on COVID vaccinations, including when eligible for booster doses. Vaccination remains the most effective protection against serious illness, hospitalization, and death.

Recognizing that Massachusetts is a national leader in vaccine acceptance, and in light of recent positive progress on COVID-19 indicators, the Department of Public Health now advises that a fully vaccinated person should wear a mask or face covering when indoors (and not in your own home) if you have a weakened immune system, or if you are at increased risk for severe disease because of your age or an underlying medical condition, or if someone in your household has a weakened immune system, is at increased risk for severe disease or is unvaccinated.

As a reminder, there are multiple conditions that may put someone at higher risk for severe disease; information on those conditions can be found on the [Centers for Disease Control and Preventions website](https://www.cdc.gov). Your primary care physician can advise you whether you are at increased risk.

For individuals who are not fully vaccinated, it is important that you continue to wear a face covering or mask to help prevent you from spreading COVID-19 to other people.

Individuals who are considered close contacts or who have tested positive must follow the [isolation and quarantine guidance](#) which includes wearing a mask in public for 5 more days after they leave isolation or quarantine on day 5, regardless of vaccination status.

All people in Massachusetts (regardless of vaccination status) are **required to continue wearing face coverings in certain settings**, including transportation and health care facilities. Please see [www.mass.gov/maskrules](http://www.mass.gov/maskrules) for a complete list of venues where face coverings have remained mandatory since May 29, 2021.

When you wear a face covering or cloth mask, it should:

- Be the highest quality mask that is comfortable and that you will wear consistently,
- Fit snugly but comfortably against the side of the face,
- Be secured with ties or ear loops,

- Include multiple layers of fabric,
- Allow for breathing without restriction, and
- Be able to be laundered and machine dried without damage or change to shape.

For more information, please refer to the CDC at: [Your Guide to Masks](#). This advisory may change based on public health data and further guidance from the CDC.

----- Forwarded message -----

From: **McCarthy-Licorish, Lisa N (DPH)** <[Lisa.N.McCarthy-Licorish@mass.gov](mailto:Lisa.N.McCarthy-Licorish@mass.gov)>

Date: Wed, Feb 9, 2022 at 9:52 AM

Subject: Mask requirements ending February 28 for K-12 and childcare settings

To: McCarthy-Licorish, Lisa N (DPH) <[lisa.n.mccarthy-licorish@state.ma.us](mailto:lisa.n.mccarthy-licorish@state.ma.us)>

Good morning everyone –

This morning at 10 a.m., the administration is announcing that the statewide indoor mask requirements for K-12 and for child care settings will be **lifted on February 28, 2022**. Per federal order, masks must continue to be worn on school and other transportation. Masks also need to be worn following the first five days of isolation or quarantine in accordance with state isolation and quarantine guidance. The message (attached) will go out to school districts this morning.

Local school leaders will have the flexibility, as always, to determine school policies regarding continued masking. Child care providers will be able to determine their own masking policies. EEC will put out guidance in the next week or so to assist providers. Municipalities also retain the flexibility to make local masking policies.

Q&A:

**What does the DESE-DPH guidance recommend relative to masking (here: [DESE-DPH Protocols for Responding to COVID-19 Scenarios](#)):**

- After a five-day isolation and/or quarantine period, wear a mask around others for an additional five days, except when eating, drinking, or outdoors.
- Individuals who experience COVID-19 symptoms should stay home and obtain testing. If they receive a negative result and their symptoms improve (including remaining fever-free for a 24-hour period without fever-reducing medication), they can return to school but should also wear a mask until their symptoms fully resolve.
- Unvaccinated individuals should continue to wear masks in school settings.

**What does this mean for the testing, quarantine and isolation protocols?**

For both child care and K-12 schools, students and staff who are participating in testing will be required to follow the masking protocols associated with testing (see above).

**What does EEC's current masking requirement mean for providers and children?  
Will this be a big shift?**

EEC's masking requirement went into effect on August 28, 2021 and requires that all staff and children 5 years old and older wear masks when indoors, except when eating and drinking. The requirement also strongly recommends that children between 2 years and 4 years old wear masks, except when eating, drinking and napping. Children younger than 2 years old are prohibited from wearing masks. Therefore, providers have had discretion in whether to include a mask requirement for children aged 2 - 4 years old. EEC will release guidance in the next week to help providers.

**Why now?**

The decision was made in consultation with infectious disease physicians, the Massachusetts Department of Public Health, and other medical experts. Vaccinations are the best protection against COVID-19, and Massachusetts has among the highest vaccination rates of young people in the nation with 51 percent of 5- to 11-year-olds receiving at least one dose; 83 percent of 12-15-year-olds; and 82 percent of 16-19-year-olds. In Massachusetts, 52 percent of all individuals who are fully vaccinated have received a booster dose compared to 42 percent of the national population.

Please let us know if you have any questions.

Thank you,

Jana

Jana Ferguson  
Assistant Commissioner  
MA Department of Public Health  
[Jana.Ferguson@mass.gov](mailto:Jana.Ferguson@mass.gov)

\*Do not print this email unless necessary



Jeffrey C. Riley  
Commissioner

# Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3000  
TTY: N.E.T. Relay 1-800-439-2370

## MEMORANDUM

**To:** Superintendents, Charter School Leaders, Assistant Superintendents,  
Collaborative Leaders, and Leaders of Approved Special Education Schools  
**From:** Jeffrey C. Riley, Commissioner  
**Date:** February 9, 2022  
**Subject:** Update on DESE Mask Requirement

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**After consulting with medical experts and state health officials, the Commissioner will not renew the state mask requirement after it expires on February 28, 2022. Effective Monday, February 28, the DESE mask requirement will be lifted statewide. The Commonwealth's high vaccination rates and widespread availability of COVID-19 testing for school personnel and students support this decision.**

Masking continues to be required on all school buses, per federal order.

DESE and DPH strongly recommend students and staff continue to follow the [DESE-DPH Protocols for Responding to COVID-19 Scenarios](#).

**As always, any individual who wishes to continue to mask, including those who face higher risk from COVID-19, should be supported in that choice.** DESE and DPH strongly recommend unvaccinated individuals should continue to wear masks in school settings.

The Commissioner will continue to monitor public health data, consult with medical experts and state health officials, and issue further guidance and/or requirements as needed.

More than 40 schools have already received approval from DESE to remove the mask requirement. With the removal of the statewide mask requirement, additional schools no longer need to apply.

DESE continues to recommend that districts and schools adopt a layered approach to mitigate the spread of COVID-19 in school settings. DESE and DPH continue to strongly urge all eligible individuals to receive the COVID-19 vaccine and booster and continue to support schools with vaccination clinics. Other mitigations include participating in the statewide COVID-19 testing program, maintaining good hand hygiene practices, and staying home when sick.



Johanna Ravenhurst <jravenhurst@shadleyma.org>

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## Fwd: Soth Hadley Board of Health and Mandate

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Johanna Ravenhurst <jravenhurst@shadleyma.org>  
To: Johanna Ravenhurst <jravenhurst@shadleyma.org>

Thu, Feb 17, 2022 at 3:28 PM

----- Forwarded message -----

From: **Johanna Ravenhurst** <[redacted]>  
Date: Fri, Feb 11, 2022 at 3:49 PM  
Subject: Fwd: Soth Hadley Board of Health and Mandate  
To: Johanna Ravenhurst <jravenhurst@shadleyma.org>, Sharon Hart <SHart@southhadleyma.gov>, Jennifer Jernigan <jjernigan@southhadleyma.gov>, Monasia Ceasar <mceasar@southhadleyma.gov>

----- Forwarded message -----

From: **Jim .** <jim@gerrys-music.com>  
Date: Fri, Feb 11, 2022, 1:57 PM  
Subject: Soth Hadley Board of Health and Mandate  
To: [personal email redacted]

Good Afternoon Johanna

First, my apologies for contacting you through your personal e-mail address through UMASS.

If you recall, we spoke on the phone in December regarding the Mask Mandate and the process in which it was adopted. At that time, we discussed my many frustrations (notification of meeting, enforcement, training etc ..) and included in that list was that there was no contact information for you or the other Board Members on the Town's Web Site.

As of this e-mail, there is still no listing on the Town site for you or the other Board Members, thus I was forced to have my of our staff search for you through various means and locating an e-mail address for you through UMASS.

I write with several concerns and hope that you can address them as well as resolve.

1. I have been looking at the Towns web site and the information regarding the Board of health and your meetings. The Web Site clearly states that you meet on the Second Tuesday of each Month. I searched the Website on Wednesday of this week for your agenda and Minutes of your Tuesday meeting. I see that nothing was posted.

2. I called the Board of Health Office on Wednesday asking for the Agenda for Tuesday night's meeting (Feb 8th) as well as asked when the Board would be discussing the current Mask Mandate and when it would be discussing the Towns Mask Mandate, the data that it would use to make a decision to lift, or even when the Board planned on reviewing the Mandate.

3. I was informed by Micronessia in the Board of Health Office, that since the Pandemic, that the Board has rarely kept to the announced and advertised schedule of The 2<sup>nd</sup> Tuesday of each Months schedule of Meetings. She further stated that, as an afterthought, that "they should look into updating the Towns web site". It's hard to keep myself aware of meetings and conversations if the Board chooses to haphazardly schedule meetings without keeping some sense of a schedule for residents to follow.

4. On Wednesday of this week, The Massachusetts Department of Education announced that there will no longer be a Mask Mandate for Schools as of Feb 28th.

5. I learned from Micornessia that the next Scheduled Board of Health Meeting isn't schedule until the first week of March.

6. With the recent announcement from DESE, isn't it prudent that the Board of Health meet before March, to discuss the announcement from the State and ensure that there is a clear message to the Parents, students, teachers and Businesses in Town regarding the Boards Intentions and mandates? Shouldn't there be notification to businesses who have been responsible for enforcing the Mandate ( As I have noted previously with the loss result of losing business).

**A few random questions for you or the Board to Consider and answer:**

If it was so important to have an Emergency meeting in December to vote and implement this Mandate, why is not important to have an emergency Meeting to lift it, why is it not important to notify businesses, families, teachers and students who it effects.

Why is not important to provide information regarding the "Spot Checks" that Karen Walch Pio alluded to in the recorded meeting in December. Who completed these spot checks, and how many businesses where visited?

Why is not important to have an in person meeting to discuss these items and only allow those who are computer Savy and understand the Dynamics of Zoom to participate.

How many people resumed their shopping in Town since the adoption of the Mask Mandate?

How many Covid Cases were avoided with the implementation of the Mandate?

Is the Board prepared to compensate business for lost revenues due to the Mandate?

Any help and guidance would be greatly appreciated.

Thanks  
Jim

-----  
James Provost  
Gerry's Music Shop  
80 Lamb Street  
South Hadley, MA 01075  
(800) 724-7402  
[www.gerrysmusicshop.com](http://www.gerrysmusicshop.com)

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Johanna Ravenhurst, MSPH  
Chair, South Hadley Board of Health  
Lead Epidemiological Data Analyst, Public Health Promotion Center  
PhD in Epidemiology Student, University of Massachusetts Amherst  
[jravenhurst@shadleyma.org](mailto:jravenhurst@shadleyma.org) | [www.linkedin.com/in/johanna-ravenhurst](http://www.linkedin.com/in/johanna-ravenhurst)

---

**2 attachments**



TABLE. CDC core indicators of and thresholds for community transmission levels of SARS-CoV-2

MMWR- July 2021

Indicator	Transmission level			
	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	0-9.99	10.00-49.99	50.00-99.99	≥100.00
Percentage of positive nucleic acid amplification tests in the past 7 days†	<5.00	5.00-7.99	8.00-9.99	≥10.00

\* Number of new cases in the county (or other administrative level) in the past 7 days divided by the population in the county (or other administrative level) multiplied by 100,000.

† Number of positive tests in the county (or other administrative level) during the past 7 days divided by the total number of tests performed in the county (or other administrative level) during the past 7 days. <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/calculating-percent-positivity.html>

**MA DPH COVID-19 Interactive Data Dashboard (Feb 17, 2022)**

<https://www.mass.gov/info-details/covid-19-response-reporting# covid-19-interactive-data-dashboard->

**Cases**

**Confirmed Cases**  
Today there were **1,963** new, confirmed cases reported bringing the total to **1,529,853** total confirmed cases.

**Probable Cases**  
Today, there were **148** new, probable cases reported bringing the total to **131,253** total probable cases.

**Testing**

**Tests Reported**  
There were **89,083** new COVID-19 molecular tests reported, bringing the cumulative total to **40,431,919** tests.

**Percent Positivity**  
The 7-day average of percent positivity is **2.74%**.

**Hospitalizations**

**Hospitalizations**  
There are **719** patients hospitalized for COVID-19.

**ICU & Intubated Patients**  
There are **139** patients in intensive Care Units (ICU) and **71** patients are intubated.

**Deaths**

**Confirmed Deaths**  
There were **47** new, confirmed deaths reported. There have been **22,408** confirmed deaths in total.

**Probable Deaths**  
There were **2** new, probable deaths reported. There have been **701** probable deaths in total.

**Average Age of Deaths**  
The average age of patients who died of COVID-19 was **76** years old.

**Confirmed cases by age during the last two weeks \*Data updated weekly**

Age group	Confirmed cases
0-4	2,623
5-9	2,234
10-14	1,906
15-19	3,627
20-29	6,893
30-39	5,160
40-49	4,112
50-59	3,666
60-69	2,629
70-79	1,588
80+	1,133

For details on the definitions of each indicator hover over the box or graph. All data included in this dashboard are preliminary and subject to change. Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; COVID-19 Hospitalization Data provided by the MDPH survey of hospitals (hospital survey)

Massachusetts Department of Public Health | COVID-19 Dashboard  
Trends: 7-day Averages Over Time

Released on: February 18, 2022  
Data as of: February 17, 2022  
Caution: recent data may be incomplete

**Navigation**

- Today's Overview
- Overview Trends**
- COVID-19 Cases
- COVID-19 Testing
- Hospitalizations
- COVID-19 Deaths
- Higher Ed & LTCF
- Patient Breakdown
- City & Town Data
- Resources
- Data Archive

**Cases**

7-day average of COVID-19 confirmed cases

The lowest observed value was 64.1 on 6/25/2021.

**Testing**

7-day weighted average percent positivity

The lowest observed value was 0.31% on 6/25/2021.

**Hospitalizations**

7-day average of hospitalizations

The lowest observed value was 84.8 on 7/9/2021.

**Deaths**

7-day average of confirmed deaths

The lowest observed value was 1.3 on 7/11/2021.



# Massachusetts Department of Public Health | COVID-19 Dashboard

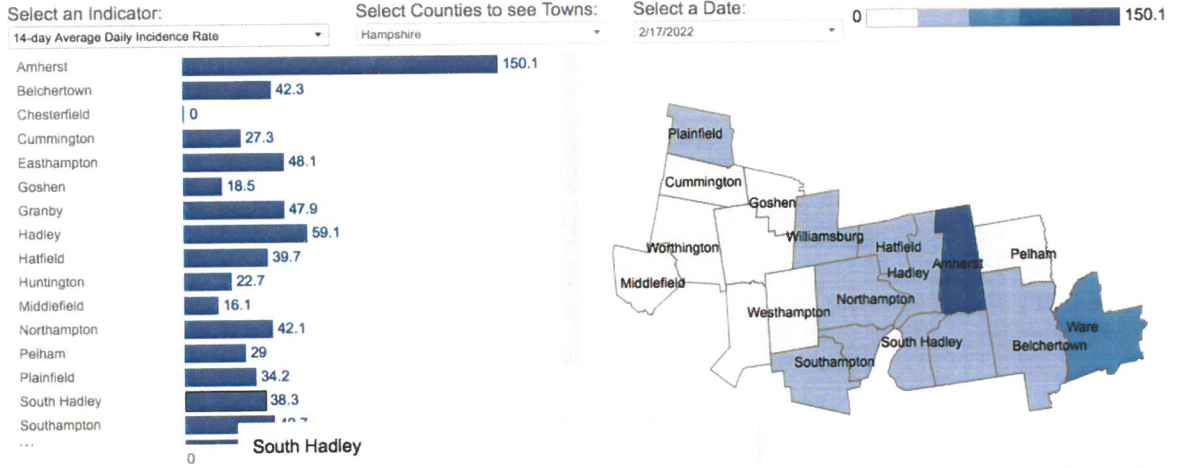
## Weekly Data by City and Town

Report date: February 17, 2022  
 With data starting: January 30, 2022  
 and ending on: February 12, 2022  
 \*These data are updated once per week.

### Navigation

- Today's Overview
- Overview Trends
- COVID-19 Cases
- COVID-19 Testing
- Hospitalizations
- COVID-19 Deaths
- Higher Ed & LTCF
- Patient Breakdown
- City & Town Data**
- Resources
- Data Archive

Testing Data | **Data by City and Town** | Data by County



The most recent 4 weeks of data observations have been suppressed. Disease and Laboratory Sciences at the Massachusetts Donahue Institute use data for these tables are based on data cleaning occurs (removal of duplicate records) and are calculated from the number of test results to compare data between geographic areas that have different population sizes.

**14-day Average Daily Incidence Rate: 38.3 per 100,000 residents**

County: Hampshire  
 Reported on: 2/17/2022  
 Time period: 1/30/2022 to 2/12/2022

archive and download the raw data. \*Cells with fewer than 5 cases are suppressed. Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and on using denominators estimated by the University of Massachusetts Lowell (Small Area Population Estimates for 2011 through 2020, report, Oct 2016.) Please note: Case counts for specific cities, towns, and counties change as geographic information (assigning cases to their city or town of residence) is obtained. Testing rates are calculated by the population denominator (the number of people living in that geographic area). Rates are used

[Click to view data definitions:](#)



# Massachusetts Department of Public Health | COVID-19 Dashboard

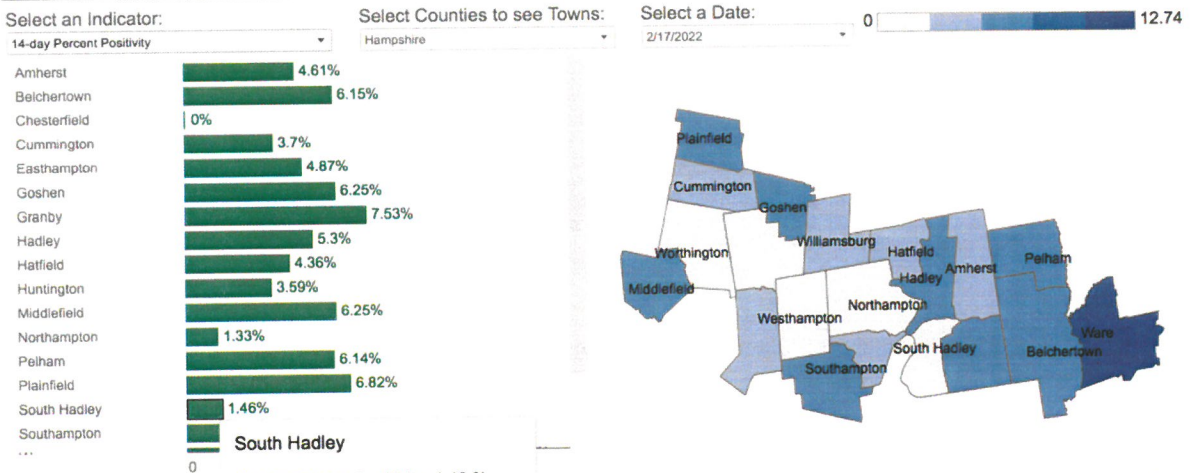
## Weekly Data by City and Town

Report date: February 17, 2022  
 With data starting: January 30, 2022  
 and ending on: February 12, 2022  
 \*These data are updated once per week.

### Navigation

- Today's Overview
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Testing Data | **Data by City and Town** | Data by County



The most recent 4 weeks of data observations have been suppressed. Disease and Laboratory Sciences at the Massachusetts Donahue Institute use data for these tables are based on data cleaning occurs (removal of duplicate records) and are calculated from the number of test results to compare data between geographic areas that have different population sizes.

**14-day Percent Positivity: 1.46 %**

County: Hampshire  
 Reported on: 2/17/2022  
 Time period: 1/30/2022 to 2/12/2022

of this range, please visit our data archive and download the raw data. \*Cells with fewer than 5 cases are suppressed. Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and calculated rates per 100,000 population using denominators estimated by the University of Massachusetts Lowell (Small Area Population Estimates for 2011 through 2020, report, Oct 2016.) Please note: Case counts for specific cities, towns, and counties change as geographic information (assigning cases to their city or town of residence) is obtained. Testing rates are calculated by the population denominator (the number of people living in that geographic area). Rates are used

[Click to view data definitions:](#)

## Hospital Capacity (February 17, 2022)

<https://www.mass.gov/info-details/covid-19-response-reporting# covid-19-interactive-data-dashboard>

### Navigation

Today's Overview

Overview Trends

COVID-19 Cases

COVID-19 Testing

**Hospitalizations**

COVID-19 Deaths

Higher Ed & LTCF

Patient Breakdown

City & Town Data

Resources

Data Archive

Hospitalizations

ICU & Intubation

Patient Demographics

Bed Occupancy

Select a date\*:

2/17/2022

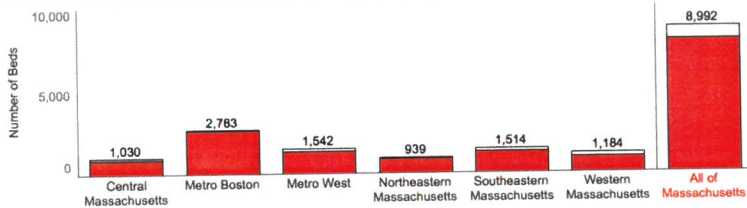
#### Occupied beds

As of today, **91%** of medical/surgical beds are occupied and **82%** of ICU beds are occupied.

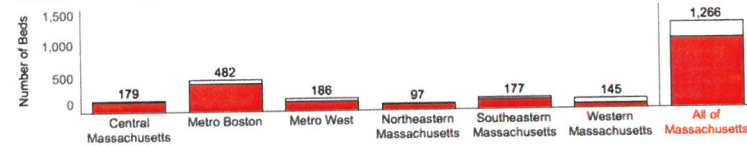
There are currently **0** beds occupied through alternate medical sites.

\*The most recent 4 weeks of data are viewable on this page by using the "select a date" menu above. To view data outside of this range, please visit our data archive and download the raw data.

Available and occupied medical/surgical (not ICU) beds by region



Available and occupied ICU beds by region



Hospitalization data provided by the MDPH hospital survey (hospital survey data are self-reported). All data included in this dashboard are preliminary and subject to change. Created by the Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, Division of Surveillance, Analytics and Informatics.  
 NOTE: Self-reported hospital data are generally posted the next day. Friday's data are posted on Monday and Saturday-Monday data are posted Tuesday. Data are reported and shown broken-down by day, including Saturday and Sunday.

## COVID-19 Vaccination data

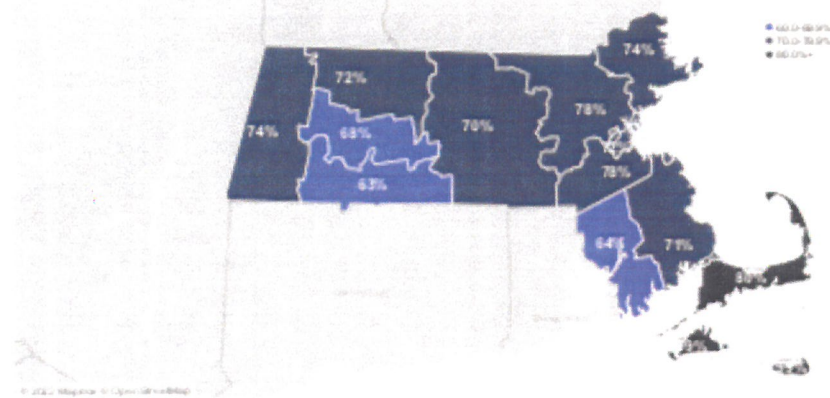
<https://www.mass.gov/doc/weekly-covid-19-vaccination-report-february-17-2022/download>

Massachusetts Department of Public Health COVID-19 Dashboard - Thursday, February 17, 2022

# Cumulative Percentage of Individuals who are Fully Vaccinated by County of Resident Address

Current as of February 15, 2022

Percentage of Individuals Fully Vaccinated



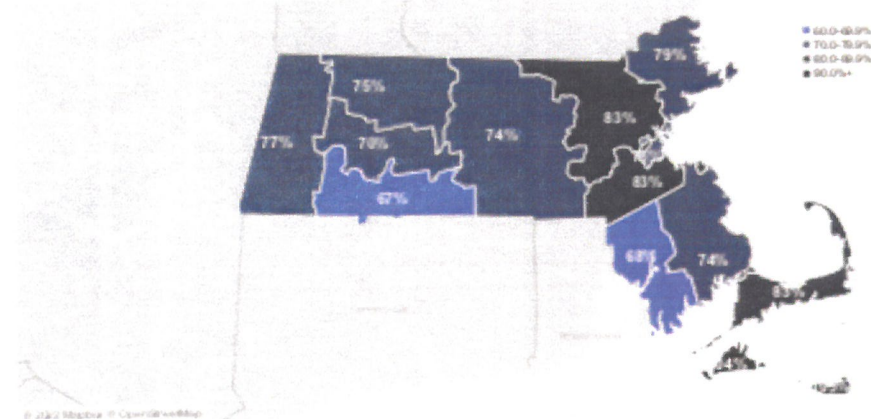
NOTE: Data from MB State (definition 3). Data reflect doses administered and reported (see "definition") including Janssen/Janssen & Johnson beginning on 3/6/21. An individual is counted as fully vaccinated if they have received the 2nd dose of Moderna or Pfizer or have received a dose of Janssen/Janssen & Johnson vaccine. Doses without address records are not included in this view. Some individuals may receive a first or second dose of Moderna or Pfizer from a non-reporting provider and would not be included as fully vaccinated. These proportions use Dartmouth population estimates from 2019. Counts may be rounded as displayed.

Massachusetts Department of Public Health COVID-19 Dashboard - Thursday, February 17, 2022

# Cumulative Percentage of Eligible Individuals (5+) who are Fully Vaccinated by County of Resident Address

Current as of February 15, 2022

Percentage of Eligible Individuals (5+) Fully Vaccinated



NOTE: Data from MB State (definition 3). Data reflect doses administered and reported (see "definition") including Janssen/Janssen & Johnson beginning on 3/6/21. An individual is counted as fully vaccinated if they have received the 2nd dose of Moderna or Pfizer or have received a dose of Janssen/Janssen & Johnson vaccine. Doses without address records are not included in this view. Some individuals may receive a first or second dose of Moderna or Pfizer from a non-reporting provider and would not be included as fully vaccinated. These proportions use Dartmouth population estimates from 2019. Counts may be rounded as displayed.



Johanna Ravenhurst <jravenhurst@shadleyma.org>

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## Fwd: Please Forward to Board of Health Members re: Peabody Plant

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Johanna Ravenhurst <jravenhurst@shadleyma.org>  
To: jravenhurst@shadleyma.org

Thu, Feb 17, 2022 at 3:36 PM

----- Forwarded message -----

From: **Keith H Davis** <kdavis82@comcast.net>  
Date: Sat, Jan 29, 2022 at 11:35 AM  
Subject: Please Forward to Board of Health Members re: Peabody Plant  
To: <shart@southhadleyma.gov>

Sharon Hart, Public Health Director,

Please forward this email to all members of the South Hadley Board of Health. Thank you.

South Hadley Board of Health,

I have been a licensed professional engineer for over 40 years. I want to share with you the letter I sent to the SHEL D Commissioners on July 22, 2021 (see below). I urge the SH Board of Health to ask Gov. Baker to require an environmental impact report and health impact assessment of the proposed Peabody power plant. We must act in recognition of the climate emergency as the life threatening issue that it is. Massachusetts is required to cut carbon emissions in half by the end of this decade. Unless we take action, this will not be achieved. People are not thinking clearly. The plant is predicted to run only 10 days per year. Better to invest this money in energy conservation and renewables. We will need to make sacrifices affecting our comfortable lifestyles and accommodate as necessary. Proponents say the Peabody plant will reduce emissions because of the less efficient plants it will replace. Where is the proof? I want to see the plan for MA to go carbon neutral by 2050. You should too.

Respectfully,  
Keith H. Davis  
South Hadley

sent 7/22/2021:

SHEL D Commissioners,

I wish to express my personal opinion regarding investment in fossil fuel burning power plants. I have been a licensed professional mechanical engineer for over 40 years. My experience is in the building industry and power generation industries. I have managed installation of high efficiency combined-cycle power plants, steam turbine cogeneration, and fuel cells. I truly appreciate your service to the community as SHEL D Commissioners. You have managed our electric system well, providing highly reliable service and have kept rates low.

I want you to know that I believe climate change is a dire emergency that is an immediate threat to residents of South Hadley and all of humanity. You may find it odd for someone of my professional background, but my position is that no more new fossil fuel burning plants should be built in our country. We will adapt to less electrical generation capacity. I am personally ready to live with power reductions. We need to develop an electric demand response policy for when demand exceeds supply. It will be a hard sell to most Americans, however I believe this necessary wake-up call is responsible public policy. It will take courageous politicians to enact such drastic measures. But the consequences for our children and people around the world will be even more horrific if we don't act boldly now.

I know this is a complex issue with many sides to the story. However, I respectfully suggest that SHEL D try to sell it's shares in the Peabody contract.

Respectfully,

Keith H. Davis,

Professional Engineer  
South Hadley

*A friend may well be reckoned the masterpiece of nature.*  
-Ralph Waldo Emerson

\*Do not print this email unless necessary

--

Johanna Ravenhurst, MSPH  
Chair, South Hadley Board of Health  
Lead Epidemiological Data Analyst, Public Health Promotion Center  
PhD in Epidemiology Student, University of Massachusetts Amherst  
[jravenhurst@shadleyma.org](mailto:jravenhurst@shadleyma.org) | [www.linkedin.com/in/johanna-ravenhurst](http://www.linkedin.com/in/johanna-ravenhurst)



Johanna Ravenhurst <jravenhurst@shadleyma.org>

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## Peabody peaker power plant

---

Sharon Cameron <sharon.cameron@peabody-ma.gov>

Mon, Jan 31, 2022 at 2:00 PM

To: Johanna Ravenhurst <jravenhurst@shadleyma.org>

Cc: Sharon Hart <shart@southhadleyma.gov>, Jennifer Jernigan <jjernigan@southhadleyma.gov>

Hi Johanna,

Thank you and the other members of your Board/Department for your interest in this project. I have attached the letter that the Peabody Board of Health sent to state officials and to PMLP. We have not received a response to our letter so the concerns expressed in that letter are still a concern.

We are not aware that a health impact assessment has been completed. In fact, we have been told that they (MMWEC) has declined our request to conduct an HIA.

The project website including DEP plan approvals is found here: <https://www.project2015a.org/>.

Thank you.

Sharon

Sharon Cameron/Director of Health and Human Services/City of Peabody/24 Lowell Street/Peabody MA 01960/978-538-5920

(she, her, hers)

### If you test positive for COVID-19 (isolate)

Everyone, regardless of vaccination status:

- Stay home for 5 days.
- If you have no symptoms or your symptoms are resolving after 5 days, you can leave your house.
- Continue to wear a mask around others for 5 additional days.

\*\*If you have a fever, continue to stay home until your fever resolves.

[What to do if you have COVID-19 or have been exposed to COVID-19 | Mass.gov](#)

**From:** Johanna Ravenhurst <[jravenhurst@shadleyma.org](mailto:jravenhurst@shadleyma.org)>  
**Sent:** Friday, January 28, 2022 1:14 PM  
**To:** Sharon Cameron <[sharon.cameron@peabody-ma.gov](mailto:sharon.cameron@peabody-ma.gov)>  
**Cc:** Sharon Hart <[shart@southhadleyma.gov](mailto:shart@southhadleyma.gov)>; Jennifer Jernigan <[jjernigan@southhadleyma.gov](mailto:jjernigan@southhadleyma.gov)>  
**Subject:** [External] Peabody peaker power plant

**WARNING** This email originated from outside the City of Peabody. Do not click on links or open attachments unless you trust the sender.

Dear Sharon Cameron,

(copied: Sharon Hart and Jennifer Jernigan, South Hadley Public Health Department)

I am reaching out as the chair of the South Hadley Board of Health to inquire about the Massachusetts Municipal Wholesale Electric Company's (MMWEC) Special Project 2015A, a proposed 55 MW Peabody gas/diesel peaker power plant and infrastructure expansion project. The Board of Health received a letter from the Greater Boston Physicians for Social Responsibility regarding the project and they requested that we send a letter to the governor requesting an Environmental Impact Report and health impact assessment. However, when we sent some questions about the project to our municipal electric company, they answered that it has already been determined that an Environmental Impact Report is not necessary for the project and that a health impact assessment has been completed.

The Board of Health would like additional information about what assessments have been done so far before we decide on next steps. Would you please update us about what has been done so far and the Peabody Board of Health's lingering concerns?

Specifically, we would like to receive:

- What are the Peabody Board of Health's concerns about the power plant project?
- Please send a copy of any studies that have been done so far, including a health impact assessment if that has been done.
- Please send a copy of the Plan Approvals for the power plant and anything else you think might be relevant.
- Please outline if there is anything specifically that the Peabody Board of Health would like assistance with from the South Hadley Board of Health.

Sincerely,

Johanna

--

Johanna Ravenhurst, MSPH  
Chair, South Hadley Board of Health

Lead Epidemiological Data Analyst, Public Health Promotion Center  
PhD in Epidemiology Student, University of Massachusetts Amherst

[jravenhurst@shadleyma.org](mailto:jravenhurst@shadleyma.org) | [www.linkedin.com/in/johanna-ravenhurst](http://www.linkedin.com/in/johanna-ravenhurst)

---

 power plant letter 6-21.pdf  
112K



**CITY OF PEABODY**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
24 Lowell Street  
Peabody, Massachusetts 01960  
(978) 538-5926  
Fax: (978) 538-5990

**BOARD OF HEALTH**  
THOMAS J. DURKIN III, CHAIRMAN  
LEIGH ANN MANSBERGER, MD, MPH  
ANTHONY CARLI  
  
SHARON CAMERON  
DIRECTOR

July 8, 2021

Governor Charles Baker  
The State House  
24 Beacon Street  
Room 280  
Boston, MA 02133

Dear Governor Baker,

The Peabody Board of Health has recently learned that the "Project 2015A" proposed by the Massachusetts Municipal Wholesale Electric Company to be sited in Peabody has been issued Draft Plan Approval by the MassDEP without having been required to develop an Environmental Impact Report or conduct a comprehensive health impact assessment.

There are many well-documented health concerns associated with fossil fuel-burning power plants. Emissions such as sulfur dioxide, nitrogen dioxide, carbon monoxide, and other hazardous pollutants can contribute to cancer risk, birth defects, and harm to the nervous system and brain. Emissions of particulates increase risk of heart disease, lung cancer, COPD, and asthma. Emission contributions from power plants increase levels of ozone and drive climate change, which can make breathing more difficult, increase allergens and the risk of fungal diseases, and affect health through the disruption of critical infrastructure such as electrical and water and sewer systems.

We have reviewed the MassDEP plan approval, which concludes from its analysis of modeling that pollution emitted by the proposed plant will not exceed National or Massachusetts Ambient Air Quality Standards or the applicable Threshold Exposure Levels. However, we also understand that the plant has the potential to produce an additional 12 tons per year of small particulates; 8.3 tons per year of carbon monoxide; 0.6 tons per year of sulfur dioxide; 1.8 tons per year of ozone; 6.3 tons per year of nitrogen oxides; 0.00025 tons per year of lead; and 50,779 tons per year of carbon dioxide equivalents.<sup>1</sup> The magnitude and risks of these hazards cannot be fully understood without comprehensive health impact assessments and environmental impact reports.

The Board of Health recognizes your commitment to Environmental Justice. The law you signed in March 2021, An Act Creating a Next Generation Roadmap for Massachusetts Climate Policy, expanded Massachusetts Environmental Policy Act (MEPA) review to require an Environmental Impact Report for all projects that impact air quality within one mile of an Environmental Justice Neighborhood. The law also requires DEP to evaluate historic environmental pollution throughout the community in addition to individual project impacts as part of its permitting process. Although this law was not in effect at the time this project was permitted, we believe that these steps are absolutely necessary before this project proceeds.

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<sup>1</sup> Draft Air Quality Plan Approval, MassDEP, August 2020



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Peabody, Massachusetts 01960  
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**BOARD OF HEALTH**  
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SHARON CAMERON  
DIRECTOR

The City of Peabody, the proposed location for this project, has 41.5% of its population living in an Environmental Justice block.<sup>2</sup> The project itself is sited in an environmental justice census block, and the adjacent census blocks to the north, west, south, and southeast are also considered to be environmental justice blocks. In the census block where this plant is proposed, 7.1% of the population live below the poverty level; 28.1% are elders living alone, and 16.5% have one or more disabilities. 20.4% reside in households where English is not the primary language.<sup>3</sup> Such demographics are linked to poorer health status and increased vulnerability to the impact of environmental stressors on health outcomes. It is important to note that this proposed project site is already home to two existing “peaker” plants, meaning that the nearby environmental justice communities are already subject to the environmental and health impacts of those existing power plants.

The Peabody Board of Health requests the following steps be taken to better understand the potential impact of Project 2015A on our community’s health:

1. A full Environmental Impact Report
2. A comprehensive health impact assessment<sup>4</sup>
  - a. Define the stakeholder engagement process.
  - b. Define the vulnerable populations, both in immediate proximity to the plant and others within the potential zone of air pollution.
  - c. Define the baseline health of the vulnerable population.
  - d. Evaluate the potential short and long-term impacts of emissions from the plant on human health. This assessment must use evidence-based methods that consider physical, mental, environmental, economic, and social determinants of health.
  - e. Identify mitigation measures to prevent or minimize the short- and long-term impacts identified.
  - f. Define the environmental monitoring required – substances to be monitored, media to be monitored (soil, water, air), timeframes for monitoring, and qualifications for those conducting the monitoring (including whether monitoring is to be conducted internally or by an independent evaluator, or both).
  - g. Define the health metrics and monitoring required to evaluate the health impacts of the project.
  - h. Define obligations for reporting data to the community.
  - i. Define mechanisms for health or environmental concerns of residents to be addressed throughout the life of the project.

The Environmental Justice Policy of the Executive Office of Energy and Environmental Affairs calls for “meaningful involvement” of affected persons and communities, as well as the “equitable distribution of

<sup>2</sup> <https://www.mass.gov/info-details/environmental-justice-populations-in-massachusetts> Of the other 13 communities benefitting from this project, 9 have EJ populations lower than in Peabody.

<sup>3</sup> Massachusetts Environmental Public Health Tracking Community Profile and Office of Preparedness and Emergency Management Census Tract Profile. <https://matracking.ehs.state.ma.us/>

<sup>4</sup> [https://matracking.ehs.state.ma.us/planning\\_and\\_tools/hia/index.html](https://matracking.ehs.state.ma.us/planning_and_tools/hia/index.html)



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THOMAS J. DURKIN III, CHAIRMAN  
LEIGH ANN MANSBERGER, MD, MPH  
ANTHONY CARLI  
  
SHARON CAMERON  
DIRECTOR

energy and environmental benefits and burdens.”<sup>5</sup> We understand the benefits of this proposed plant in terms of ensuring adequate energy capacity in the region, with stable and known costs. However, we believe that it is impossible to understand the potential burdens of this project, particularly on vulnerable and disproportionately-impacted residents, without a full Environmental Impact Report and comprehensive health impact assessment.

Thank you for your support and concern for the health, safety, and well-being of the residents of the Commonwealth.

Sincerely on behalf of the Peabody Board of Health,

Dr. Leigh Ann Mansberger, M.D., M.P.H.

Sharon Cameron, Director of Health

Cc: Margret Cooke, Acting Commissioner, Massachusetts Department of Public Health  
Martin Suuberg, Commissioner, Massachusetts Department of Environmental Protection  
Tori Kim, Director, Massachusetts Environmental Policy Act Office  
Edward Bettencourt, Mayor, City of Peabody  
Thomas D’Amato, Chairperson, Peabody Municipal Light Plant

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<sup>5</sup> [https://www.mass.gov/files/documents/2017/11/29/2017-environmental-justice-policy\\_0.pdf](https://www.mass.gov/files/documents/2017/11/29/2017-environmental-justice-policy_0.pdf)

# South Hadley Div. of Water Pollution Control

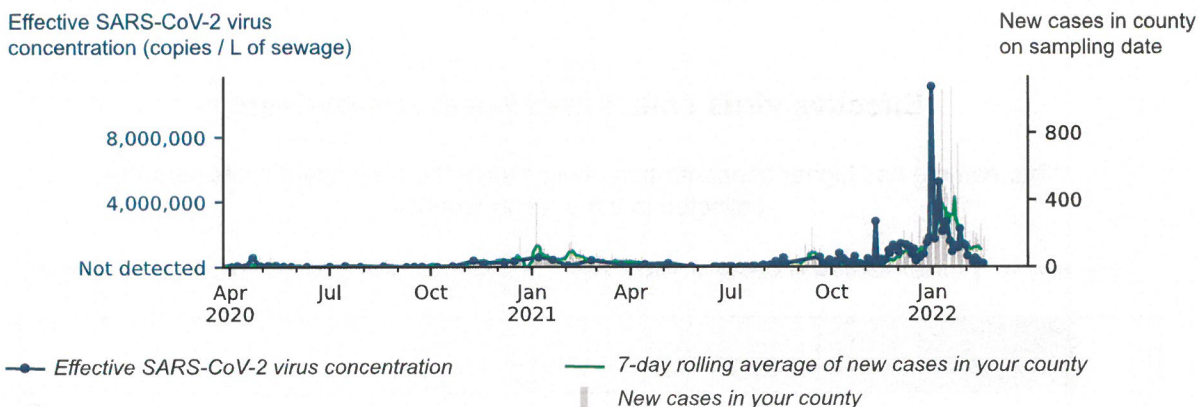
Sample collection date: **February 16, 2022**

## SARS-CoV-2 virus in wastewater

<b>DETECTED</b>	Virus concentration (copies per liter of sewage)  <b>568,898</b>	Effective* virus concentration (copies per liter of sewage)  <b>204,559</b>
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*\*Effective virus concentration value is derived by adjusting the raw virus concentration to account for dilution and other factors.*

### Effective virus concentration over time



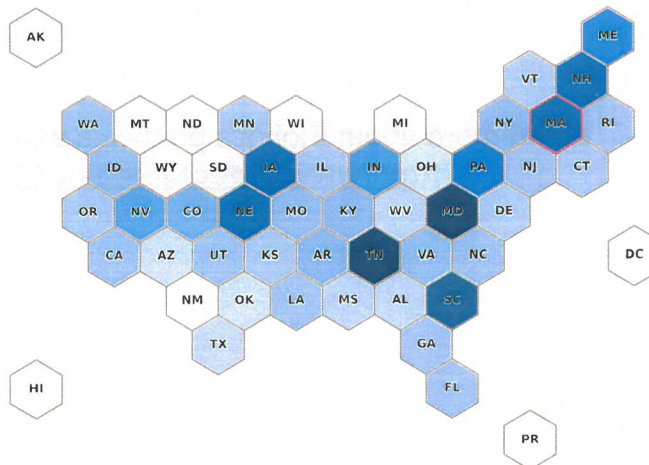
### Overview of effective virus concentration levels

State-level mean of samples (collected in the past 6 weeks)

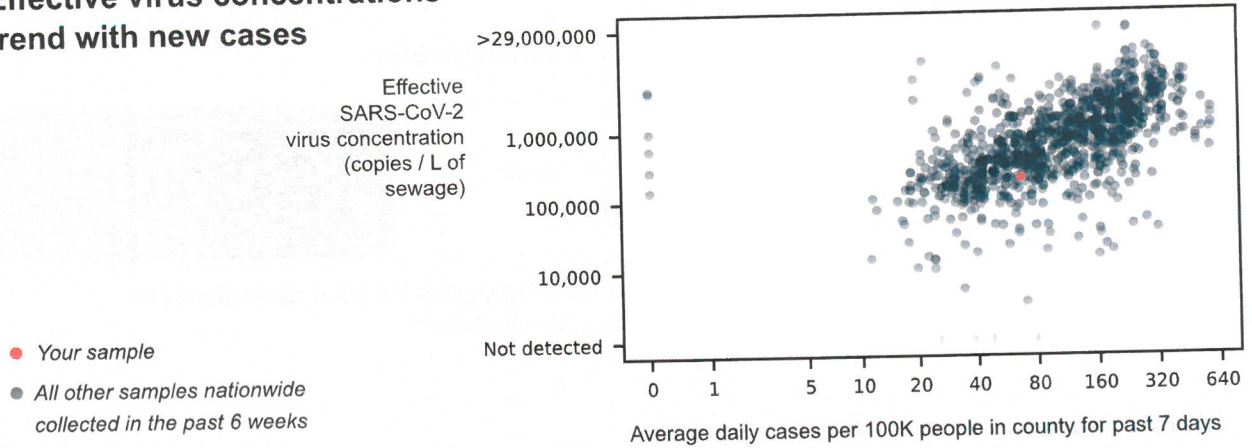


Color indicates effective virus concentration level

Your state outlined in red

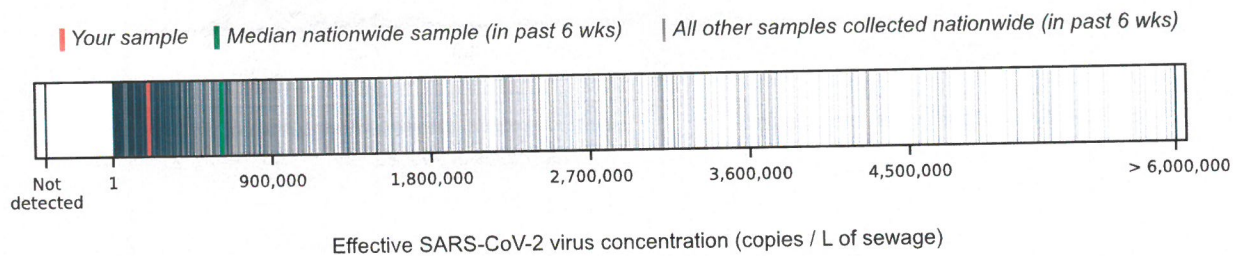


### Effective virus concentrations trend with new cases



### Effective virus concentrations in comparison

Your sample has higher concentration levels than **24%** of all quantifiable samples collected in the past six weeks.



Learn more about Biobot's protocols and methodology by visiting <http://www.biobot.io/covid19-report-notes>

*The Commonwealth of Massachusetts*  
MASSACHUSETTS SENATE

**SENATOR JO COMERFORD**

*Hampshire, Franklin and Worcester District*

STATE HOUSE, ROOM 413C  
BOSTON, MA 02133-1053  
TEL. (617) 722-1532  
WWW.MASENATE.GOV

*Chair*  
JOINT COMMITTEE ON PUBLIC HEALTH  
*Chair*  
JOINT COMMITTEE ON COVID-19 AND  
EMERGENCY PREPAREDNESS AND MANAGEMENT

January 19, 2022

Secretary Kathleen A. Theoharides  
Executive Office of Energy and Environmental Affairs  
100 Cambridge Street, Suite 900  
Boston, Massachusetts 02114

***Re: Mosquito Spraying Local Opt-out Process***

Dear Secretary Theoharides:

I continue to be very grateful for your work and service.

I write today with concern for municipalities in my district in light of last year's mosquito pesticide spraying local opt-out process under the auspices of EEA, as noted in paragraph (2) of section 2A(b) of chapter 252 of the General Laws:

(2) The executive office of energy and environmental affairs shall develop a process for the board to permit municipalities to opt out of spraying conducted pursuant to subsection (a); provided, however, that any such process shall require municipalities to have an alternative mosquito management plan approved by the executive office. The executive office shall also provide guidance to municipalities on the formation of alternative mosquito management plans. Before approving an alternative mosquito management plan, the executive office may consider the plan's impact on regional mosquito control.

Respectfully, the following are recommendations to improve the 2022 process developed by your hard-working team.

***Regional Risk Level***

Beginning in the summer of 2020, I along with my colleagues repeatedly indicated strong interest in the process and sought clear information and enough lead time to support effective municipal engagement.

I had visibility into the painstaking work in the communities I represent regarding the decision to seek to opt out, as well as the work to build a viable alternative plan, particularly with consideration to competing priorities related to the COVID-19 pandemic.

Some municipal applications were approved while a number were denied. All of the denied applications were from towns judged to be in a region with a moderate level of risk to public health caused by Eastern Equine Encephalitis (EEE) as determined by EEA and DPH, while all the approved applications were from communities judged as having a lower regional risk. This gave the impression that the regional risk level, and not anything written in the municipality's opt-out application, was the key factor in the state's decisions.

If the state was not evaluating applications solely based on regional risk level, towns should have been given the opportunity to better understand what standards EEA was looking for, and then be given a chance to amend their plans, as contemplated by the statute.

#### ***Additional Guidance from EEA***

While the statute directs EEA "to provide guidance to municipalities on the formation of alternative mosquito management plans," this was not done. I heard from a number of communities with questions about whether a plan with a public education and outreach component constituted a sufficient alternative plan by EEA, as this was the only requirement listed in the opt-out form. Both municipalities and my team requested detailed guidance, but EEA did not provide such guidance, nor did EEA describe the extent to which risk level would be determinative.

#### ***Recommendations for the 2022 Process***

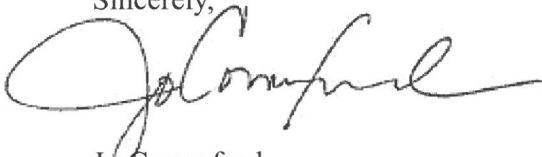
I urge EEA to revamp the process for 2022, following an open public process to solicit input from all stakeholders, with sufficient advance notice. In particular, I urge EEA to make available clear standards long before the submission deadline, and to provide assistance to cities and towns seeking to apply for a local opt-out. The process should allow for detailed communication and feedback following the submission of an application, including an opportunity to amend submissions. The goal, consistent with the legislation, should be to maximize local choice and control over spraying within each community.

Additionally, following a public listening process, I urge EEA to share the timeline and process for the coming year's local opt-out process, including when information will be available to municipalities, when EEA will release applications and application requirements, deadlines for submitting opt-out requests, the length of the consideration process, and opportunities for amending applications.

I also request that EEA share the process for developing guidelines for local communities, the criteria for approving or denying applications, and the process for informing localities of the criteria.

I am acutely aware – as I’m sure you are – that warm weather is just around the corner. Thank you for prioritizing this work amid so much else you’re juggling. I am grateful to you and to the agencies working hard to implement the law for your consideration of this feedback, as well as your consideration of the feedback submitted by other cities and towns.

Sincerely,

A handwritten signature in black ink, appearing to read "Jo Comerford". The signature is fluid and cursive, with a large initial "J" and "C".

Jo Comerford  
**State Senator**

*Hampshire, Franklin, and Worcester district*

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**Fwd: Highly Pathogenic Avian Influenza update from MDAR**

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Sharon Hart <shart@southhadleyma.gov>  
To: Johanna Ravenhurst <jravenhurst@shadleyma.org>

Thu, Feb 17, 2022 at 9:55 AM

Sharon D. Hart,  
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cell (413) 315-7307  
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----- Forwarded message -----

From: **Massachusetts Animal Fund** <[sheri.gustafson@state.ma.us](mailto:sheri.gustafson@state.ma.us)>  
Date: Sat, Feb 12, 2022 at 12:14 PM  
Subject: Highly Pathogenic Avian Influenza update from MDAR  
To: <[shart@southhadleyma.gov](mailto:shart@southhadleyma.gov)>

[View this email in your browser](#)



**February 11, 2022**

Highly Pathogenic Avian Influenza (HPAI) has been detected in migratory water birds in the Atlantic Flyway in Nova Scotia, Canada, South Carolina (SC), North Carolina (NC), Virginia (VA), and Florida (FL), Maryland (MD), and New Hampshire (NH). It has recently been found in a commercial turkey flock in Nova Scotia, Canada and in Indiana (IN). Commercial poultry, backyard poultry, and domestic waterfowl continue to be at risk of exposure to the virus due to its presence in migratory waterfowl. Infection within the wild bird population may contribute to introduction and spread of the disease to and among domestic birds.

The MDAR is advising backyard and commercial poultry owners to practice strong biosecurity

measures to prevent domestic poultry from having contact with wild birds. Specifically for birds trying to attain or maintain “Organic” certification, this may mean temporarily confining the birds inside a shelter to prevent or minimize contact with wild birds, their feathers and droppings. This option continues to be possible under USDA CFR rule §205.239 Livestock living conditions, which states in part,

(b) The producer of an organic livestock operation may provide temporary confinement or shelter for an animal because of:

(3) Conditions under which the health, safety, or well-being of the animal could be jeopardized;

You may wish to discuss this provision with the appropriate authorities related to your organic status, as there does appear to be a disease risk for HPAI right now in Massachusetts, if poultry come into contact with wild birds.

This recommendation is in place for the next 90 days. This recommendation will be reviewed at the end of that time period to determine if an extension is warranted.

Should you notice unusual signs of sickness in your flock, you should immediately contact your local veterinarian, MDAR at 617-626-1795, or USDA at 508-363-2290.

Protect your flock with excellent biosecurity. Your veterinarian can assist you in developing additional biosecurity protocols for your operation. Other excellent biosecurity resources include: [poultrybiosecurity.org](http://poultrybiosecurity.org) and [www.aphis.usda.gov/aphis/ourfocus/animalhealth/animal-disease-information/avian](http://www.aphis.usda.gov/aphis/ourfocus/animalhealth/animal-disease-information/avian). You may also contact MDAR for assistance with any questions you may have. The office number is 617-626-1795.



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You are a Massachusetts animal control officer.

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