

Agenda  
Warren Selectboard  
Tuesday, August 10, 2021  
Warren Municipal Office  
6:30 PM & VIA Zoom

6:30 PM – Covid Update – Jeff Campbell

6:45 PM - July 4<sup>th</sup> Wrap Up – Susan Klein

7:00 PM – Knot Weed Gravel Contamination Town Pit – Jito Coleman, Warren Conservation Commission

7:15 PM - Approval of Minutes for July 27, 2021 – Warren Selectboard

7:16 PM – Approval of Accounts Payable & Payroll Warrants – Warren Selectboard

7:18 PM – Other Business

Town Garage Discussion – On going – Warren Selectboard

**\*\*Agenda Subject to Change\*\***

Weekly: <https://us04web.zoom.us/meeting/uZErf-6sqz8o-oB1DfOMkLTV6yElzCsjag/ics?icsToken=98tyKu2tqDMtHtGRslztd7QvW9r-b-G5jTxBiPJ5mjDICAxnVFXvE-5YEaF1Ed-B>

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Meeting ID: 456 874 542

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**Minutes of 8/10/2021**  
Warren Selectboard  
6:30PM  
VIA Zoom & In person  
Warren Municipal Building

**Members Present:** Andrew Cunningham, Chair, Luke Youmell, Vice Chair, Camilla Behn, Devin Klein Corrigan & Bob Ackland. (via Zoom)

**Others Present:** Susan Klein, Jeff Campbell, TV 44/45 & Cindi Jones.

**6:00 PM** – Public Comment – None

**6:30 PM** – Covid Update: Jeff Campbell – See Report

**7:05 PM – July 4 Wrap Up – Susan Klein** – Ms. Klein came before the board to discuss how the 4<sup>th</sup> of July event went. She commented that it went well and had not heard any negative feedback given the timeframe in putting the event together not knowing if there would be a 4<sup>th</sup> or not. The board asked how many people she thought were present. Ms. Klein commented it was like a rainy Wednesday event maybe around 2500-3000 people. She commented that the parade was under budget and that she received a lot of donations from people just wanting to donate through the portal on the website. She thought parking went well at the Warren Elementary School. People expressed that they missed the buddy badges and some made their own. Ms. Klein commented that next year she will be going to the TAC meeting and asking for the buses next year. Ms. Klein Corrigan commented that there was an issue with traffic after the parade going south as it was very congested in the downtown area by the municipal building area. Ms. Klein commented that she had not heard anything of that. The board thanked Ms. Klein and the Rotary for their work in putting on the event due to the circumstances.

**7:15 PM – Knot Weed Gravel Contamination Town Pit – Jito Coleman** – Mr. Coleman presented to the board a proposal for treating a contaminated pile of gravel that came from Volkstown Road stored in the Town gravel pit. The first test would be drying the gravel. The process for this is on a flat surface adjacent to the pile make a windrow of dirt about 2ft in height and 2ft wide. Every two to three weeks roll the windrow over and continue this until the end of the season. Re-pile the gravel for storage over the winter and inspect in the spring.

The second test: Smothering: Cover the remaining pile with black plastic completely. Cover should not allow any light to come through it. The knot weed will seek out light where ever it is visible up to 10 feet from the plant body (root ball). The shoots will emerge from the edges of the plastic. Every 4 weeks the plastic will be rolled back 4 to 8 feet and all stalks removed manually. Smothering kills knotweed after a number of years.

Mr. Cunningham asked if screening it would help? Mr. Coleman commented yes that would help. Mr. Coleman commented that they have been making great progress in certain areas of town. The areas on Roxbury Mountain Road are almost eradicated and there were 12-13 sites on Lincoln Gap that been eradicated. They also worked on a patch south of the Warren Covered Bridge. Mr. Coleman and the interns did a workshop on knot weed at Quayl Bend and now it just has to be mowed down and that patch will be eradicated. The board agreed to allow Mr. Coleman with the help of the Town getting a tarp to cover the pile and to also have the help of the road crew.

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There is a patch in the Granville section about a 1/10<sup>th</sup> of mile that Mr. Coleman would like to eradicate so that it does not come down stream and contaminate the sites that have been completed. Mr. Coleman commented that he been in contact with the Granville Conservation Commission and are working a plan for this.

Mr. Coleman would like to again recruit interns for next summer but would like to step away a bit on managing it as he felt that the interns didn't need a lot of oversites. He also commented that the out reach in Warren has been very successfully and some owners are taking care of their own patches.

He would like to see that if people are walking on trails and see a patch that they might stop and help to take care of it. The Town and Commission will be looking into grants to continue the process for next year.

**7:30 PM – Town Garage – Selectboard Continued Discussion** – Mr. Ackland commented that the board had reached a decision last meeting to have a completed board meeting with the landowner in executive session. Mr. Ackland also commented that he had some issues with the numbers presented in the report that the Planning Commission put together in 2007. He has seen the Town of Lincoln's garage and one in Plymouth which is a metal structure very well built and designed for set up and attractive. Ms. Klein Corrigan asked where do we go from here? Do we go back to the Planning Commission? Mr. Cunningham commented that the Planning Commission has a lot on their plate with the zoning re-write and this would just get kicked down the road again. Ms. Behn commented that she would ask at the next Planning Commission Meeting where they see their role is in this now on a collaboration of efforts. There are only two members on the Planning Commission that were on the board starting in 2003 to present that remember all of what took place and the process. Ms. Klein Corrigan commented we need to come up with an action plan and first is: How to begin with a location. Mr. Cunningham commented that in September the board would invite the land owner to attend a meeting. She also commented that the needs/wants from input of the boards, road crew need to be relooked at and drafts need to be marked up to get to a final one.

**7:55 PM – Other Business:**

Request from Zoning Administrator – New Authorization for the PC and DRB to hold Hybrid form of meeting of both in-person and electronic. The Planning Commission and Development Review Board are appointed members and it is the Selectboard's responsibility to vote on how these public meetings are held for these two bodies.

Motion by Devin Klein Corrigan to approve that the Planning Commission and the Development Review Board may use the hybrid (remote and physical access) to conduct business, seconded by Mr. Youmell. All in Favor: VOTE: 5-0.

Fuel Bids – The Town received 3 bids for providing fuel needs for the Town. They were: Ward’s Energy, Gillespie’s Fuel & Propane and Irving. Ms. Behn commented that if the Town has had good luck and no issues with the Towns current provider then to continue the service. Ms. Klein Corrigan commented that she likes to support local family businesses. She commented do you abandon the family business who you have supported and move to corporate? The savings is about 4% or about \$12,000 a year. The board considered asking the present provider if they would move by the 4% and if they would, then the Town would stay with them.

**8:02 PM – Approval of Payroll Warrants** – Motion by Mr. Youmell to approve the payroll warrants as presented for \$21,998.80, seconded by Ms. Behn. All in Favor: VOTE: 4-0.

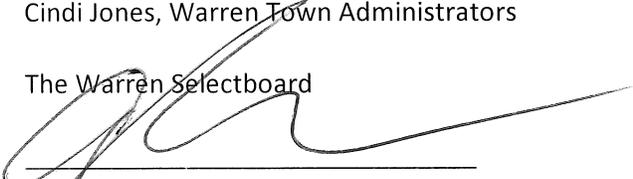
**8:03 PM – Approval of Accounts Payable Warrants** – Motion by Mr. Youmell to approve the accounts payable warrants as presented for \$69,163.09, seconded by Ms. Behn. All in Favor: VOTE: 4-0.

**8:05 PM – Approval of Minutes for July 27, 2021** – Motion by Mr. Youmell to approve the Minutes of July 27, 2021, seconded by Ms. Klein Corrigan. All in Favor: VOTE: 4-0.

**8:10 PM** -Motion by Mr. Youmell to adjourn, seconded by Ms. Klein Corrigan. All in Favor: VOTE: 4-0.

Minutes Respectfully Submitted,  
Cindi Jones, Warren Town Administrators

The Warren Selectboard

  
\_\_\_\_\_  
Andrew Cunningham, Chair

  
\_\_\_\_\_  
Luke Youmell, Vice Chair

  
\_\_\_\_\_  
Bob Ackland

  
\_\_\_\_\_  
Camilla Behn

  
\_\_\_\_\_  
Devin Klein Corrigan

June 26, 2021

Proposal to Town  
From: Warren Conservation Commission

### Treatment of Knotweed Contaminated Gravel: Test Run

A load of contaminated gravel has been taken to the Town gravel pit as it was just too full of knotweed to responsibly spread around. This will be a great opportunity to try and decontaminate it. I think we have two ideas that are worth trying and won't pose a risk of spreading the knotweed.

The current pile, 20 ft high sites isolate on the east side of the pit. The following two treatments could be carried out simultaneously by the Town Road Crew with a little help from our Knotweed Interns.

**Test 1: Drying the gravel:** Drying out knotweed, even the roots is an effective way of killing the plant parts and rendering it harmless. In a normal summer with many drying days available well into Sept. we think there is a chance this could be done in one season.

Process: On a flat surface (adjacent to the current pile) make a windrow of dirt about 2 ft high and 2 ft wide. (As long as is manageable in the space) Every two to three weeks roll the windrow over, continue this exercise until the end of the season.

Re-pile the gravel for storage over the winter and inspect in the spring.

**Test 2: Smothering:** Cover the remaining pile with black plastic, completely. Cover should not allow any light. The knotweed will seek out light where ever it is visible up to 10 feet from the plant body (root ball) The shoots will emerge from the edges of the plastic. Every 4 weeks the plastic will be rolled back 4 to 8 ft, and all stalks removed manually. Smothering kills knotweed after a number of years. Attached is the smothering recommendation from the New Hampshire Dept of Agriculture. They recommend 5 years if the site is to be replanted. In the case of decontamination of gravel I would expect it to be substantially less.

Timing:  
Windrowing can be done immediately.

Smothering will need to wait until we have procured large pieces of heavy black plastic.

## COVID-19 Report for August 10, 2021

Total Cases: 25,663

Cases statewide in the last 14 days: 903 which averages out to 452 a week

Breakthrough Cases Total: **360** since Jan. of 2021 as of 7/24

Breakthrough Cases per Week: **56** for the week of 7/18-24

Currently Hospitalized: 24 with 9 in the ICU

Recent Cases in Washington County in the last 14 days: 83

Total Cases in Washington County since the beginning: 2,017

Breakthrough Cases: 360, 2% of cases since 1/2021 have been among Fully-vaccinated Vermonters

Deaths: 263

Total People Tested: 420,732

Total Tests: 1,801,640

Tested in the last 14 days: 32,315

Total Completely Vaccinated: 430,690 up nearly 4,300 in 2 weeks

Total Vaccinated: 465,900

Overall Progress w/ at least One Dose: 12+ is 84.6%

Washington County Progress w/ at least One Dose: 84.8% up nearly .8% from 2 weeks ago

Vaccine Doses Received: 948,900 up 10,800 from 2 weeks ago

### Regional Numbers

- NY has 2,178,000 cases an increase of 39,000 cases
- MA has 726,000 cases an increase of 10,000 cases
- NH has 101,600 cases an increase of 1,300 cases
- Maine has 71,300 cases an increase of 1,400 cases

### Regional Vaccination Numbers as of 8.9.21 18+ Population

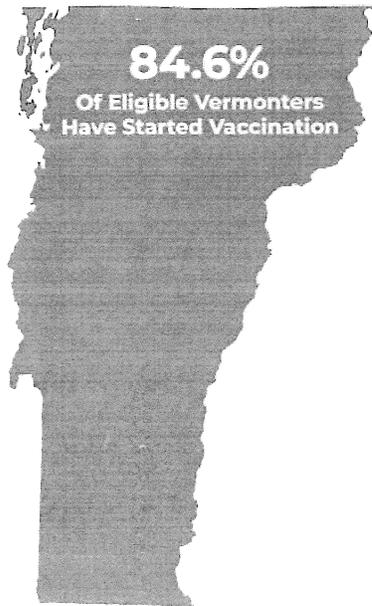
- NY
  - Fully Vaccinated: 11,240,000
  - % of Population fully vaccinated: 57.4%
- MA
  - Fully Vaccinated: 4,437,000
  - % of Population fully vaccinated: 64.9%
- NH
  - Fully Vaccinated: 797,000
  - % of Population fully vaccinated: 59.1%
- ME
  - Fully Vaccinated: 863,000
  - % of Population fully vaccinated: 64.6%



## Update on outbreaks and clusters as of July 28, 2021

- 8 Active outbreaks, 8 Primary and 0 Secondary, 508 outbreaks have been resolved.

## Governors, CDC and SEOC Updates



## Vermont Vaccination

**+2,763**

Since Last Week

**465,912**

Vermonters with  
at Least 1 Dose

**85,038**

Eligible Vermonters  
still to be vaccinated

Source: CDC—August 9, 2021 (with DFR reconciliation)

## Testing

- Testing continues to happen throughout the state.
- Testing continues to be offered almost daily in Waterbury, Middlebury and Berlin. Locations can be found at the [VT Dept of Health Testing site](#).

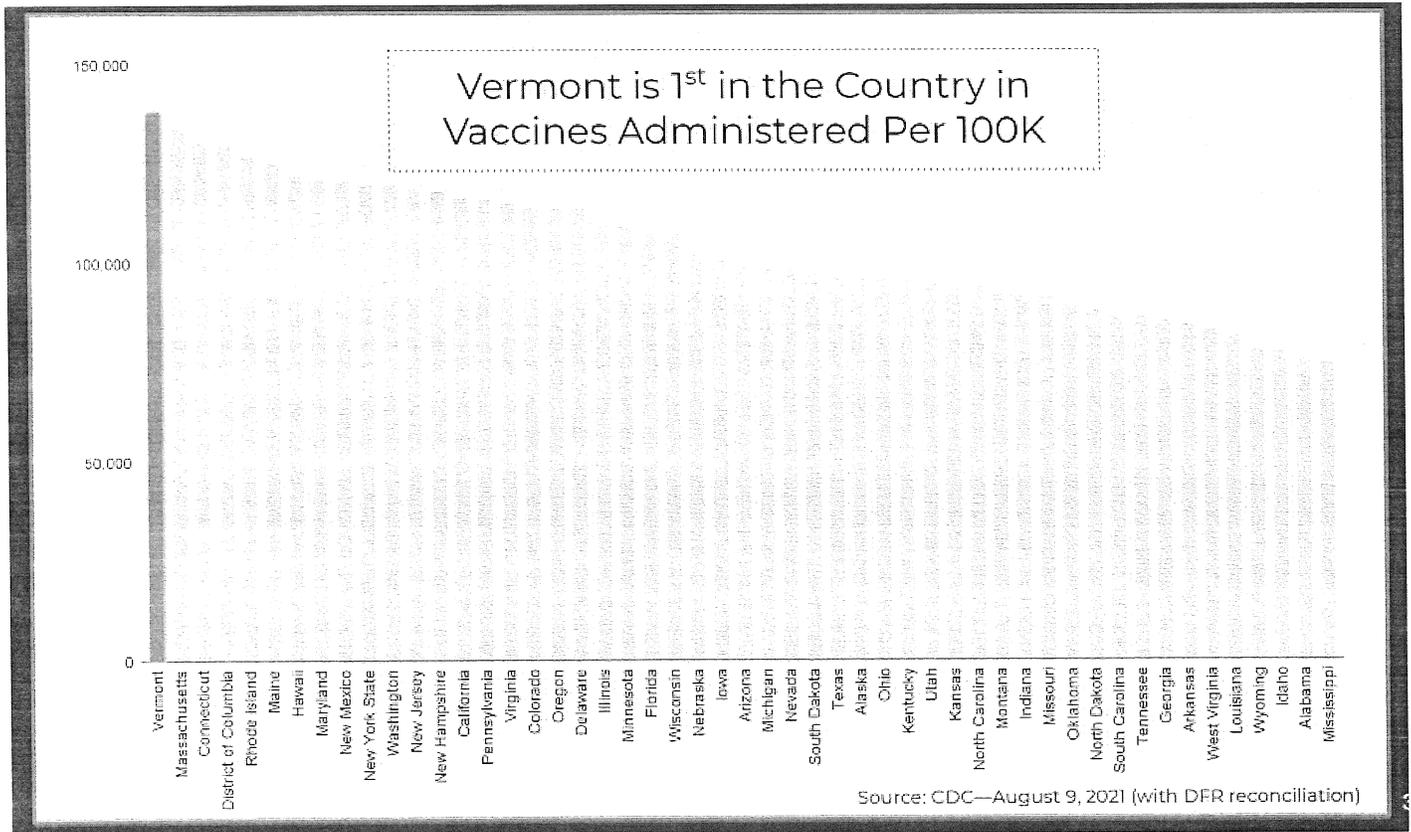
## Vaccination Planning

- Walk-in Clinics continue to be available daily, locations can be found on the [VT Dept of Health site](#).
- 8/12 & 19 Waterbury Farmers Market 4-7 J & J
- 8/13 & 14 Farr's Field Waterbury 10-5 J & J
- 8/21 Lawson's 11-6 J & J
- More than 189,000,000 have received 1 doses so far nationwide, 163,000,000 have received 2 doses
- 58.8% have one dose Nationwide and 50.2% are fully vaccinated
- Nearly 395,000,000 doses have been distributed nationwide
- Over 4.4 Billion doses have been administered worldwide, 38.6 million daily
- 30% have at least one dose and 15.5% have been fully vaccinated worldwide

# Vermont CDC Vaccine Scorecard

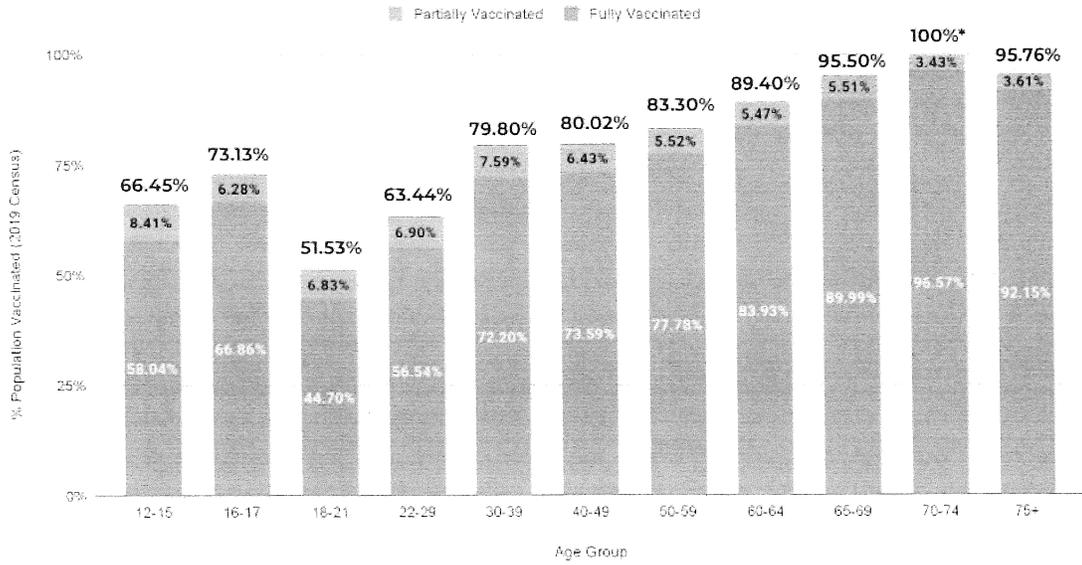
Metric	Figure	State Ranking
Doses Administered per 100K	138,071	1
% At Least 1 Dose (Eligible)	84.6%	1
% Fully Vaccinated (Eligible Population)	75.4%	1
% At Least 1 Dose (Full Population)	74.7%	1
% Fully Vaccinated (Full Population)	66.6%	1
Doses Administered 65+ per 100K	203,592	1

Source: CDC—August 9, 2021 (with DFR reconciliation)



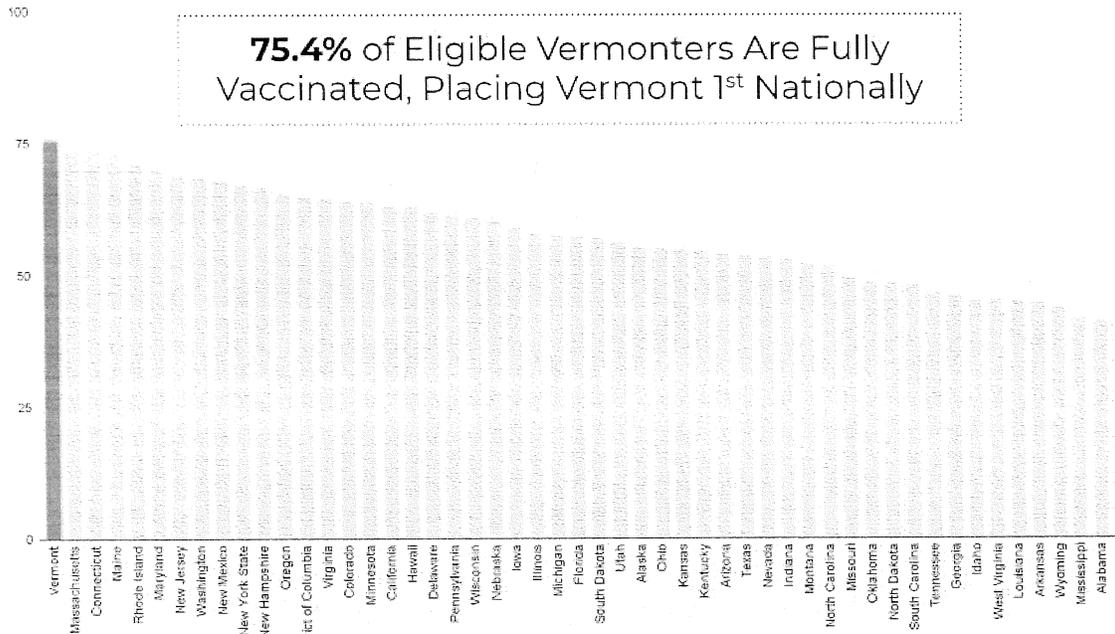
## Vermont Vaccination Progress

By Age Band



Source: Vermont Dept. of Health—August 10, 2021; \*based on 2019 census estimates, population denominator believed to have expanded 2020-2021

**75.4% of Eligible Vermonters Are Fully Vaccinated, Placing Vermont 1<sup>st</sup> Nationally**



Source: CDC—August 9, 2021 (with DFR reconciliation)

Vermont Vaccination Data

Blue headers indicate CDC data  
Gray headers indicate Vermont data

Summary

By Age, Sex, Race, Ethnicity

Vaccination by County Age 12+

The percent of the county population age 12+ that has received at least one dose of the vaccine

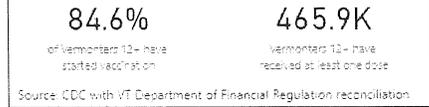
Show Rates By: County Race/Ethnicity Ethnicity

County	Overall progress
Addison	83.1%
Bennington	79.8%
Caledonia	74.7%
Chittenden	86.1%
Essex	59.2%
Franklin	74.6%
Grand Isle	86.3%
Lamoille	86.8%
Orange	74.3%
Orleans	71.0%
Rutland	79.4%
Washington	84.8%
Windham	77.9%
Windsor	76.5%



See data notes for more information about COVID-19 immunizations provided in New Hampshire.

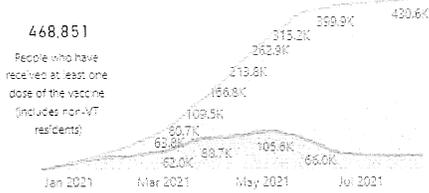
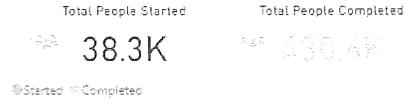
Vermont Forward



Vaccine Distribution



Total People Vaccinated



Updated 8/10/2021 8:38:30 AM

Vermont Vaccination Data

Select County

All

Summary

By Age, Sex, Race, Ethnicity

By Age - Statewide

The percent of the statewide population of each age group that has received at least one dose of the vaccine

Age	%
12 - 15	66.5%
16 - 17	73.1%
18 - 29	56.7%
30 - 39	78.8%
40 - 49	80.0%
50 - 59	83.3%
60 - 64	89.4%
65 - 69	95.5%
70 - 74	99.8%
75+	95.8%
<b>VT Age 12+</b>	<b>80.4%</b>

Statewide numbers and percentages are capped at 100%. County numbers and percentages are capped at 95%. Values above 95% are suppressed to protect personal health information. See notes below for more information.

By Race - Statewide

The percent of the statewide population age 12+ of each race that has received at least one dose of the vaccine

Race	%
Asian	72.8%
Black or African American	69.4%
Native American, Indigenous, or First Nation	29.2%
Pacific Islander	24.6%
Two or more races	64.9%
White	78.2%
<b>VT Age 12+</b>	<b>77.5%</b>

Race information is not reported for 4% of people vaccinated.

By Ethnicity - Statewide

The percent of the statewide population age 12+ of each ethnicity that has received at least one dose of the vaccine

Ethnicity	%
Hispanic	91.5%
Not Hispanic	75.4%
<b>VT Age 12+</b>	<b>75.7%</b>

Ethnicity information is not reported for 6% of people vaccinated.

By Race/Ethnicity and Age - Statewide

The percent of the statewide population age 12+ of each race/ethnicity that has received at least one dose of the vaccine

Race*	12-30	31-64	65+	Age 12+
BIPOC	63.6%	78.1%	87.3%	72.6%
Non-Hispanic White	37.2%	76.9%	93.7%	75.7%
<b>Vermont</b>	<b>57.9%</b>	<b>77.0%</b>	<b>93.5%</b>	<b>75.5%</b>

Race/ethnicity information is not reported for 6% of people vaccinated.

BIPOC refers to Black, Indigenous, and people of color.

By Sex - Statewide

The percent of the statewide population age 12+ of each sex that has received at least one dose of the vaccine

Sex	%
Female	82.6%
Male	77.9%
<b>VT Age 12+</b>	<b>80.3%</b>

Sex information is not reported for 509 people vaccinated.

Updated 8/10/2021 8:38:30 AM

# Delta variant: 8 things you should know about this COVID-19 strain

UC Davis Health

## 1. Delta variant is highly contagious

As of July 22, nearly 80% of UC Davis Health patients who tested positive for COVID-19 had the Delta variant. According to the CDC during the same week, the Delta variant accounted for more than 80% of new cases in the U.S. Health experts say it's typical for a new strain of a virus to be more contagious because it often becomes much more efficient and easily transmitted.

## 2. Delta variant symptoms are the same

The symptoms of the Delta variant appear to be the same as the original version of COVID-19. However, physicians are seeing people getting sicker quicker, especially for younger people. Recent research found that the Delta variant grows more rapidly – and to much greater levels – in the respiratory tract.

Typically, vaccinated people are either asymptomatic or have very mild symptoms if they contract the Delta variant. Their symptoms are more like those of a common cold, such as cough, fever or headache, with the addition of significant loss of smell.

## 3. Delta variant is affecting unvaccinated people more

Most patients hospitalized at UC Davis Medical Center are people who have not received the COVID-19 vaccine. Nationally, 97% of patients hospitalized with COVID-19 are unvaccinated, as of July 22. Vaccines are highly effective at preventing COVID-19 infection and are also effective in fighting against the Delta variant.

In California and across the U.S., data shows that areas with lower vaccination rates tend to have higher COVID-19 infection rates. Health experts urge that COVID-19 vaccines work to prevent severe disease, which may be fatal.

## 4. Breakthrough cases for vaccinated people are rare, but do happen

When a vaccinated person tests positive for COVID-19, most either have no symptoms or have very mild symptoms, and it rarely results in hospitalization or death. Their symptoms are more like those of a common cold, such as cough, fever or headache, with the addition of significant loss of smell.

As of July 22, there were 65,000 breakthrough cases (or people who are vaccinated but got COVID-19) among the 160 million people who are fully vaccinated. That's 0.04% of vaccinated people reporting breakthrough cases. No vaccine is 100% effective. With the COVID-19 vaccines averaging about 90% efficacy, health experts expect about 10% of those vaccinated could be infected.

## 5. Delta variant could be catastrophic in some communities

In communities with lower vaccination rates, particularly rural areas with limited access to care, the Delta variant could be even more damaging. This is already being seen around the world in poorer countries where the COVID-19 vaccine isn't as accessible. Health experts say the impact could be felt for decades to come.

## 6. Many unvaccinated patients with COVID-19 wish they had gotten the vaccine

UC Davis Health physicians have noted that a number of younger patients, when they come in with critical illness, say that they wish they would have gotten the COVID-19 vaccine. Many patients have told their physicians, "Why did I not get the vaccine?" or "Why did I not listen?"

## **7. Some experts are recommending to wear masks, even if you're fully vaccinated**

Many health experts across the country are wearing masks themselves even though they're fully vaccinated against COVID-19. They're also advising vaccinated people to avoid large gatherings and mask up indoors where the vaccination status of other people is unknown.

## **8. More COVID-19 variants are likely to come**

The Delta variant is currently the most prominent strain of COVID-19, but the Lambda variant out of South America is also emerging. Health experts urge that if people want to get back to normal, a significant portion of the population needs to be vaccinated. As long as a chunk of people across the world are unvaccinated, new strains of the virus will continue to develop and cause problems.

## **From the CDC:**

The Delta variant is more contagious: The Delta variant is highly contagious, nearly twice as contagious as previous variants.

Some data suggest the Delta variant might cause more severe illness than previous strains in unvaccinated persons. In two different studies from Canada and Scotland, patients infected with the Delta variant were more likely to be hospitalized than patients infected with Alpha or the original virus strains.

Unvaccinated people remain the greatest concern: Although breakthrough infections happen much less often than infections in unvaccinated people, individuals infected with the Delta variant, including fully vaccinated people with symptomatic breakthrough infections, can transmit it to others. CDC is continuing to assess data on whether fully vaccinated people with asymptomatic breakthrough infections can transmit. However, the greatest risk of transmission is among unvaccinated people who are much more likely to contract, and therefore transmit the virus.

Fully vaccinated people with Delta variant breakthrough infections can spread the virus to others. However, vaccinated people appear to be infectious for a shorter period: Previous variants typically produced less virus in the body of infected fully vaccinated people (breakthrough infections) than in unvaccinated people. In contrast, the Delta variant seems to produce the same high amount of virus in both unvaccinated and fully vaccinated people. However, like other variants, the amount of virus produced by Delta breakthrough infections in fully vaccinated people also goes down faster than infections in unvaccinated people. This means fully vaccinated people are likely infectious for less time than unvaccinated people.