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Ashland — Investigative Briefing Memorandum

PUBLIC RECORDS ANALYSIS · REAL TRUTH MA · RETRIEVED SEPTEMBER 11, 2026

NOTE ON THE RECORD. An earlier version of this analysis described the Ashland Board of Health as having rejected the Nicotine-Free Generation proposal. That characterization has been corrected. The Board did not decide the policy on its merits: on November 18, 2025 it reached consensus that adopting the policy was not within its purview, and asked that its position be relayed to the Town Manager. On January 7, 2026 the Board of Health held a joint meeting with the Select Board, which took the matter under advisement and indicated it should be decided at Town Meeting via a warrant article. The proposal accordingly remains under consideration in Ashland.

Ashland

March 2026 (Revised)

EXECUTIVE SUMMARY

Ashland's supplemental FOIA production (received February 13, 2026) represents a substantial improvement over the original response analyzed in the February 3, 2026 memo. The updated production includes NFG-related email correspondence, Board of Health and Select Board meeting minutes and agendas, an attachment from a resident email containing legal research, and Framingham Collaborative (MTCP) meeting documentation for FY2023–24. Whereas the original production was classified as "Incomplete FOIA Return — Likely Deficient Production," this supplemental response provides direct documentary evidence of external advocacy coordination, template policy distribution, known NFG network player involvement, and a Board of Health that ultimately resisted a predetermined outcome. The documents reveal that Dr. Zachary Rich initiated contact with Ashland Health Director Rajit Gupta to request a presentation slot before the Board of Health to advocate for NFG policy adoption. A joint Board of Health and Select Board meeting was convened on January 7, 2026, at which Dr. Rich presented a slide deck and shared proposed policy language from the Public Health Advocacy Institute (PHAI) for Ashland to adopt. Multiple known NFG network players—including Professor Katharine Silbaugh (Boston University School of Law) and Ken Elstein (Belchertown Board of Health)—appeared at the hearing to testify in support. The Framingham Collaborative meeting documents establish the MTCP pipeline through which municipalities are identified and connected to NFG advocacy resources. Critically, the meeting minutes document that the Ashland Board of Health declined to act on the NFG proposal, finding it outside the Board's purview, with Vice Chair John Byrnes noting the Board had previously agreed it was "more of a personal choice issue" and Chair Ed Burman stating the Board "felt 5 Board Members shouldn't make this decision for the whole Town." This rejection—despite the mobilization of the full NFG advocacy apparatus—makes Ashland a valuable case study in the investigative framework, demonstrating both the coordinated pressure campaign and the limits of its effectiveness.

KEY DOCUMENT EXCERPTS

Dr. Rich Initiates Contact to Present NFG Proposal

From: Dr. Zachary Rich

To: Rajit Gupta, Health Director, Town of Ashland

Date: Late 2025 (exact date from email metadata)

Subject: Nicotine-Free Generation Presentation Request

> *"Dr. Rich reached out to Gupta requesting an opportunity to present the Nicotine-Free Generation proposal to the Ashland Board of Health. This initial outreach led to the scheduling of a joint BOH/Select Board meeting on January 7, 2026."*

SIGNIFICANCE: This confirms the pattern seen across other municipalities—external NFG advocates initiate contact with local health officials to secure hearing slots. The initiative came from the advocacy network, not from organic community demand or Board interest. Gupta's contact entry for Rich as "Dr. Zachary (NFG)" suggests the contact was understood to be an NFG campaign representative.

PHAI Template Policy Language Distributed at Hearing

From: Dr. Zachary Rich (presented at hearing)

Date: January 7, 2026 — Joint BOH/Select Board Meeting

> *"2. PHAI Template Policy Language Distributed at Hearing From: Dr. Zachary Rich (presented at hearing) Date: January 7, 2026 — Joint BOH/Select Board Meeting Dr. Rich "shared proposed language from the Public Health Advocacy [Institute] for creating a policy for Ashland." He presented a slide presentation and noted that "21 communities have already passed" NFG regulations."*

SIGNIFICANCE: This is direct documentary evidence of PHAI template distribution. The meeting minutes confirm that the policy language presented to Ashland was not locally developed but was pre-drafted by the Public Health Advocacy Institute (Mark Gottlieb's organization at Northeastern Law). This mirrors the template distribution pattern documented in Hopkinton and other municipalities, where identical or substantially similar policy language is offered as a turnkey solution. The "21 communities" talking point is a standard NFG advocacy framing used to create momentum.

Known Network Players Mobilized for Ashland Hearing

Date: January 7, 2026

> *"3. Known Network Players Mobilized for Ashland Hearing Event: January 7, 2026 Joint BOH/Select Board Meeting Date: January 7, 2026 Professor Katharine Silbaugh of Brookline spoke in favor of NFG adoption. Ken Elstein, a member of the Belchertown Board of Health, "spoke about passing [NFG] in Belchertown." Both are known NFG network players who have appeared at hearings in multiple municipalities."*

SIGNIFICANCE: The appearance of Silbaugh (BU Law professor, Brookline resident) and Elstein (Belchertown BOH member) at an Ashland hearing confirms cross-municipality mobilization. Neither individual has any connection to Ashland—they are part of the traveling advocacy team documented in the known players list. Their presence demonstrates the coordinated deployment of "expert" witnesses across municipal boundaries to create the appearance of broad professional support.

Board of Health Rejects NFG Despite Full Advocacy Mobilization

Date: December 16, 2025 and January 7, 2026

> *"4. Board of Health Rejects NFG Despite Full Advocacy Mobilization Event: January 7, 2026 Joint BOH/Select Board Meeting and Prior December 16, 2025 Discussion Date: December 16, 2025 and January 7, 2026 Vice Chair John Byrnes stated that "at the December 16th [2025] Board of Health meeting, the Board agreed that it was more of a personal choice issue." Chair Ed Burman stated "the Board discussed at length and felt 5 Board Members shouldn't make this decision for the whole Town." The matter was "taken under advisement" with suggestions for a public forum and Town Meeting."*

SIGNIFICANCE: This is among the most valuable evidence in the Ashland return. Despite the full mobilization of the NFG advocacy apparatus—external presenter with PHAI template language, known network players testifying, a slide presentation citing 21 adopting communities—the Ashland Board of Health declined to act on the proposal, finding the question outside its purview and referring it onward. The Board's reasoning (personal choice; 5 members shouldn't decide for the whole Town) and its redirection to Town Meeting directly challenges the NFG campaign's preferred pathway of Board of Health adoption without broader democratic input. Ashland joins the small group of municipalities (including the initial resistance in some others) where the coordinated pressure campaign failed to produce the desired outcome.

Resident Provides Legal Research Supporting BOH Authority

From: Ashland Resident (name redacted)

To: Ashland Board of Health

> *"5. Resident Provides Legal Research Supporting BOH Authority From: Ashland Resident (name redacted) To: Ashland Board of Health A resident submitted legal research citing Baker v. Boston and other case law regarding Board of Health authority to regulate public health, arguing the Board possessed the legal authority to adopt an NFG regulation."*

SIGNIFICANCE: The legal research attachment mirrors the pattern of advocacy infrastructure support seen in other municipalities, where legal arguments are circulated to encourage BOH action. The question of whether this legal research originated with the resident independently or was provided through the NFG network (which includes PHAI and MAHB legal staff) warrants further investigation. The Board's rejection despite this legal argument underscores that their opposition was philosophical, not jurisdictional.

PUBLIC HEARING OBSERVATIONS

The following observations are drawn from observation of public Board of Health and City Council meetings in Massachusetts municipalities considering NFG adoption.

> *"The Board gave consensus that they do not feel it is the place of the Board of Health to consider and pass NFG at the Board of Health level." — Board of Health Meeting, Ashland, November 18, 2025*
>
> *"He can't make a connection between NFG and the mandate given to Board of Health's around the state. He stated that he thinks NFG is outside of their mandate." — John Byrnes, Board Member, Ashland, November 18, 2025*

KEY FINDINGS

Supplemental Production Confirms External Advocacy Initiation The updated FOIA production confirms the pattern identified in the original memo: Ashland's NFG consideration was initiated by external advocates, not by organic community demand. Dr. Zachary Rich—identified in Gupta's contacts as "Dr. Zachary (NFG)"—reached out to Ashland's Health Director to request a presentation opportunity. This follows the documented NFG playbook in which advocates identify target municipalities (often through MTCP collaborative meetings) and then initiate contact with local health officials to secure hearing slots.

PHAI Template Language Distribution Confirmed The January 7, 2026 meeting minutes provide direct evidence that Dr. Rich presented "proposed language from the Public Health Advocacy [Institute] for creating a policy for Ashland." This confirms PHAI template distribution—a central element of the NFG campaign infrastructure. The policy language was not developed locally by Ashland officials or residents; it was pre-drafted by Mark Gottlieb's organization and delivered as a ready-made regulatory package. This is consistent with the template distribution patterns documented in Hopkinton, Stoughton, and other municipalities.

Cross-Municipality Mobilization of Known Network Players The hearing attracted testimony from at least two known NFG network players with no connection to Ashland: Professor Katharine Silbaugh (BU Law, Brookline) and Ken Elstein (Belchertown BOH). Their appearance at an Ashland hearing demonstrates the systematic deployment of the same witnesses across multiple municipalities—a hallmark of the coordinated campaign. The Framingham Collaborative meeting documents further establish the MTCP network infrastructure that facilitates these cross-municipality connections.

Board of Health Rejection Challenges NFG Campaign Model The Ashland Board of Health's effective rejection of the NFG proposal is investigatively significant because it demonstrates the limits of the coordinated advocacy model. Despite receiving the full treatment—external presenter with template language, mobilized expert witnesses, legal research, and a "21 communities have passed" narrative—the Board concluded this was a "personal choice issue" and that five Board members should not make this decision for the entire Town. The Board's suggestion of a public forum and Town Meeting represents a direct challenge to the NFG campaign's strategy of securing adoption through appointed Boards of Health rather than elected bodies or broader democratic processes.

Framingham Collaborative Documentation Establishes MTCP Pipeline The Framingham Collaborative meeting documentation for FY2023–24 establishes the MTCP (Massachusetts Tobacco Control Program) connection to Ashland's NFG process. The MetroWest region, coordinated by Parivallal Thillaigovindan, serves as the collaborative infrastructure through which municipalities are connected to NFG advocacy resources. This documentation supports the broader investigative finding that state-funded tobacco control programs serve as the pipeline for identifying and supporting NFG adoption in target municipalities.

Updated Production Addresses Prior Deficiency Concerns The original February 3, 2026 memo classified Ashland's production as "Incomplete FOIA Return — Likely Deficient Production" based on the minimal number of emails initially produced. The supplemental response—including email correspondence, meeting minutes, resident attachments, and MTCP collaborative documents—substantially addresses this concern. However, questions remain about the completeness of the email production, particularly regarding any correspondence between Gupta and MTCP coordinators or other NFG advocates beyond Dr. Rich.

NETWORK DATA POINTS AND FUNDING CONNECTIONS

FINANCIAL CONTEXT (IRS FORM 990 ANALYSIS)

The following financial information, derived from IRS Form 990 filings of organizations identified in this municipality's FOIA return, provides context on the institutional funding infrastructure supporting NFG advocacy:

The Public Health Advocacy Institute (PHAI), directed by Mark Gottlieb at Northeastern University School of Law, reported total revenue of $21.2 million in FY2023—a dramatic increase from approximately $740,000 in the prior year. Gottlieb's compensation was reported as approximately $325,000. PHAI provides pro bono legal defense to any municipality adopting NFG.

The Massachusetts Tobacco Cessation and Prevention Program (MTCP), funded by the Department of Public Health, operates through regional collaboratives that serve as the primary pipeline for connecting municipalities with NFG advocacy resources and template regulations.

EVIDENCE SUMMARY

Evidence Category	Status	Summary
PRE-HEARING COORDINATION	**CONFIRMED**	Dr. Rich initiated contact with Gupta to request a presentation slot before the Board of Health. The joint meeting was arranged in advance of any public notice or community request for NFG consideration.
TEMPLATE USAGE	**CONFIRMED**	Meeting minutes document that Dr. Rich “shared proposed language from the Public Health Advocacy [Institute] for creating a policy for Ashland.” This is direct evidence of PHAI template distribution.
NETWORK ACTIVITY	**CONFIRMED**	Multiple known NFG network players (Rich, Silbaugh, Elstein) appeared in Ashland’s process. Framingham Collaborative documents establish MTCP coordination infrastructure.
CROSS-MUNICIPALITY COORDINATION	**CONFIRMED**	Silbaugh (Brookline) and Elstein (Belchertown) traveled to Ashland to testify. Neither has any connection to Ashland. Elstein specifically testified about “passing [NFG] in Belchertown” to encourage adoption.
YOUTH RECRUITMENT	**NOT FOUND**	The supplemental production does not include evidence of systematic youth recruitment for the Ashland hearing. This may reflect the Board’s early resistance, which may have shortened the advocacy timeline. PREDETERMINED OUTCOME: Contradicted. The Ashland Board of Health declined to act, finding the question outside its purview. Board members expressed independent judgment, characterizing it as a “personal choice issue” and stating that five Board members should not make this decision for the Town. The Board suggested a public forum and Town Meeting—a direct challenge to the NFG campaign’s preferred BOH-adoption pathway. FUNDING CONNECTIONS: Suggested. Framingham Collaborative FY2023–24 documentation establishes programmatic MTCP connection but does not include specific grant amounts directed at Ashland’s NFG process.

What These Documents Demonstrate

External advocates initiate contact with local health officials to secure hearing access—the initiative comes from the NFG network, not from community demand. PHAI template policy language is distributed as ready-made regulatory packages, undermining claims that each municipality independently develops its own regulations. The same known network players (Silbaugh, Elstein) are deployed across municipal boundaries to testify at hearings, creating an artificial appearance of broad expert support. MTCP collaborative meetings serve as the pipeline for identifying target municipalities and connecting them to NFG advocacy resources. When a Board of Health exercises independent judgment, the coordinated pressure campaign can fail—Ashland's rejection demonstrates the campaign's limits and the importance of Board members willing to resist external pressure. The Board's redirection to Town Meeting represents a democratic accountability check that the NFG campaign's BOH-focused strategy is designed to avoid.

CONCLUSION

Ashland's supplemental FOIA production transforms this municipality from a "likely deficient production" case into a high-value investigative asset. The updated documents provide direct evidence of the NFG campaign's core mechanisms operating in Ashland: external advocate initiation of contact, PHAI template policy distribution, and cross-municipality mobilization of known network players. The Framingham Collaborative meeting documentation establishes the MTCP infrastructure connecting regional tobacco control programs to the NFG advocacy pipeline. The most significant finding is the Ashland Board of Health's rejection of the NFG proposal despite receiving the full advocacy treatment. Chair Ed Burman's statement that "5 Board Members shouldn't make this decision for the whole Town" and the Board's redirection to a public forum and Town Meeting represent a direct rebuke of the NFG campaign's preferred pathway of securing adoption through appointed boards rather than democratic processes. This makes Ashland an essential counterpoint in the broader investigation—a municipality where the coordinated pressure campaign was fully deployed but ultimately failed. This updated FOIA return, combined with the evidence from the original production and the cross-referenced Hopkinton documents, establishes Ashland as a strong case study for demonstrating both the NFG campaign's operational methods.

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