

**Board of Health
Meeting Minutes
Remote Participation Conference Call
January 24, 2022**

Present:

Anita Raj, Chair
Susan Schwartz, Vice Chair
Bea Brunkhorst
Ann Kiessling
Maureen Richichi

Staff Present:

Heidi Porter, Director of Health and
Human Services
Katharine Dagle, Assistant Health Director
Margaret Root, Recording Secretary

Others Present (based on Zoom ID):

Dot Bergin, Bedford resident
Karen Dunn, Finance Committee
Robert Kalanitari, Bedford resident
Alison O'Connell, Bedford resident
Mike Rosenberg, Bedford Citizen

Sarah Doody, Bedford resident
Steve Hagan, Bedford resident
Sarah McGinley, Bedford resident
Emily Prince, Bedford resident
Additional Unidentified Bedford residents

The meeting was called to order at 6:02 PM. Ms. Schwartz chaired. Ms. Richichi moved to open the meeting. Ms. Raj seconded the motion. A roll call vote of 5-0-0 opened the meeting.

Ms. Schwartz made a statement: "Pursuant to a bill signed into law by Governor Baker on June 16, 2021, continuing suspension of certain provisions of the Open Meeting Law through April 1, 2022, this meeting of the Bedford Board of Health will be conducted via remote participation. Persons who would like to listen or view this meeting while in progress may do so by Zoom or by phone. This meeting will also be recorded and the recording will be available on the Board of Health website alongside the minutes. All votes taken by this body shall be by roll call vote."

Public Comment

Ms. Schwartz opened the meeting to any public comments.

As there were no public comments, Ms. Schwartz closed the public comment portion of the meeting.

COVID-19 Response: Data Evaluation, Mitigation Review, Mask Mandate Review and Potential Vote and BOH Discussion

Ms. Porter presented case count data since the beginning of November. The case count in Bedford is still high as the last two weeks are still capturing cases from over the holidays. The two deaths in December Ms. Porter reported at the last BOH meeting have been officially included in the MAVEN system.

Ms. Porter reported that from January 2nd through January 15th, there were 671 cases. There are 103 households with two or more cases, so there is a lot of household spread. Ms. Porter commented that while vaccination status is still being collected, the information is more relevant for hospitalizations and deaths rather than case counts. As of today, there are currently 55 active cases in the schools.

Ms. Porter also presented data regarding the off-ramp for the mask mandate. The case counts are still in the 'high' CDC transmission rate level. Ms. Porter suggested other metrics be considered regarding the mask mandate off-ramp.

Ms. Porter commented that the State will be reporting hospitalizations differently based upon whether the hospitalization was due to COVID-19 or if the person was hospitalized and tested positive after admission. About half of the hospitalizations were from primary infections and the other half were incidental.

Ms. Porter reported that DESE has authorized a different testing program which would remove the test-and-stay program and add at-home weekly testing as long as the school continues pool and symptomatic testing. Bedford schools have signed up for the new program so each student or staff member who opts into the program will be given a test kit with two tests in it to test once per week. Staff will receive their first kit next week and the students will receive their first kits the week after that. Outreach will be done regarding the new testing program, as well as to increase pool testing participation.

Dr. Kiessling asked to confirm the pool testing was an opt-in program. Ms. Porter replied that the program is opt-in as it involves a third party.

Dr. Kiessling asked about the amount of participation in the pool testing program. Ms. Porter replied that she didn't have the current numbers, but believes about 40% of students and staff across all the schools participate in the program.

Dr. Kiessling asked about the pool size. Ms. Porter replied that earlier in the school year, the pool size was 10 and each person had two swabs taken, one for the pool, and one to individually test if the pool test was positive. Currently the pool size is smaller and rapid tests are being used to identify the positive case in a pool since the PCR results were taking so long with the surge of cases. Ms. Porter recommended Dr. Kiessling contact the school for more information as the schools run the testing program.

Dr. Kiessling commented that the testing program is under the guidance of the Health Department. Ms. Porter replied that the school must only inform the Health Department.

Dr. Kiessling asked what the test-and-stay program achieved. Ms. Porter replied that the test-and-stay program was for close contacts. With the surge in cases, contact tracing has been very difficult to do. DESE's new testing program would eliminate the test-and-stay program, which tests unvaccinated close contacts during the time they would be quarantined to allow students to stay in school instead, and replace it with at-home test kits to allow for another test data point during a week.

Ms. Schwartz commented that, at the last School Committee meeting, Superintendent Conrad made it clear that switching to the new test program was a school decision and that the Health Department and BOH would be informed. Ms. Porter commented that she was informed and passed the notification along to the BOH members during this meeting.

Ms. Porter commented that the at-home testing kits go to both vaccinated and unvaccinated students and staff, while the test-and-stay program was only for unvaccinated students. Pool testing is for both vaccinated and unvaccinated students and staff.

Ms. Richichi commented that the school district she worked for is requesting parents test students Monday morning before sending them to school. Ms. Porter commented that she has heard recommendations to space out the pool testing and at-home testing. For example, if a student is pool tested Monday, the at-home test kit would be used three to four days later. This way there are two test points per week spaced out.

Dr. Kiessling asked if the at-home test program would lighten the nurse's workload. Ms. Porter replied that it would help the nurses, especially as the current surge starts to decline. The school nurses are still receiving notification of positive students and staff, either electronically or by phone, and having to reach out to cases with the relevant information and request the cases perform their own contact tracing.

Dr. Kiessling asked if all the classrooms were open. Ms. Porter replied that as far as she knew, everything was open and running as expected.

Dr. Brunkhorst asked about contact tracing regarding the at-home testing. Ms. Porter replied that there will be no more contact tracing once the test-and-stay program ends. If a student tests positive in a classroom, the classmates will be considered close contacts, but still able to go to school. Historically there has been no disease spread in the classroom setting. Ms. Porter added that with the surge of cases, contact tracing turned into contacting a large portion of the school population.

Dr. Brunkhorst asked when the test-and-stay program was ending. Ms. Porter replied that she expects the program to end once the students receive their at-home test kits.

Ms. Schwartz commented that participation in the pool testing would be better if the program was opt-out instead of opt-in. Messages from the Health Department and weekly from the Superintendent have encouraged families to participate in the pool testing program.

Ms. Porter commented that gathering vaccination status has been difficult since it requires permission to share their vaccination record. Fortunately, the 12 to 18 age group has surpassed the 95% vaccination rate. The five to 11 age group is only about 70% vaccinated. Ms. Porter added that the Health Department held its last vaccination and booster clinic and had doses leftover.

Dr. Kiessling asked what is the response when a parent asks if they should get their child vaccinated. Ms. Porter replied that the parent is directed to speak to their pediatrician or health care provider. Other resources, such as the CDC, are also recommended. Ms. Porter added that the Health Department provides access to the vaccine. Ms. Schwartz added an example of a parent asking questions while waiting in line at one of the vaccination clinics who called their doctor while waiting. Ms. Porter added that there are QR codes at the clinics for people to look at the Emergency Use Authorizations, but most people who go to a vaccine clinic have already done their research.

Dr. Kiessling asked if Ms. Porter knew the age of the two COVID-19 deaths reported last month and if they passed from COVID-19. Ms. Porter replied that COVID-19 was listed as the cause of death on the death certificates and both were over 65 years old.

Dr. Kiessling asked if Ms. Porter could get the ages of all the deaths from COVID-19 since the beginning of the pandemic. Ms. Porter replied that she could get that information.

Dr. Brunkhorst asked if the contracted contact tracers would still be needed at the schools once case numbers decrease. Ms. Porter replied that with the decrease in contact tracing at the schools, Ms. Nash and Ms. Ramachandran will continue to work with the vulnerable populations, including school-aged children and seniors, to make sure they have the appropriate information. Ms. Porter added that there is COVID-19 related fatigue and people aren't returning phone calls from the nurses since it is an unknown phone number to them. Ms. Porter hopes by now that everyone has enough information to know how to properly isolate and quarantine.

Dr. Kiessling commented that the mask mandate has been in place long enough. Dr. Brunkhorst replied that case numbers are still at their peak and would like to see more data over the next couple of weeks.

Dr. Kiessling asked about other metrics that could be considered besides just case numbers. Fewer than 1% of the Bedford cases are in the hospital. She added that Bedford has a higher case load with a mask mandate than Burlington, which has never had a mandate.

Dr. Kiessling commented that the mask mandate didn't have an effect. Dr. Brunkhorst replied that there isn't enough data to show whether the mask mandate worked or not. The data doesn't show whether masking reduced the transmission rate or not. Dr. Brunkhorst added that the schools are open, which she considers a success, partially due to DESE guidance regarding masking. With the high number of cases, if masking is helping, dropping the mask mandate may cause a further increase in cases.

Dr. Brunkhorst commented that hospitalization rates are one metric to consider. Another suggested metric she has heard of is the number of patients who require dexamethasone in the hospital, which is used for serious COVID-19 cases. Dr. Brunkhorst added that hospitalizations may be a good metric in the future, but she wasn't sure if now was the right time to consider them.

Dr. Kiessling commented that 99% of new infections occur in the household with no transmissions in businesses. Ms. Raj commented that the person had to be infected somewhere before bringing the virus home.

Dr. Kiessling continued that some businesses are closing down due to difficulties functioning with the mask mandate. Dr. Kiessling commented that the mask mandate is putting undue strain on businesses and people while Bedford has the highest case incidence among the seven communities she has been tracking since August.

Dr. Brunkhorst commented that she would like to see data from more than just the seven communities. Ms. Porter replied that she would work on updating the spreadsheet she has previously presented to the BOH. It includes information for Middlesex towns and she will go back for data from the summer before the mask mandates were put in place.

Dr. Kiessling commented that the mask mandate should be changed to a mask advisory, which would allow people to choose when to wear a mask and to allow for people to work without a mask if needed. Dr. Kiessling doesn't think the mask mandate has done much to reduce the transmission rate.

Ms. Richichi commented that while Burlington didn't choose to enact a mask mandate, other surrounding communities did put a mask mandate in place to help with the Omicron variant surge in cases. She added that the case number data is for the previous two weeks and she would like to see an updated case count and hospitalization rate. Lexington has extended their mandate to March 15th, Concord has a mask mandate with a similar off-ramp to Bedford's, and Ms. Richichi doesn't think other surrounding communities are considering dropping their mask mandate yet.

Dr. Kiessling asked what the off-ramp was for Concord's mask mandate. Ms. Richichi replied "This mandate will be in effect whenever both 1) The 14 day average daily incidence for Concord is at or about 20% as reported by MDPH or 2) The level of community transmission data from the US CDC for Middlesex County is categorized as 'high' over a consecutive four week period."

Dr. Kiessling suggested coming up with different metrics to consider for the mask mandate off-ramp. Ms. Raj asked if Dr. Kiessling had some suggestions. Dr. Kiessling replied that she prefers to make the mask mandate into an advisory instead. If the mask mandate is to remain in place, the off-ramp should be adjusted since the current off-ramp won't be attainable until summer. Dr. Kiessling added that since she prefers an advisory, the other BOH members should work on discussing off-ramp metrics.

Ms. Porter commented that Concord includes an incidence rate in their off-ramp, while Billerica includes vaccination rates. Many communities have transmissivity rates as part of the off-ramp metric. Ms. Porter added that hospitalization rates are difficult as community members aren't necessarily hospitalized in community hospitals. The hospitalization rate is by county. The number of hospitalizations in Bedford are only those that Ms. Porter knows of and there could be more.

Dr. Brunkhorst asked about the daily incidence over 14 days for Bedford. Ms. Porter replied that the 14 day average daily incidence from last week was 296. Ms. Porter added that Concord is at 170.

Ms. Schwartz commented that there is interest in both changing the mask mandate to an advisory and updating the mask mandate off-ramp among the BOH members.

Dr. Kiessling commented that vaccination isn't reducing transmission much as transmission rates are high and will remain high until the summer, the morbidity from the virus is low, and while there are positive cases in the schools, there isn't much illness. Only 1% of Bedford's cases have been hospitalized, which is similar to the State data, and half of the people hospitalized are vaccinated. Dr. Kiessling commented that the mask mandate should be changed to an advisory.

Dr. Kiessling moved to change the mask mandate to a mask advisory. As there was no second for the motion, the motion failed.

Dr. Kiessling moved to change the off-ramp from what the off-ramp is currently. Ms. Richichi seconded the motion to allow for discussion.

Ms. Raj commented that changing the off-ramp is more of a project instead of a discussion that can take place before the end of the meeting. Dr. Brunkhorst and Ms. Richichi also expressed interest in discussing a different off-ramp.

Ms. Richichi commented that there isn't enough data to show that the surge is in decline. She also believes masks have made a difference. Ms. Richichi suggested looking at other towns with mask mandates and their off-ramps to help come up with an off-ramp that fits Bedford's needs. This would be a discussion at the next meeting.

Ms. Schwartz called for a roll call vote to change the off-ramp of the mask mandate. A vote of 1-4-0 defeated the motion with only Dr. Kiessling voting in support. Instead, the topic will be added to the agenda of the next BOH meeting to allow for further research and discussion.

Dr. Kiessling made a motion to modify the mask mandate to a mask advisory for certain activities or businesses, such as gyms and manufacturing facilities. Ms. Richichi seconded the motion to allow for discussion.

Ms. Richichi asked about the criteria to determine which businesses could have a mask advisory instead of a mandate. Dr. Kiessling replied that the advisory would be for places not necessarily open to the public. For example, people choose to join a gym and can make their decision based on if the gym has its own mask mandate in place or not. Another example is a manufacturing facility that isn't selling items or open to the public. Dr. Kiessling commented that such industries should decide for themselves their masking situation.

Ms. Richichi asked Ms. Dagle if there were other establishments that would fall under Dr. Kiessling's description and how the changes could be worded. Ms. Dagle replied that 'athletic complexes' would be more appropriate than 'gyms'. Ms. Dagle wasn't sure how to word the industrial businesses.

Ms. Porter commented that some residents paid for memberships to gyms because they had the mask mandate in place or took a job in an industrial area because masks were required. Ms. Porter added that vendors also visit all of these establishments. Dr. Kiessling commented that mask-wearing would be up to the business.

Ms. Dagle commented that a vendor visiting or a person attending a meeting would have to go into the business as part of their job. People not employed by the business are still entering the building.

Ms. Schwartz commented that she would consider looking into changes, but would like to look at the mask mandate to try to figure out the best way to determine which establishments could have a mask advisory as opposed to a mask mandate. There is a difference between a person choosing to go into a restaurant, retail store, or gym and instances where non-employees have to enter a business. Ms. Schwartz added that it could be difficult to do exemptions at this point.

Ms. Porter commented that there are public safety considerations for those who have to enter these establishments, the membership component of certain businesses, and people's livelihoods. There

are two sides to the issue where there are concerns for the businesses, but then there are people who want the protective measures to be in place, especially for establishments like gyms.

Dr. Kiessling suggested that Bedford look at Burlington to see what they have done. Ms. Porter commented that they have a one-sided masking system in place with public safety personnel wearing masks.

Ms. Raj commented that there are multiple gyms in Bedford and some are operating fine with masking in place.

Ms. Raj suggested adding this topic to the agenda for the next BOH meeting to continue the discussion. This would give time to gather more information regarding the businesses in Town. Ms. Dagle replied that she would gather all the information she can.

Ms. Richichi commented that at the last Burlington BOH meeting, one of the members Dr. Wayne Saltsman said “I would definitely not view the Burlington position as a mask optional one. This is an advisory. People should be wearing a mask.” Ms. Richichi commented that Burlington told their residents that they should be wearing masks. Burlington didn’t make it a mask mandate over concerns of enforcement.

Ms. Schwartz called for a roll call vote on the motion to modify the mask mandate to be an advisory for certain establishments. The roll call vote of 1-4-0 defeated the motion, with only Dr. Kiessling voting in support. Instead, more information will be gathered for discussion at the next BOH meeting.

Public Hearing - Property Unfit for Human Habitation

Ms. Schwartz called for a roll call vote to open the public hearing. A vote of 5-0-0 opened the public hearing regarding a property unfit for human habitation.

Ms. Dagle reported that on January 10th, the Health Department received a complaint regarding the conditions at 84 Page Road. Ms. Dagle, the Council on Aging (COA) social worker Ms. Danika Castle, and the Veterans Services District Director Ms. Gina Rada met at the property and spoke with the owner. The owner, who is not attending the public hearing, denied entry into the residence to allow for an inspection. On January 12th, the owner was served a letter requesting access into the home for a Health Department inspection. The property owner allowed access on January 20th and an inspection of the property was performed by Ms. Dagle, Ms. Castle, and Ms. Rada, with two Bedford Police officers in attendance. The dwelling was found to be unfit for human habitation based upon the violations of Housing Code found during the inspection. The dwelling was condemned on an emergency basis.

Ms. Dagle reported that the Order to Correct listed the violations found in the dwelling during the inspection. The dwelling had no running water, no heat, excessive clutter throughout resulting in unsanitary conditions, evidence of rodents, no smoke or carbon monoxide detectors, chronic dampness throughout the dwelling, spoiled food odor from the refrigerator, unusable stove and kitchen sink, and exterior trash on the property.

Ms. Dagle asked the BOH to ratify the condemnation of the dwelling.

Ms. Dagle commented that the COA, Minuteman Senior Services, and Veterans Services have been working with the owner to get him temporary housing. They are currently working on a housing application. The COA and Minuteman Senior Services were able to provide the owner eight nights in a hotel, which is where the owner is still living. The social workers are also helping the owner apply for documents needed for the housing application.

Dr. Kiessling asked if the owner was living in the dwelling. Ms. Dagle replied that the owner was living in the property.

Dr. Kiessling asked if the owner was a veteran. Ms. Dagle confirmed the owner was a veteran.

Dr. Kiessling asked if the owner had been living on the property for a long time. Ms. Dagle believes so.

Dr. Kiessling asked if the owner had been living there with a spouse. Ms. Dagle replied that the owner had been living alone. Ms. Porter added that two names were listed on the Order to Correct as there are two owners of the property.

Dr. Kiessling asked if the owner was okay, especially considering the really cold temperatures lately. Ms. Dagle replied that the owner was okay, and one of the reasons housing was provided was the winter temperatures.

Ms. Porter commented that there is some anecdotal evidence of the owner staying in their car to stay warm. She added that in 2014, the owner was given assistance for heating system repairs. At that time, some grant funds were used to cover the repairs. Ms. Porter commented that compared to 2014, there are social workers to help navigate access to resources the owner can use.

Ms. Porter commented that the owner has the potential for income from the property if it is sold, or the owner has the opportunity to get the home repaired. For now, the owner has access to resources allowing them to consider what should be done with the home. The condemnation prevents the owner from living in the dwelling.

Ms. Porter commented that the owner was informed by letter of the hearing tonight and the owner chose not to attend. The owner's attendance would have allowed them to give reasons not to condemn the property. Based on comments to Town employees, the owner recognizes the amount of work that needs to be done to the home and that they can't stay in the home in the meantime.

Dr. Kiessling asked about the owner's age. Ms. Porter replied that the owner is over 60 as the COA social worker is involved in the situation. Ms. Dagle added that the owner is likely in their 70's.

Ms. Porter commented that while the condemnation order is an extreme measure, there is still opportunity for the owner to make repairs to the residence. She hopes other services will be used to help them in this process. It is up to the owner to pursue those services.

Dr. Kiessling asked about the timeline and what happens after the condemnation order is ratified. Ms. Dagle replied that the Order to Correct letter gives the owner 30 days to at least start correcting the violations. The owner must also decide in that period whether to repair the home or sell the

property. If the owner doesn't make a decision or take any action, the case would have to be taken to court to make the final determination.

Ms. Raj commented that based on a previous experience, there are contractors who know how to handle a condemned dwelling, from removing the trash to demolishing the building to re-building on the property. If the owner chooses to sell, Ms. Raj hopes they get a good return to help them move onto a better situation.

Ms. Porter commented that the Order to Correct forces decisions to be made that were perhaps difficult. The Order also allows for repairs to be made. Ms. Porter added that if progress is made, an extension can be given to allow the work to be completed.

Dr. Kiessling asked if an update will be given to the BOH in 30 days. Ms. Porter replied that given the severity of the case, it would be appropriate to update the BOH.

Ms. Schwartz asked if the BOH would have to ratify an extension beyond the 30 days. Ms. Porter replied that given the emergency situation, the BOH ratified the condemnation. Going forward, the Health Department would issue an extension if appropriate and then notify the BOH.

Ms. Richichi asked about the property owner accessing the dwelling for personal property and if there would be supervision during the visit. Ms. Dagle replied that the conditions for a visit include notification at least a day in advance that includes when the owner wants to enter the dwelling and the reason for accessing the dwelling. If the owner doesn't abide by the conditions and tries to stay in the dwelling, there is an opportunity to go to court.

Ms. Richichi asked if the dwelling was safe enough to enter and move around to retrieve items. Ms. Porter replied that conditions inside do not indicate the structure is unsound. There aren't ceilings falling down or evidence of water damage. Ms. Dagle added that tripping hazards are a concern.

Ms. Porter added that with the notification of date and time, the property can be checked on in case any problems occur. Ms. Dagle added that with the notification of the reason the owner is entering the dwelling, the amount of time spent there can be estimated. A visit to collect items will be much shorter than a visit to discuss repairs with a contractor.

Dr. Kiessling asked if there is a minimum the owner has to do by the end of the 30 days. Ms. Dagle replied that the owner must take corrective action for each item in the Order to Correct letter by the end of the 30 days. If the owner was able to get the heat and water restored and started to improve the unsanitary conditions, those actions would be a good faith effort and an extension could be granted based upon the amount of work done. Ms. Porter added corrections such as rodent removal is a several week process, so as long as the owner met with a service provider and started the process, that would be considered a good effort.

Ms. Richichi asked for confirmation that the owner would not be able to move back into the dwelling until all the violations had been corrected. Ms. Dagle confirmed that the dwelling would have to be back in compliance before the owner could move back in.

Ms. Schwartz commented on how the Health and Human Services Department is treating the situation as a whole. While the Health Department focuses on the building situation, other departments like the COA and social workers are helping the owner. Ms. Porter commented that the services would always be available to the owner as long as they want the support.

Dr. Brunkhorst asked about alternate housing between the eight nights provided by the COA and the housing the owner is applying for or the repair of their home. Ms. Dagle replied that currently the owner is paying for the hotel on his own, but she believes the hotel is working with the owner so they aren't paying full price.

Dr. Brunkhorst asked about the owner being responsible for securing the dwelling and ensuring the property is secured at all times. Ms. Dagle replied that the property owner has to make sure the house is locked up to make sure no one can enter an unsafe property. Ms. Porter added that these types of circumstances can be more dire and require plywood to secure the dwelling, which is not the case here.

Ms. Raj made the motion: "I move that the Board of Health declare that the house at 84 Page Road is unfit for human habitation and that the Board is issuing an order of condemnation. A Condemnation Notice from the Health Department will further outline the following conditions: 1. Property owner is required to secure the dwelling within twenty-four hours. 2. Property owner is responsible to ensure the property is secured at all times. 3. Property owner must vacate the dwelling immediately and may not occupy the dwelling until the condemnation is lifted. 4. Property owner must notify the Health Department before accessing the dwelling. Notification must be in writing, submitted at least 24 hours in advance, detail the date/time that access is being requested, and the purpose for access. 5. The dwelling may only be accessed to retrieve personal property or for the purpose of repairs. 6. Failure to comply with the Condemnation Notice may result in the filing of an application for a criminal complaint with the Trial Court of Massachusetts Northeast Housing Court Department." Ms. Richichi seconded the motion. A roll call vote of 5-0-0 ratified the condemnation of 84 Page Road.

Dr. Kiessling moved to close the public hearing. Ms. Raj seconded the motion. A roll call vote of 5-0-0 closed the public hearing regarding the condemnation of 84 Page Road.

Open Discussion/Old Business

Ms. Porter commented that an announcement should be coming tomorrow regarding the next round of COVID-19 tests to be distributed. She believes the plan is to have the distribution at Town Hall and there are over 800 kits available. The distribution will be open to the whole community. She is hoping over 1000 kits will be available by the end of the week as long as more are delivered.

Ms. Richichi asked about seniors getting priority. Ms. Porter replied the kits will be available to seniors and there is sufficient supply to meet that need.

Dr. Kiessling asked about using the COA mailing list and mailing kits to seniors. Ms. Porter replied that the plan was put into place by the Town Manager's office. The temperature along the chain of custody of the kits and the supply chain difficulties were taken into account. The number of kits received at once wouldn't have been able to cover all the seniors, so it would have been

difficult to pick and choose which seniors got the tests first. That was why the pick-up was designed the way it was with seniors signing up to pick up the kits if they were interested.

Ms. Porter commented that there were enough test kits to cover a large portion of the senior population, but there were plenty left over. It will be made clear though that a person can pick up a kit for a neighbor or friend as long as they have their name down for an appointment to ensure a test kit is available.

Ms. Porter added that there should be enough test kits for the households in Bedford, especially with the schools distributing test kits. The distribution is expected on Wednesday and Thursday using the metered appointment times to control the traffic.

Ms. Raj commented that the COA mailing list may not be accurate.

Dr. Kiessling still expressed concern over the ability to get a test kit to every senior.

Ms. Schwartz commented that the plan she and Dr. Kiessling put together has been turned over to the Town. The plan hoped to get a lot more tests initially, but with the limited number of kits received, there was no way to pick which seniors got the test kits first. The drive-through open to seniors allowed those who needed the tests to get them.

Dr. Kiessling commented that the seniors are still most at risk and should be prioritized. The average age of those who die from COVID-19 is 73 in MA. Frequently seniors don't drive and can't make it to a pick-up location, so they need help getting the tests.

Ms. Schwartz asked if the Food Bank delivered tests to the homebound residents. Ms. Porter replied that tests were delivered to those residents.

Ms. Porter commented that there were a large number of people picking up test kits for family and friends.

Dr. Kiessling asked about the percentage of the COA mailing list that had picked up tests. Ms. Porter replied that she didn't have that information. Town Management would have that information since it isn't a Health Department program to manage.

Ms. Richichi asked if help would be needed later this week distributing test kits. Ms. Porter replied there should be enough volunteers to cover shifts throughout the day.

Dr. Brunkhorst asked if there will be a record of who picked up tests. Ms. Porter replied that there would be a record. Dr. Brunkhorst commented that the information could be used with the COA list to see how many of the seniors have picked up kits.

Ms. Porter commented that with kits left over last week, seniors didn't take full advantage of the test kit distribution. By opening distribution to other members of the community, it would ensure the kit inventory is being distributed. If seniors didn't need or want those kits, opening the distribution would get kits to those who do need or want them.

Ms. Schwartz commented that the orders for the test kits went in before many other towns. Even with difficulties with the supply chain, there are still enough kits to help meet the needs of Bedford residents, beyond the seniors.

Ms. Porter commented that she received only about 10 requests for kits from residents who were unable to go to the drive-through event. Kits were able to get into those residents' hands. Ms. Porter commented that if she had received hundreds of calls from residents unable to make it to the drive-through event, the proposed distribution method would most likely be adjusted by the Town Manager's office. There were still appointments available for the drive-through distribution event.

Dr. Brunkhorst asked if the COA does surveys. Ms. Porter replied that the COA has done surveys in the past, but they need to be available both electronically and on paper. Ms. Porter added that the COA hasn't received a large number of calls regarding the need of test kits, and those that the COA did receive were able to be accommodated.

Dr. Kiessling asked how the test kit distribution was advertised. Ms. Porter replied there was advertising through all the usual methods of outreach used by the Town. Ms. Schwartz commented that it went out at least through the Town website and social media.

Dr. Kiessling asked if a notice was mailed out through the COA. Ms. Porter replied that she wasn't aware of any direct mailing.

Ms. Raj asked about Dr. Kiessling's desire to get test kits to every single senior, even those who aren't interested in receiving a kit. Dr. Kiessling replied that the main people at risk are seniors, even when vaccinated. Tests can be used before someone visits them or if the senior is concerned about symptoms.

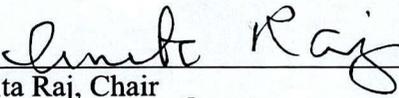
Dr. Kiessling commented that a month ago when the plan was being developed, tests were very difficult to obtain. More recently, tests are becoming easier to find. Dr. Kiessling added that when she discussed the plan with the COA to use the mailing list to mail a kit to every senior so that they would have one. Ms. Schwartz commented that since Bedford didn't get that large of a shipment initially, distribution had to be done another way, especially with significant time in-between shipments. Ms. Schwartz added that she is thankful Bedford received the tests and that Bedford is doing its best to distribute the kits to those who need them.

At 7:40 PM, Ms. Raj moved to adjourn the meeting of January 24th, 2022. Dr. Brunkhorst seconded the motion. The motion was approved by a roll call vote of 5-0-0.

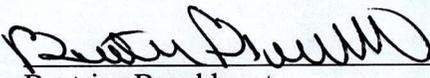
Documents and Exhibits Used During this Meeting

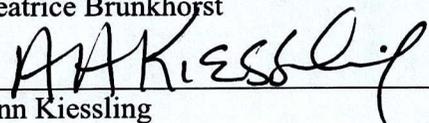
Cumulative Case Counts November to Present
COVID-19 Hospitalization Primary vs. Incidental
84 Page Road Order to Correct and Hearing Letter
Motion for Hearing re: Property Unfit for Human Habitation

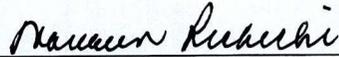
The next scheduled meeting of the Board of Health is February 7th, February 28th, March 7th, March 21st, April 11th, April 25th, May 9th, May 23rd, June 13th, and June 27th, 2022.


Anita Raj, Chair


Susan Schwartz, Vice Chair


Beatrice Brunkhorst


Ann Kiessling


Maureen Richichi