



**Town of West Boylston**  
140 Worcester Street, West Boylston, Massachusetts 01583

## **The Board of Health Meeting Minutes**

<b>Date / Time / Location of Meeting</b>	<b>09-08-2021 / 6:00pm</b>
<b>Members Present</b>	<b>John Sullivan, Tracy Gagnon, Beverly Salate</b>
<b>Members Not Present</b>	<b>Robert Barrell, Michaun Fowler</b>
<b>Guests</b>	<b>See attendance roster at the end of these minutes</b>
<b>Welcome – Call to Order</b>	<b>Time: 6:00 pm - The meeting was held at the West Boylston Senior Center.</b>
<b>Approval of Previous Minutes</b>	<b>July 7, 2021 meeting minutes were signed by those members in attendance. August 11, 2021 meeting minutes, noted by present members to have been reviewed via email, were approved, and will be signed at the next meeting.</b>
<b>08-11-2021 Minutes Motion to Approve</b>	<b>Dr. Sullivan</b>
<b>Motion Seconded</b>	<b>Ms. Salate</b>
<b>Result</b>	<b>Approved unanimously</b>
<b>Motion to move Agenda Item 6c</b>	<b>Ms. Salate motioned to move up Item 6c – Board of Health Administrative Assistant four-year anniversary pay raise approval, to be addressed before items 2 and 3.</b>
<b>Motion Seconded</b>	<b>Dr. Sullivan</b>
<b>Result</b>	<b>Approved unanimously</b>
<b>Motion to Approve Admin. Asst. pay raise</b>	<b>Dr. Sullivan</b>
<b>Motion Seconded</b>	<b>Ms. Salate</b>
<b>Result</b>	<b>Approved unanimously</b>

- **COVID-19 Update**

A complaint from Cara Cullen (see attachment) was read and responded to with a presentation by the Board of Health, and subsequent questions, comments, and responses between Board of Health members and the guests in attendance. Due to the complexity and multiple interactions, this meeting can be viewed on the WBPA – Public Access TV page on the Town’s website at <https://west-boylston.vod.castus.tv/vod>. Supporting documentation of the Board of Health presentation is available on the Board of Health’s web page, under News and Announcements: <https://www.westboylston-ma.gov/board-health/news/documents-presented-9-8-21-board-health-meeting-supporting-mask-mandate>. Dr. Sullivan explained the reasons for the mask mandate decision by the Board at the 08-11-2021 Board of Health meeting, with reference to the above noted supporting documents. He also noted the credentials and experience of the present Board members. He then made a

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detailed motion (see attached) to enact a mask mandate in West Boylston. Note: while technically valid, the vote taken on 08-11-2021 was not enforced based on recommendation of Town Counsel.

Motion Originator Dr. Sullivan  
Motion Seconded Ms. Salate  
Result Approved unanimously 3-0

- **CMRPHA Reports (Local & Regional)**  
Deferred to the next Board of Health meeting.
- **Bill approval, Financial report**  
Deferred to next Board of Health meeting.
- **Office report**  
Deferred to next Board of Health meeting.

**MOTION TO ADJOURN**

Motion Originator Dr. Sullivan  
Motion Seconded Ms. Salate  
Result Approved unanimously  
Time of Adjournment 6:55 pm

**Signatures**

*Not in attendance*

\_\_\_\_\_  
Robert J. Barrell, MPA, Chairman

\_\_\_\_\_  
John Sullivan, MD

\_\_\_\_\_  
Beverly A. Salate, RN, BSN

\_\_\_\_\_  
Tracy Gagnon, MEd

*Not in attendance*

\_\_\_\_\_  
Michaun Fowler, BSM

Submitted by: Margaret Lee  
Date Submitted: 10-13-2021 or next scheduled BoH meeting

**Guest Attendees:**

Chris Rucho	Neil Peterson
Nancy Lucier	Pat Crowley
Barbara Deschenes	Kristina Pedone
Leah Fernanda	David Gagnon
Nancy Skehan	Rich Simmarano
Andrew Feland	Lynne Sizemore
Dennis Minnich	Nicole Nelson
Cara Cullen	Tracy LeRinke (? – uncertain of spelling)
Lacey McIntosh	Lawrence Salate

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## THE BOARD OF HEALTH

140 Worcester Street

West Boylston, MA 01583

Phone/Fax: 774-261-4075

Motion:

**Effective September 15, 2021, 7:00 am EST, it is mandated that all individuals aged two years and older wear facecoverings in all indoor spaces, public or private (open to the public), except where an individual is unable to wear a face covering due to a medical condition or disability. This order includes but not limited to the following:**

**Public buildings, schools (public and private), and all childcare facilities**

**Retail stores**

**Retail food stores, food establishments, and bars until the customer is seated**

**Food service establishment customers may only remove face coverings when seated.**

**Fitness centers/health clubs, dance studios, and all recreational facilities**

**Houses of worship, Personal service establishments: barber shops, hair and nail salons allowing for temporary removal during service.**

**This mandate applies to all workers, customers, and visitors. The mandate will be reviewed by the Board of Health at each subsequent regular meeting. If no action is taken by the BOH to rescind it, this mandate will remain in effect.**

The West Boylston Board of Health and authorized agents pursuant to MGL chapter 111, § 30, are authorized to enforce this mandate and if necessary, may do so with the assistance of the West Boylston Police and other designees appointed by the Town Administrator. Violations of this mandate may be punished by a civil fine, if after a verbal education and written warning, of up to \$300 per violation in the manner provided for non-criminal disposition of violations of Board Health Regulations by MGL Chapter 40, § 21D.

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**Attachment: Open Meeting Law Complaint 08-23-2021**

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## OPEN MEETING LAW COMPLAINT FORM

Office of the Attorney General  
One Ashburton Place  
Boston, MA 02108

Please note that all fields are required unless otherwise noted.

### Your Contact Information:

First Name: Cara Last Name: Cullen

Address: 405 Prospect Street

City: West Boylston State: MA Zip Code: 01583

Phone Number: 508-726-8693 Ext.

Email: caracullen@aol.com

Organization or Media Affiliation (if any):

Are you filing the complaint in your capacity as an individual, representative of an organization, or media?

(For statistical purposes only)

☒ Individual ☐ Organization ☐ Media

### Public Body that is the subject of this complaint:

☒ City/Town ☐ County ☐ Regional/District ☐ State

Name of Public Body (including city/town, county or region, if applicable): West Boylston Board of Health

Specific person(s), if any, you allege committed the violation:

Date of alleged violation: August 11, 2021

## Description of alleged violation:

Describe the alleged violation that this complaint is about. If you believe the alleged violation was intentional, please say so and include the reasons supporting your belief.

Note: This text field has a maximum of 3000 characters.

On August 11, 2021, the West Boylston Board of Health violated the Open Meeting Law, Chapter 30A of the Massachusetts General Laws, Section 18-25. On the Board's meeting agenda, the Board listed Covid -19 Update. However, during the meeting, they proposed a mask mandate beginning August 18th for all public and private businesses and voted 4-1 to approve the mandate. I feel that the term "Covid-19 update" was too broad to meet the Open Meeting Law's specificity requirement and the vote was in complete violation of the law. I believe this alleged violation was intentional as the Chairman of the Board, Robert Barrell, admitted as much at the August 18th Select Board meeting. Mr. Barrell stated "I think the Board of Health while may not be experts in the open meeting law, etc. etc. and we knew we were pushing the margin a little bit." The Board of Health knowingly violated the open meeting law and instituted a mask mandate without the transparency required by law.

What action do you want the public body to take in response to your complaint?

Note: This text field has a maximum of 500 characters.

I would like the Board of Health to be fined in accordance with Mass General law, properly reprimanded, and required to attend training on the Open Meeting Law before any further meetings take place. I also request that the Board be prohibited from voting on a mask mandate as they have demonstrated complete disregard and lack of respect for the opinions and recommendations of the West Boylston citizens, the town businesses, the Town Administrator, the Select Board, the Police Chief, and Fire Chief. At this point, I feel any mask mandate vote by the Board of Health would be completely biased and unethical.

## Review, sign, and submit your complaint

### I. Disclosure of Your Complaint.

**Public Record.** Under most circumstances, your complaint, and any documents submitted with your complaint, is considered a public record and will be available to any member of the public upon request.

**Publication to Website.** As part of the Open Data Initiative, the AGO will publish to its website certain information regarding your complaint, including your name and the name of the public body. The AGO will not publish your contact information.

### II. Consulting With a Private Attorney.

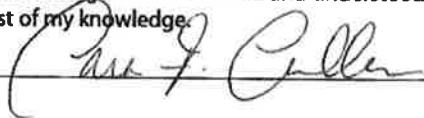
The AGO cannot give you legal advice and is not able to be your private attorney, but represents the public interest. If you have any questions concerning your individual legal rights or responsibilities you should contact a private attorney.

### III. Submit Your Complaint to the Public Body.

The complaint must be filed first with the public body. If you have any questions, please contact the Division of Open Government by calling (617) 963-2540 or by email to [openmeeting@state.ma.us](mailto:openmeeting@state.ma.us).

By signing below, I acknowledge that I have read and understood the provisions above and certify that the information I have provided is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_



Date: August 23, 2021

For Use By Public Body  
Date Received by Public Body:

For Use By AGO  
Date Received by AGO: