

**CITY OF SALEM  
BOARD OF HEALTH  
MEETING MINUTES**  
Virtual Meeting held via Zoom  
and  
Recorded by SATV  
**December 14, 2021**

**MEMBERS PRESENT:** Paul Kirby, Geraldine Yuhas, Sara Moore, Datanis Elias

**OTHERS PRESENT:** David Greenbaum, Health Agent, Maureen Davis, Clerk of the Board, Patricia Morsillo, City Council Liaison, Dr. David Roberts, MA General Brigham, Salem Hospital

**EXCUSED:** Dr. Jeremy Schiller

**ATTENDEES ADDRESSED:** (Please see minutes)

**TOPIC**

**DISCUSSION/ACTION**

**1. Call to Order**

P. Kirby served as Chair in J. Schiller's absence and read aloud that, pursuant to Governor Baker's orders, there exists COVID-19 Emergency Open Meeting Law Guidance regarding the implementation of virtual public meetings, etc.

7:02pm

**2. Approval of Minutes  
(November 9, 2021)**

**G. Yuhas motioned to approve the minutes. S. Moore 2<sup>nd</sup>.**

**Roll call vote:**

**S. Moore – yes**

**G. Yuhas – yes**

**D. Elias – yes**

**P. Kirby – yes**

**Motion passed by a vote of 4 to 0, with 1 absent.**

**3. Dr. David Roberts, MA General Brigham, Salem – Discussion and updates on COVID-19 at Salem Hospital**

Dr. Roberts shared a slide presentation of the state of Salem Hospital. Admissions have increased by 50% in the last couple of weeks. The positivity rate has gone up in the Emergency Room. There are currently nine COVID patients in the ICU, six of which are vented and five of the six are unvaccinated. The majority of the inpatients are unvaccinated. The hospital is at 98% capacity when it is normally at 75% capacity. Like most hospitals in the state, they are overwhelmed by volume. In the first wave of COVID people were delaying medical care because they were afraid to go to the hospital and get COVID. There has also been an increase in behavioral health visits to the ED because of the reaction to the pandemic. They have a workforce problem that they didn't have in the first round. They have fewer staff because of a great number of retirements and resignations. Also, a fair number of nurses have chosen to travel because travel pay rates are so high, so they have fewer people to deal with COVID. They are increasing pay for staff nurses, but in some instances a nurse will quit to become a travel nurse and the travel agency redeploys the nurse

back to Salem Hospital at triple the pay of the staff nurses. They are taking transfers every day from other overwhelmed hospitals. They are creating more capacity in the hospital and are deferring elective cases. The Emergency Department capacity is built for 180 patients and yesterday they saw 260, so wait times could go up to 12 hours, which is bad care. In current state, the hospital is overwhelmed. 45 patients left the ER without being seen because they couldn't wait any longer. They don't have enough staff to take care for patients. They are in a code red every day. He is adamant about doing everything we can to prevent the COVID wave. He has researched the Omicron variant extensively and he thinks it is going to hit us pretty hard. The hospitalization rate among the unvaccinated is going to be as high for Omicron as it was for the Delta variant. Anything that we can do to increase the vaccination rates will decrease the demand on the hospital. The demand on the hospital right now is barely doable. Omicron spreads four times as fast as Delta does. He is very worried about getting overwhelmed if we have another wave of COVID on the North Shore.

He said he did not have a lot of good news in the presentation. Every day of being overwhelmed another nurse quits, and the burden on the remaining nurses doubles and then they quit. The travel agencies have no staff available to send us to take care of another COVID wave.

P. Kirby said he heard Omicron is not as virulent as Delta.

Dr. Roberts said all we have is South African and United Kingdom experience with Omicron. We don't know if Omicron is less virulent on its own or if it is coming from a population that has already been exposed and developed an immune response to it. We do know that Omicron is not seeing an increase in hospitalization rates among the vaccinated. Omicron is going to find every unvaccinated person because it spreads so easily. You cannot hide from this variant if you are unvaccinated.

S. Moore wanted to clarify whether a mitigation strategy tied to hospitalizations would make sense for our community because we have such a high need for other issues besides COVID.

Dr. Roberts agreed with her thinking and said we can't wait for an increase and then think about mitigation efforts. We have to think about doing mitigation strategies even before the size of the wave is known to us. We should embrace all mitigation strategies and if in two months they are unnecessary we roll them back.

P. Kirby asked about mitigation for reducing non-COVID related capacity.

Dr. Roberts said they are directing people to everywhere they can go, but urgent cares are full, and many physician offices don't have enough support staff. His data suggests that the vast majority of people who go to the ED are appropriate. He anticipates the state will keep reducing elective surgery. He doesn't think it is going to have enough impact on capacity even though less elective surgery means freeing up beds for everybody else. It is not ideal to redirect OR personnel to ICU situations because they are not trained intensive care nurses. They will have some flexibility with staff if there is another wave.

G. Yuhas asked if there are any ideas how we can increase immunization.

Dr. Roberts said they mandated vaccinations at the hospital. He had an open-door policy and talked to anybody that didn't want to get vaccinated. They only lost 20 people who wouldn't get the vaccine. They convinced most. It was relatively easy because there is no place to go in MA to be a

nurse unvaccinated.

He has concluded that anybody that wanted to get a vaccine got it.

Anybody that was on the fence had enough good information to say you should get it. People that are choosing not to get it have made their decision. He has talked to hundreds of people, and you really can't change the mindset of an anti-vaxxer.

He thinks two things; we should protect the vaccinated people in the City of Salem from the unvaccinated and we should make it difficult for unvaccinated people to interact with vaccinated people. He thinks we ought to make it a rule that you're vaccinated to be in a restaurant for example. That way unvaccinated people can't go in and put us at risk. If you make it inconvenient to be unvaccinated people will get vaccinated because they want to do certain things and be unrestricted. He is sad to say that, but that is his opinion.

G. Yuhas asked if that means that people would have to show a card to go to a restaurant or a theater.

Dr. Roberts said yes, San Francisco does that. He is in favor of that.

Concerts require people to show a vaccination card to get in. He does not go indoors with strangers whose vaccination status he does not know. He does not want to get COVID.

S. Moore asked if other communities are thinking about implementing this. Her concern is that if this is not a regional thing it will be less effective.

Dr. Roberts said he is not sure what other communities are doing, but if restaurants in Salem required vaccine proof, he would eat out. We have to do this before we have to do it. He would do it for December, January and February and then revisit. In his opinion, we are in this into next summer and by then we will have probably two anti-viral medications that you can take as an outpatient once you turn positive for COVID which will decrease hospitalizations significantly. Next year he hopes there will be home testing for everybody and if you test positive you can call your doctor who will issue the 5-day therapy and you will never have to be hospitalized. COVID is always going to be around, it is going to be endemic, but if we are not vigilant for the next three months it could be bad.

D. Greenbaum said there are communities around us that are discussing mask mandates and other strategies. Some of them will be discussing it this week at their board meetings. Lynn will be moving quickly and at the very least will institute a mask mandate.

Dr. Roberts said at the very least there should be a mask mandate.

D. Elias said she is not sure how effective a mask mandate is in a restaurant when masks are taken off indoors.

Dr. Roberts said without asking the restaurant owner what the air exchange rate is in the room, after an hour indoors unmasked you are at risk in a small room with poor circulation. He won't eat out in a restaurant with strangers. There is a circulating virus. Another important note is that surgical masks are much better than cloth masks because of the way they fit.

P. Kirby said there is a desire to coordinate with other communities.

D. Greenbaum said conversations are happening in each community now.

Dr. Roberts the data from Israel shows that boosters are reducing hospitalizations. We don't know our booster rate locally, but getting our at-risk population boosted would be the most effective intervention we could

do as a city, even more so than a mask mandate. Getting people boosted is a really effective way to prevent hospitalizations.

P. Morsillo asked about mixing boosters.

Dr. Roberts said people can mix or match, it doesn't matter. The protection for mixing is as good as staying within the same vaccine. He tells people to get the next one that is available. Waits are getting longer to find a booster. Boosters work: they reduce hospitalizations. Data from Israel proves it. He said to get a booster before Omicron comes to the North Shore. It is in every state. There are two reasons why a variant takes over; one is because it is more transmissible due to the viral load from rapid reproducing, and the other reason is because a mutation has resulted in some degree of immune escape, which means the antibodies work against it, but not as effectively as it worked against a prior variant. The booster seems to overcome that. That is why you want a booster before the next variant comes to town. At present there are only 10 cases of Omicron in the U.S.

P. Kirby asked if the hospital does sequencing.

Dr. Roberts said the hospital does not do it. DPH does it, but we are not as good as the U.K. or South Africa. Great Britain is the best in the world. MGH is doing sequencing.

Attendee Alexis Pharae, one of the owners of Vampfangs, asked Dr. Roberts why he would not associate with unvaccinated individuals because if you are vaccinated you are protected.

Dr. Roberts said the vaccine protects you from severe disease and hospitalization. We have learned that Delta spreads to vaccinated people and that is why we get breakthrough infections. He thinks Omicron is going to have a much higher incidence of breakthrough infections. When a vaccinated person turns positive it is a major disruption in their life and in their household for 10 days. Vaccines are just okay at preventing you from getting the virus, they are just okay at preventing you from spreading it, and they are fabulous at preventing you from getting desperately ill and being hospitalized. Unvaccinated people spread the virus much more than a vaccinated person does.

A. Pharae said we still need to appreciate that the vaccinated still do spread this virus. The employee loss issue because of a vaccine mandate would be brought to the other businesses in Salem who are already having issues with staffing. Masks are proven to work, so she doesn't know why we wouldn't stick with that and why we are considering a mandate when the vaccine rate in Salem is high anyway.

Dr. Roberts said the chance of getting COVID or spreading COVID vaccinated is way less than an unvaccinated person. He mandated the vaccine in the hospital because his duty to patients coming into the hospital is to make their risk of getting the disease from their employees as low as possible. If you want to reduce COVID in the community, vaccination is way more impactful than wearing a mask. The data overwhelmingly supports that.

Attendee Harrison Schell, 170 North Street, said he strongly supports vaccination. He cited some statistics about the percentage of people vaccinated in the state. He suggested promoting non-insurance based free programs locally for testing and vaccination.

Dr. Roberts said his numbers are right. There are two million people that

are not fully vaccinated, so that is a large group of people that are at risk in our state. Because there is so little capacity at the moment, he is trying to be proactive about preventing any increased demand that comes from COVID hospitalizations and the most effective way to do that is to get everybody vaccinated. That is his entire argument.

Attendee Steven Dion, 10 Hemenway Road, asked why we don't recognize those who have had COVID as vaccinated. Also, he asked if he is correct that if we require vaccination to enter a business and there is sufficient ventilation and spacing then there is no true need for masks in that specific environment.

Dr. Roberts said he can tell him that in the hospital where there is 100% vaccination, if you want to eat with a colleague and you are six feet apart in a well-ventilated room you can take your mask off.

The reason why we don't attribute immunity in a patient who got COVID the same as a vaccinated patient is because the immune response from vaccination is uniform. The immune response to getting the infection varies with the intensity of the infection. The highest degree of immunity that has ever been demonstrated is someone who has been vaccinated and gotten COVID. They have the longest and highest protection. The vaccine and the infection trigger slightly different responses in the immune system. That's why the CDC doesn't give credit for the COVID infection and won't say you don't need to be vaccinated.

P. Kirby asked if it matters what the order is.

Dr. Roberts said it does not matter. It is not a good idea to try to get COVID after vaccination because you could be the person who gets very ill from the infection.

S. Dion asked if there is any discussion on bringing back field hospitals to deal with the staffing shortage.

Dr. Roberts said the National Guard is deployed to New Hampshire right now. The problem is, for example, if you are a nurse in the National Guard and you are deployed somewhere else, that affects the hospital you work in and no hospital in the country wants to give up their staff.

Attendee Toby Channen, 38 Station Road, asked, based on the data, what is the difference between states like Florida, that have no mandates, and MA.

Dr. Roberts said last summer Florida had the highest incidence of COVID in the country. They had massive increase in deaths among the elderly. If a state has no mandates, then the population gets the disease, and it kills off who it kills off. The people that survive have protection because they were exposed to COVID. In his view that is a funny way to run a state. You die and then everyone else left behind is protected. That is the experiment Florida ran.

T. Channen said that is his opinion. Florida now has the lowest case rate. She asked what happened to herd immunity.

Dr. Roberts said we are never going to get to herd immunity. That is a false notion. We are never going to have enough exposure or have enough vaccinated people. There is no legitimate COVID expert that believes we will reach herd immunity with COVID.

T. Channen said she has read the data and disagrees with his opinion. They agreed to disagree.

Attendee David Cutler, 280 Bridge Street, said he doesn't feel there was any data or facts presented to support mandates. He said the statement Dr. Roberts made that Omicron will infect every unvaccinated person and nobody will be able to hide from it is scary, especially for vulnerable people. He asked if he has any local data to back up that statement such as the percentage of positive cases of the Omicron variant either in Salem or Essex County based on vaccinated or unvaccinated individuals.

Dr. Roberts said there are only 10 cases in the country. He is projecting from South Africa that Omicron spread four times faster than Delta and Delta spread ten times faster than Alpha. There is no Essex County evidence so far that Omicron is here. The Delta variant caused a significant increase in hospitalizations because it spread so easily, and you were at risk of getting it if you were unvaccinated. We should do what we can do to make it unlikely that we have an increase in patients because the healthcare facilities will have trouble dealing with that.

D. Cutler asked if there any evidence in the U.K. or South Africa that every single unvaccinated person has become infected or will become infected.

Dr. Roberts answered no, and said he called him out on a hyperbole and apologized for that.

D. Cutler said the reason he called him out is because so many people in the community are affected by hyperboles and statements like that. It is the number one reason why people don't want to get vaccinated, when the sole professional speaking to the public makes statements like that. He wonders if he has local data about the adverse reactions to vaccines and side effects of boosters as well. It is important to present data to the general public that is easy to understand. He said every decision the Board makes is risk vs. reward.

Dr. Roberts said 80% of people hospitalized in the U.S. with COVID are unvaccinated. 80% of deaths occur in the unvaccinated. Your chance of being hospitalized unvaccinated is 20 times greater than vaccinated.

Vaccines work to prevent hospitalization and lower hospitalization rates. It is an incredibly safe vaccine. Side effects reported are 48 hours of headache, achiness, and fever, but nothing serious. The risk to the unvaccinated in an Omicron environment is higher than in a Delta environment. The best way to mitigate increased hospitalizations is to get people vaccinated.

D. Cutler agreed with that but said with risk vs. reward; if everybody did the right things it would have an awesome effect on reducing the spread of COVID-19, but the risk of having a Salem vaccine mandate for local small business owners is great. There is a large percentage of people who are so against it and are extremely upset about it, so the risk is a division within our community between vaccinated and unvaccinated.

Dr. Roberts said he does not disagree with his assessment.

The Board thanked Dr. Roberts for his time and expertise.

D. Greenbaum said it is important to clarify that this discussion is not about a vaccine mandate for small businesses to require employees to be vaccinated. It is a discussion about the possibility of requiring people to show proof of vaccination to enter the establishment. He feels the lines are getting blurred.

S. Moore wanted to clarify that we are not voting on anything this evening. She feels based on the comments that there was an assumption we were making a decision tonight.

4. **Discussion and updates on the current COVID surge and the Omicron COVID-19 variant**
5. **Discussion of endorsing the city's recommendation of a vaccine mandate for all city and school employees**

Discussed within item 3.

D. Greenbaum said the mayor is proposing that sometime in January there will be a vaccine mandate for all city employees as well as school department employees to be fully vaccinated by a certain date. The Board is being asked to discuss it tonight and to potentially endorse the policy. He agrees with the mayor that everybody should be vaccinated. Vaccination is the only way out of this.

S. Moore agrees we should all be vaccinated. There is a mandate at Salem State, and it has helped keep numbers low. She feels much safer.

G. Yuhas agreed and said the children are so vulnerable.

P. Kirby also supports the effort.

D. Elias agreed that it is very important to be vaccinated.

**D. Elias motioned to endorse the city's recommendation of a vaccine mandate for all city and school employees. S. Moore 2<sup>nd</sup>.**

**Roll call vote:**

**G. Yuhas – yes**

**S. Moore – yes**

**D. Elias – yes**

**P. Kirby – yes**

**Motion passed by a vote of 4 to 0, with 1 absent.**

6. **Discussion of possible COVID-19 mitigation strategies, including indoor mask requirement and vaccine mandate to enter businesses**

D. Greenbaum said we are working with surrounding communities to try to do something more broadly as opposed to a solo effort like we have done in the past. We know the Governor has made it clear he is not doing a mask mandate or anything else for that matter and is leaving it up to local government to take that step if they choose. Wearing a mask indoors is a small ask. He wears a mask indoors wherever he goes because he doesn't want to get COVID.

Discussion among members took place.

G. Yuhas said she is comfortable with a mask recommendation but not necessarily a mandate. If people want to be safe, they can wear a mask.

S. Moore said things are getting more complicated. She worries about the consequences of enforcement by businesses.

D. Elias agrees with S. Moore that it would be difficult to police it.

D. Greenbaum said by the time we realize a wave is here, it is too late. We are already in a surge.

P. Morsillo said it would be great to have free and available testing so you could test before you go out to dinner. This is tough because with a vaccine mandate it would have to include the employees of the establishment as well, otherwise it is meaningless. She wishes these decisions were more statewide.

Attendee Greg Ballard, 301 Lafayette Street, said there are large sections of this country that barely recognize there is any such thing as COVID. Yet in New England we are having to take all kinds of regulations and restrictions.

There are medical questions, legal questions, constitutional questions, philosophical questions, historical questions. He agrees it is complicated, so maybe the answer is to do less and not more. We have a quality of life in America that we have had for generations upon generations. Do the people of this generation really want to continue to do such extreme violence to what it means to be an American as what we have been seeing? Also, it signifies something that judges and courts do not like mandates, which should mean something to any board of health in any town across America.

Attendee Ana Campos, 17 Orleans Avenue and owns a business on Pickering Wharf. She attended a meeting in May when she begged the Board not to lift the mask mandate and was insulted when a member said she was emotional told her to follow the science. Here we are again reinstating the mask mandate. Waiting for another wave to hit is irresponsible. She is asking the Board to listen to the science and listen to Dr. Roberts. It is literally a matter of life and death. There is no room for opinion. Google and Facebook are not research. She finds it concerning that we keep worrying about what other towns and cities are doing. We are a sanctuary city and are supposed to be leaders in progress. City Hall is requiring masks, so they are protected, and once again small businesses are left to fend for themselves. A recommendation is a weak position. Saving lives is worth the inconvenience. It doesn't matter if the right thing is difficult to do because people are dying.

Attendee David Toth, one of the medical directors at North Shore Community Health, 47 Congress Street, wants to weigh in on the ethics of any mandate. Not every mask is effective. The only way to protect people is to get more people vaccinated, and mandating it is the only way to protect the vulnerable.

Attendee Damien Jarrett, 5 Hillside Avenue, said he was unnerved that a resident had to call out a hyperbole from a senior official. Then a member said children are extremely vulnerable, which is also a hyperbole. He has an 8-year-old child and said his child is not extremely vulnerable. He said there is no statistic in the country that makes his child extremely vulnerable to the disease. That is a fact. He doesn't like being told that his child is vulnerable when he is not and there are a lot of other parents who are unfortunately believing those statements. He agrees with P. Morsillo that if you are going to do a vaccine mandate the employees are going to have to be included. To put more on unemployed out there when there is a shortage of service employees is suicidal for our economy. Mandates are being ruled unconstitutional in the courts. He came from Europe to the U.S.A. for less government control.

Attendee Benjamin Selecky, one of the business owners of Vampfangs, 244 Essex Street, said it turns his stomach to think we would deny anybody in Salem goods or services based on vaccination status. A mandate would disproportionately affect very specific ethnicities. The state data shows certain ethnicities have lower vaccination rates. He thinks there will be problems with enforcement. We are in the late stages of the pandemic. We should always put the least restrictive measures in place in order to accomplish the goal. Some of the other mitigation efforts we have done in



the past were very effective. A mandate would be borderline discriminatory against clear groups of ethnic people in this city. We should do more incentivizing approaches rather than punitive.

Attendee Kylie Sullivan, Salem Main Streets, 265 Essex Street, thinks having clear metrics of when we start and stop mandates is important. Her biggest concerns are enforcement and implementation. It will be much more difficult to enforce vaccine mandates. With masks it was easy to see who was following it and who was not. 1/3 or more of the businesses downtown are micro businesses with fewer than five people who work in the store. They don't have a gatekeeper so they would have to hire a bouncer to consider this. We have seen service workers who after working for 20 years have seen the worst of people in the last two years and have just had enough. She is mindful of that. She is worried this may be the straw that breaks the camel's back for some of these businesses.

Attendee Kristin Bredimus, business owner at 254 Essex Street, she is a spiritual consultant and intuitive who practiced and taught in London. She is unvaccinated but is not an antivaxxer. She and many other people believe antivaxxer is a derogatory term which is very alienating and is how the unvaccinated have been described throughout this entire meeting which is disheartening. She wanted to convey that she has been supporting the community and has been very responsible in keeping her clients safe. It would be wonderful to allow this to be part of the conversation since Salem's history is based on religious persecution.

Attendee Geoff Millar, 29 Boardman Street, if we decide to go down the road of vaccine mandates to enter businesses, he would much prefer to see vaccine requirements for gyms and workout facilities since people stop wearing masks there and that is not good for the public health. He believes antivaxxers are not the best thing for this pandemic. He said Dr. Roberts said Salem Hospital is encouraging patients to seek the level of care for their illness, so he would like him to know that North Shore Physicians Group, which falls under the MGB umbrella, is refusing to see any patient in person who says they are sick, and they are sending you to either the Emergency Room or urgent care. That is putting a burden on the hospitals they are saying they are trying to protect.

Attendee D. Cutler spoke again and said S. Moore said she sees no reason at all not to have vaccine mandates. He just wanted to point out again that stating things like that just pushes people away from wanting to get vaccinated instead of the goal you are trying to achieve. There are negative side effects of vaccines and boosters. There is a huge negative consequence of dividing unvaccinated vs. vaccinated in our community. It makes no sense to him to have a mandate in one zip code. He agrees with G. Yuhas saying that local health officials should make serious recommendations but not mandates. Maybe the risk outweighs the reward. Have you considered to allow individual businesses to decide whether they want to enforce it? We need to focus on helping the vulnerable people and not mandating vaccines on people who want to go out to a restaurant. Maybe we should mandate it for people over 65. What age group is being hospitalized? Mandate it for them. Maybe the city should hire an HVAC company at the

city's expense to help businesses with their ventilation systems. If you want to make statements from a local health level about kids being vulnerable you need to back it up with data that you can share with us. D. Greenbaum said there is data on it, but he does not know the exact numbers off the top of his head. It is important to note that the vulnerability we are talking about with school age children has to do with children only recently becoming eligible for vaccine. D. Cutler said the city should focus on things that will help the community, not divide it. Please leave it up to local businesses.

Attendee Steven Dion spoke again and said he hopes the Board allows businesses the opportunity to choose either a mask mandate or a vaccine mandate.

Attendee Rebecca DeRosa, 63 Valiant Way, said she is an attorney and an educated person, and she does not understand the science behind a vaccine mandate at this point. She also thinks it would be highly discriminatory. Downtown Salem is already lacking diversity and to mandate a vaccine when we are aware that certain populations are not vaccinated would be extremely discriminatory and would further divide people. She understands it is a safety thing, but the constitution is the constitution. She does not think a vaccine mandate is the answer and the results would not be good.

Attendee Daryl Bennett who works in Witch City Mall said she is thankful for Dr. Roberts' input and for Dr. Schiller giving her a study to read. She agrees it is a small thing to wear a mask. She agrees it would be incredibly discriminatory. She cited other places around the world and what they did. Being holistically minded with a nursing background she feels there is more than one way to heal. Look at vitamin C, vitamin D and zinc and other things that are available for us to use to keep our immune systems strong. She has so much more information to share, and she would like us to keep an open mind and not deal with mandates.

Attendee Alexis Pharae spoke again and wanted to mention the discrimination piece one more time. She has been suffering with serious health issues for the past ten years and was told by all of her doctors not to get vaccinated for her own safety. She works for a large national venue and was told she had to get vaccinated. She made the decision to get vaccinated against her doctors' advice and was severely ill for two weeks. She asked if the Board has thought about the discrimination for those who do listen to their doctors and are not able to get vaccinated. It is a real issue that needs to be talked about and she would like us to think about that angle.

D. Greenbaum said he agrees all those things need to be discussed.

S. Moore said at her institution they have a system in place where they can flash a badge red or green to let others know they are safe. Right now, in Salem we don't have a system in place.

D. Greenbaum said the state is working on a voluntary vaccine passport app that the Board can consider.

P. Kirby thanked everyone for commenting and reminded attendees that the Board members are volunteers who are not paid and are citizens who want to help their community. This Board is composed of very dedicated individuals who are very public spirited. He gave a big shoutout to

D. Greenbaum and his staff for their hard work and dedication.  
 S. Moore said she is grateful for Dr. Roberts joining us. The Board gets daily updates of numbers from the dashboard. It is important that we trust the experts who are aware of the science.  
 G. Yuhas said she agrees and said Dr. Roberts clarified a lot of things.  
 D. Elias shares the sentiment of the Board. She appreciates the comment he made about the Board. Our goal is to protect the public health, safety, and morale. We need to review and digest the information we have gathered and will be in a better position to make a decision.  
 D. Greenbaum said we may meet at a special meeting before the January meeting if the Board decides they are going to do something.

**7. Discussion and vote on Board meeting format through March, 2022, in accordance with the Governors orders and Chapter 20 of the Acts of 2021**

D. Greenbaum said the city has recommended that boards and commissions stay remote through December. In the new year it is at their discretion if they want to do a hybrid type meeting with some in person and some remote. All board members would have to be remote regardless. His recommendation is to stay remote through March. Barring any extension, the Board would go back to full person in April.

**S. Moore moved that the Board of Health format of our meetings remain remote until April 1<sup>st</sup>. G. Yuhas 2<sup>nd</sup>.**

**Roll call vote:**

**D. Elias – yes**  
**S. Moore – yes**  
**G. Yuhas – yes**  
**P. Kirby – yes**

**Motion passed by a vote of 4 to 0, with 1 absent.**

**We will continue remote through March.**

**8. Chairperson Communications**

N/A

**9. Monthly Reports-Updates**

**a. Public Health Nurse's Report**

N/A

**b. Health Agent's Report**

D. Greenbaum had nothing further to report than had already been discussed.

**c. Administrative Report**

Copy available at BOH office.

**d. Council Liaison Updates**

P. Morsillo reported the City Council is done with meetings for the year and they are looking forward to the new year.

**10. New Business/Scheduling of Future Agenda Items**

The Board may be meeting soon – TBD

**MEETING ADJOURNED:**

**G. Yuhas motioned to adjourn. S. Moore 2<sup>nd</sup>.**

**Roll call vote:**

**G. Yuhas - yes**

**S. Moore – yes**

**D. Elias – yes**

**P. Kirby – yes**

**Motion passed by a vote of 4 to 0, with 1 absent.**

**9:18pm**

Respectfully submitted,

Maureen Davis  
Clerk of the Board

***Next regularly scheduled meeting is  
Tuesday, January 11, 2022 at 7:00pm***