



**CITY OF SOMERVILLE, MASSACHUSETTS  
CLERK OF COMMITTEES**

May 26, 2020

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

<b>Attendee Name</b>	<b>Title</b>	<b>Status</b>	<b>Arrived</b>
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	
Wilfred N. Mbah	City Councilor at Large	Present	
Mary Jo Rossetti	City Councilor at Large	Present	
Kristen Strezo	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 6:04pm and adjourned at 7:59pm.

Others present: Annie Connor - Mayor's Office; Khushbu Webber - Mayor's Office; Doug Kress - HHS; Kristen Stelljes - SomerStat; Brianna Noonan - SomerStat; George Proakis - OSPCD; Brad Rawson – OSPCD

**Approval of the May 4, 2020 Minutes**

<b>RESULT:</b>	<b>ACCEPTED</b>
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**Approval of the May 11, 2020 Minutes**

<b>RESULT:</b>	<b>ACCEPTED</b>
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**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. Noonan shared the weekly situation update, noting that some key dates since the previous meeting include: May 23, when the City announced a Shared Streets pilot along with other measures to facilitate social distancing; and May 21, the City set the official schedule for the first phase of reopening.

Somerville case data shows that as of 11:15 am on Monday, May 25, 858 residents tested positive, with 628 recovered and 23 fatalities. Since that time, there have been additional cases, and an additional 2 residents have died. The rate of cases by zip code indicates that 02145 consistently has the highest case counts and rates. Additional data shows that of the 23 deaths in the City, all were individuals above 50 years of age, with 6 deaths in the 70-79 category and 12 deaths in the 80 or Above category. The Somerville Cares Fund has thus far raised \$276,000. There have been 893 total submissions, with approximately \$1.3M requested. Of the requests, 426 were deemed urgent, and 259 were high priority.

Somerville Public Schools distributed 4,808 meals (breakfast and lunch) during the week of May 18 through May 22. This demand was comparable to the prior week. Additionally, 2,544 face masks were distributed (318 bags with 8 masks each). The Emergency Food Pantry served 671 households (approximately 2,450 individuals), and reported beginning to see decrease in requests, with households asking to be removed from the delivery list as they are finding other ways to meet their needs.

Mask distribution, as of May 24, has included a total of 47,542 masks distributed to departments, with the Immigrant Services Unit (ISU) receiving 4,000 masks, Food Distribution Sites receiving 12,464 masks, the Police Department receiving 16,850 masks, the Council on Aging with 5,722 masks, and 506 masks distributed among other miscellaneous departments.

Highlights from the Police Department include officers noting groups practiced social distancing on Memorial Day weekend; bilingual officers connected with Portuguese and Spanish-speaking residents; there was some confusion due to first phase of reopening, and parties were advised. The department has distributed 9,187 masks since May 6, with approximately 647 non-compliant.

The Fire Department saw 17 COVID-19 related medical calls in the week from May 17 through May 23, which is one fewer than the prior week. There were 278 COVID-19 related medical calls as of May 25, and last week had an average of 2.25 COVID-19 related calls per day.

Mr. Kress added that community testing has served over 3,000 residents. This does not include CHA patients or first responders. The rate of positive cases is approximately 3.9%. The mobile site is also traveling to senior facilities, and is exploring additional locations in order to reach more vulnerable communities. The location of the lab is now in-house at CHA. Mr. Kress also thanked the participants in the community town hall meetings and noted that the data will be used to inform the careful strategy for re-opening. There are also regional partnerships to ensure that residents remain protected.

Mr. Proakis explained that the Mobility Strategy is a holistic approach to mobility in the City. The context for considering this model includes that: transportation is a basic need, particularly for essential workers, access to grocery stores and other essential services, and opportunities for movement and fresh air for physical and mental health; many Somerville residents need to walk and bike to make essential trips; our streets are experiencing significantly reduced vehicle volumes; and vehicle speeds are elevated. Importantly, utilizing low-cost modes frees up stretched budgets for food, housing, and other necessities. Rethinking public spaces to focus on safety and public health, while balancing the needs of residents and small businesses, led to recommendations including: 1. Make pedestrian signals “hands-free”; 2. Widen sidewalks and manage curb space to support physical distancing; 3. Create a network of shared streets for essential trip-making. There will be

continued evaluation of use of parking spaces for contactless pickup and finding outdoor space for dining as restaurants begin to reopen.

Mr. Rawson elaborated on the strategy on converting traffic signals to hands-free. This is in use in Cambridge and many other cities. It is intended to reduce the touching of surfaces, as well as the inclination to cross against the signal to avoid touching the button. The first phase of the pilot is completed, and signage has been introduced, which indicates that the signal does not require pushing of the button. Mr. Rawson continued to explain that curb management is a group of strategies, national and international best practices, with the two components ideal for Somerville to include pick-up/drop-off zones (15 minutes parking) at existing metered parking spaces, and sidewalk widening where feasible to provide safe queueing space.

The Town of Brookline has employed temporary sidewalk widening through decreasing travel lanes and utilizing traffic cones to indicate walkable areas. The proposal for Somerville is to employ a pilot on Bow Street in Union Square that would convert angled parking and allow for additional queueing space. This minimizes the reduction of parking and relies primarily on cones. This location will be followed by Somerville Avenue, by reducing that to one travel lane in order to preserve parking while creating the enhanced sidewalk.

The third strategy is a network of interconnected shared streets for essential trip-making. Mr. Rawson clarified that these are neither open nor closed, and all travel modes will continue to use these streets. They will not be focused on active recreation, but will better allow for physical distancing and decrease the threat of speeding vehicles. The design as an interconnected network is an essential component of the strategy, rather than isolated or closed street conditions. A mixture of standard and customized signage will be deployed on saw-horses, cones and barrels, enabling easy movement and flexibility.

Mr. Rawson reinforced that the focus is on access to essential trips, avoiding creating destinations, and considerations of equity and communities of color, where vehicle access is lowest. The proposed Phase 1 will be routes in neighborhoods where access to a vehicle is lowest, that provide connections to grocery stores, SPS food pickup sites, and SHC Project SOUP food pantry, and noting that Glen Street serves as a pedestrian route during National Grid gas work on Cross Street.

More information can be found and feedback can be shared at [www.somervoice.somervillema.gov/covid19mobility](http://www.somervoice.somervillema.gov/covid19mobility).

Councilor Strezio asked about whether mask citations have been issued and Ms. Webber noted that no citations have been issued to-date. ***Councilor Strezio moved that the administration provide a weekly update on mask citations issued and any non-compliance. The motion was approved.***

Councilor Rossetti asked about the funding for the food pantry, and Mr. Kress confirmed that some of it is from COVID specific funds. Mr. Kress also confirmed that several Police and Fire Department staff have tested positive and that these staff will be moved to a recovery area. Councilor Rossetti expressed concern that any residents who came into contact with these first responders should be notified. Councilor Rossetti asked that an update be provided weekly on the numbers of public safety staff who have tested positive. Councilor Rossetti asked whether ISD and the Health Department are prepared to conduct random checks of businesses once re-opening is allowed. Mr. Kress explained that the limited staff capacity and the state guidance dictate that enforcement will be guided by complaints. Councilor Rossetti suggested that signage be posted at these businesses that 311 should be called to report any issues.

Councilor Scott requested the information on what percentage of the City's public safety staff have been tested. Mr. Kress shared that for the Fire Department, 10% is the amount that the medical

director is aware of, but that information is self-reported. He elaborated that most who have tested positive have not worked in a situation where they would put others at risk within a three day window of testing positive. The call logs have been checked to ensure any members of the public who have been in contact have been notified. Councilor Scott emphasized that regardless of use of PPE, it cannot be assumed that there was no exposure, and Mr. Kress clarified that there was no physical exposure. Councilor Scott noted that the fewest tests have been conducted on residents in the 02145 zip code, which is also where the highest rate of cases are found, and Mr. Kress noted that the Immigrant Services Unit is promoting the testing and tests have been allocated for that zip code and the mobile unit is focusing on the area as well. The goal is to eliminate any barriers to testing, including cost, location, and language. Councilor Scott suggested localized outreach in the form of CTY calls.

Councilor Scott also asked whether there have been other arrests that were driven by mask order compliance and the Chair will follow-up with the administration about a response. Councilor Scott asked what the plan is for some other high-traffic streets such as Washington Street and Central Street. Mr. Rawson noted that the Mobility team is working on providing supplemental sidewalk space on Washington Street, particularly to access Market Basket. Other streets such as Park Street and Dane Street have proven tricky, but the department will continue to work to develop strategies for access and connectivity. Ms. Connor noted that the high demand and need to move quickly are being balanced with feedback, and the process is iterative and updates can be made based on input.

Councilor Ewen-Campen added that testing city employees is not to single out individuals, and noted that there are entities that intend to test all employees multiple times each week upon re-opening and the vision of the city should be to employ extensive testing in order to open in the safest environment possible. He highlighted confusion caused by the debit cards as part of the economic impact payment, and encouraged communication from the administration to ensure residents that it is not a scam. Councilor Ewen-Campen asked what the considerations were for deciding which streets to choose for the shared streets model. Mr. Rawson noted that one of the most important criteria was to minimize arterial street connection points and focus on a back streets network. Trying to avoid hills where possible was another consideration, and general coverage and connectivity will continue to be refined.

Councilor Mbah asked what the limitations were for testing and whether city employees will be tested upon returning to work. Mr. Kress noted that there is a fear of the testing, fear of isolation and being out of work, and fear of the stigma. Ms. Webber added that the re-opening plan is still being developed and testing is part of the conversation, but no procedures have been determined. Councilor Clingan asked about the protocol for identification of residents being tested, and Mr. Kress confirmed that identification is requested, but a name and birthday are sufficient if one is not available. Councilor Clingan suggested rephrasing the signage and the process to eliminate some of the perceived barriers for undocumented residents. Councilor Clingan also asked about whether an emergency childcare facility could be opened in Somerville. Mr. Kress noted that the facilities were identified through the state based on applications from facilities. Councilor White asked about the Somerville case data, and whether those who haven't recovered are hospitalized or isolated. Mr. Kress will look into the data, and noted as well that the period of isolation is based on the individual's signs and symptoms, generally 7-14 days, and even if asymptomatic. Councilor White also asked about religious services and Mr. Kress noted that the City is continuing to enforce the 10-person gathering limit while researching options to safely expand and letting the data guide decisions. Ms. Webber added that a working group of religious leaders is being created to help make the determinations related to opening safely.

Councilor Niedergang reiterated Councilor Ewen-Campen's point about the debit cards, noting that they look like credit card advertisements and may very likely be thrown away. Councilor Ballantyne reiterated Councilor Clingan's point that identification was required for testing at CHA, even for her 12 year old. Councilor Ballantyne also suggested that Holland Street and Broadway from Ward 7 into Davis Square be considered for sidewalk expansion, as many use that route when walking to the MBTA. Chair Davis agreed that additional input on the shared streets model is encouraged. Chair Davis also noted that a utility company closed streets recently, which led to missed deliveries and confusion from residents, and noted that the signage is unclear, and delivery drivers should be made aware that deliveries can still be made.

<b>RESULT:</b>	<b>KEPT IN COMMITTEE</b>
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**210112: That the Director of Health and Human Services collaborate with the appropriate state agencies for the support, specialized services, medical supplies and personal protective equipment necessary for residents with complex medical needs to stay in their homes during this COVID-19 crisis.**

<b>RESULT:</b>	<b>KEPT IN COMMITTEE</b>
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**Handouts:**

- 200525 Situation Summary for City Council (with 209798)
- COVID 19 - Mobility Strategy (5-26-2020) (with 209798)