



CITY OF SOMERVILLE, MASSACHUSETTS CLERK OF COMMITTEES

April 27, 2020

REPORT OF THE PUBLIC HEALTH AND PUBLIC SAFETY COMMITTEE MEETING AS A COMMITTEE OF THE WHOLE

Attendee Name	Title	Status	Arrived
Lance L. Davis	Chair	Present	
Jesse Clingan	Vice Chair	Present	
Matthew McLaughlin	Ward One City Councilor	Present	
Jefferson Thomas ("J.T.") Scott	Ward Two City Councilor	Present	
Ben Ewen-Campen	Ward Three City Councilor	Present	
Mark Niedergang	Ward Five City Councilor	Present	
Katjana Ballantyne	Ward Seven City Councilor	Present	
Stephanie Hirsch	City Councilor At Large	Present	
Wilfred N. Mbah	City Councilor at Large	Present	
Mary Jo Rossetti	City Councilor at Large	Present	
William A. White Jr.	City Councilor At Large	Present	

The meeting was held via GoToWebinar and was called to order by Chair Davis at 6:02pm and adjourned at 8:05pm.

Others present: Annie Connor - Mayor's Office; Khushbu Webber - Mayor's Office; Doug Kress - HHS; Kristen Stelljes - SomerStat; Christine Koh – SomerStat

209798: That the Director of Health and Human Services appear before this Council with an update on measures to reduce the spread of the coronavirus and to support anyone who may become infected.

Ms. Koh began with an update of COVID-19 case trends and local data. Some key dates include that earlier today, the City issued an order requiring face coverings in public spaces, to begin on April 29, and on April 24 applications opened for the Somerville Small Business COVID-19 Relief Fund (www.somervillema.gov/BizRelief).

Globally, both total cases and deaths have increased by over 20% in the last week. The United States has seen a similar increase in total cases, with fatalities increasing by closer to 30%. Massachusetts has the fourth highest number of total cases, and ranks third in cases by population. The state has almost 55,000 total cases and 2,900 fatalities. The Department of Public Health (DPH) adjusted case numbers on April 24 to account for a reporting backlog from a testing company. The number of tests performed is increasing weekly.

The city and town level data has only been reported for the previous two weeks, and only reflects reported positive cases and may not show the total prevalence of COVID-19 within a community. Somerville's case rate per 100,000 residents increased from 365.83 on April 14 to 542.21 on April 22. Some surge models show that the state is likely past its peak resource use. As of 10:20am today (4/27) 532 residents have tested positive, which represents 72 new cases since April 21; 182 residents have recovered; and there have been 6 fatalities.

The Somerville Public Schools meal kits have served approximately 25,000 meals. Weekly totals have decreased from previous weeks, with demand still strongest on Fridays. Shape Up Pantry has relocated to the Kennedy School for additional capacity, and has served 874 households (181 since last week).

The public safety snapshot highlights domestic disturbances. Ms. Koh Emphasized that calls for service reflect initial unverified calls, and do not reflect whether a crime was committed. Domestic Disturbance calls spiked in April, 2020 (to-date). The past four weeks (3/29 - 4/25) total was 43% higher than the prior 4 weeks. Reports of Domestic Aggravated or Simple Assault increased from 6 incidents to 13 in the same four-week periods. However, 13 reports is the annual average and 6 is the lowest four-week total of the year. For the Fire Department, last week (4/19-4/25) saw 44 COVID-19 related medical calls (responses which require PPE and additional safety protocols), which was the highest number of COVID-19 medical calls in a week.

Councilor White asked whether the fatalities were in individuals with co-morbidities and asked what age range they were in, and Mr. Kress confirmed all were above 60 years old and did also have other underlying health issues. He clarified further that the address given at the time of testing is what is counted in this data. If students have a permanent address elsewhere, they may not be included in these counts. Councilor Ballantyne asked for further information about the domestic violence incidents for the previous three years for comparison. Ms. Koh will forward the request to the crime analyst. Councilor Hirsch asked if there was insight into deaths as a percentage of cases, and Ms. Koh noted that both the cases and fatalities are relatively low and the sample is too small to draw any significant conclusions, and added that the Police Department is monitoring deaths in homes to determine if there are others that may be related to COVID-19 that have not been otherwise reported. Councilor Mbah asked about how the curve has been flattened, and Ms. Koh elaborated that there is not enough information to definitively draw any conclusions yet, and emphasized that the models were related to the peak of resources rather than the peak of total cases, but the decrease of new cases in the past week is a positive sign. Mr. Kress stressed further that there is not universal testing, and many people may be infected and asymptomatic. The modeling uses the best data available, but it is far from perfect.

Mr. Kress shared an update on Mt. Pleasant, and the results are beginning to come back and the department is reaching out to residents as quickly as the results are coming in to provide updates on status. In partnership with Cambridge Health Alliance (CHA), 3,500 tests have been made available and testing began today for all Somerville residents, regardless of symptoms, immigration status, or insurance. Councilor Clingan clarified that proof of Somerville residency will be required. Ms. Connor added that anyone with concerns about documentation should reach out to SomerVIVA or the Mayor's office, as documentation should not be a barrier to testing. The goal is to better understand the spread of the virus within the community. The testing is currently taking place by appointment, which can be made by calling **617-665-2928**. This test is the swab testing, not the test for the antibody. It will take up to five days to receive results. Another partnership with Volunteers of America and Veterans was announced today, which is a monitoring system for vital signs such as heart rate, temperature, oxidation levels, and is non-invasive.

Further, the Chelsea-Revere Collaborative has assisted in securing hotel rooms for individuals who need to isolate. There is assistance getting individuals to the facility, healthcare through MGH and

meals will be provided. This is only for those who have tested positive and need a safe environment for isolation. The City will make the referral to the regional partnership. Finally, there is a new order mandating face coverings, which follows the CDC guidelines and underscores the importance of protecting others and ourselves while living in a dense community making social distancing difficult. Ms. Webber clarified that this was an executive order, rather than an ordinance.

Councilor Scott asked how many tests were administered each day. Mr. Kress shared that it is currently 65-75 and the CHA anticipates doubling that. There is also a goal to open a second site within a week or two to increase the number of tests that can be administered each day. Councilor Scott noted that this information should be shared through the City's COVID-19 page.

Ms. Webber clarified the language in the order, which states that anyone age 2 or older is required to wear a mask, noting that the administration appreciates the difficulty for small children, but the age is based on guidance provided by the CDC. There are no plans for strong enforcement action in these cases. Councilor Rossetti expressed appreciation for this important step in protecting the city's residents. Councilor Mbah encouraged a system to make masks available to those who do not have the means to acquire them, and also suggested that the information needs to be made available in multiple languages and communication directed toward those residents. He noted as well that demographic information about any fines that are issued for non-compliance should be tracked and shared. Ms. Webber noted that Police are carrying disposable masks for those who are members of vulnerable populations who need them. Due to the limited supply, there are not currently plans to distribute them to all residents. The goal of the order is to encourage voluntary compliance, rather than to focus on enforcement. The Police Department's resources should not be re-directed away from existing emergencies. The fine exists to allow for enforcement in the event of willful disregard of the order. The communication was translated into five languages, and shared through the liaisons to the immigrant populations, as well as through the usual channels of website, alerts, and social media. Chair Davis also asked if there would be tracking of Police's encounters related to the mask order, including if a citation is not issued, and further encouraged data tracking with demographic information. Ms. Webber will research what metrics will be captured. Councilor Ewen-Campen added that he has placed an order for a weekly update of the enforcement of the mask order.

Councilor Ballantyne asked for clarification of an executive order vs an ordinance and Ms. Connor elaborated that an executive order comes from the Mayor and in this case the Board of Health and is not reviewed and passed by the City Council, as an ordinance would be. Once an ordinance is passed, it remains in effect until changed. An executive order takes effect immediately, but only remains in effect for the duration of the state of emergency.

Councilor McLaughlin asked if there is peer reviewed data available for residents who want to better understand the science behind the order regarding masks. Mr. Kress noted that the City has been using the CDC's guidelines and recommendations. Councilor Niedergang mentioned that there has been a lot of feedback regarding the age at which masks must be worn and shared several messages encouraging the age to start at 5 or possibly older, as younger children lack the control to keep a mask on and it is unrealistic and creates more challenges for parents. Ms. Connor noted that the age came from the CDC guidelines on masks, and added that enforcement will account for the acknowledgement of this difficulty. Chair Davis added that the message that enforcement will not be taken for children may not be sufficient for members of particular communities, and encouraged a change to the language to account for these inequities. Ms. Connor will review and consider all of the feedback. Mr. Kress also commented that the goal of masks is to slow the spread of the virus, and children can still spread it. This action is being taken for public health reasons, and steps need to be taken to normalize wearing masks despite the challenges, much like with wearing seatbelts and bicycle helmets.

Councilor Hirsch asked if there are recommendations for socializing while social distancing, particularly as the weather gets nicer. Mr. Kress expressed understanding that social distancing is difficult, but implored everyone to maintain the momentum and continue the progress that has been made and discouraged gatherings, as it is too easy to become lax in distancing measures. He encouraged continuing to focus on ways to connect virtually. Councilor Hirsch also noted that there are efforts for residents to police others and it is causing tension among neighbors. Councilor Scott shared the concern that enforceability will embolden aggressive behavior, and could lead to a strain on police resources. He further noted that the CDC guidelines have been helpful, but the actions of cities can lead these guidelines, and it is worth conducting an independent investigation and researching what can be best for the city. Councilor Scott also asked Mr. Kress to work with CHA to explain the check-in procedure for testing (particularly for those without a state issued photo ID) and communicate it as much as possible, to truly encourage all residents to be tested.

Councilor McLaughlin asked if enforcement will be prioritized in particular areas by individuals other than police, such as grocery store managers. Ms. Webber will include this in the conversation on enforcement measures with the Police Department. Councilor McLaughlin also asked if there was a timeline around the phased rollout of testing and when it will be available for bikers and walkers. Mr. Kress noted that CHA is working to develop a structure to ensure safety ASAP, and a walk/bike-up facility is also being sought in East Somerville, with the hopes of having a location identified within a week.

Councilor Ballantyne wondered if there was any further consideration of the idea to open streets exclusively to pedestrians and cyclists. Ms. Connor noted that there were concerns about the messaging and of using public safety resources. Now that the stay-at-home order has been underway, there is more research around ways to share streets and actively working to find an approach that may work. Councilor Ballantyne asked as well about whether there are benchmarks developed to determine when measures will be relaxed. Ms. Connor noted that there is much discussion about what benchmarks to utilize to relax restrictions on movement, but none have been determined yet. Importantly, there will be a regional approach to determine what works for the area, and the best available data will be used to inform the decisions.

Councilor White asked about the enforcement for the mask order and whether there would be an appeal process for fines and what forms will be issued. Ms. Webber noted that the penalties are civil penalties, and would follow the traditional appeal process for any assessed fines. Councilor White suggested that there be a prioritization for enforcement, such as focusing on those working with food. Ms. Webber noted that Inspectional Services will be enforcing the order with respect to essential businesses and they are developing an enforcement plan to address safety and public health concerns.

RESULT:	KEPT IN COMMITTEE
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Handouts:

- 200427 Situation Update for City Council (with 209798)