COLUMBIA CITY COUNCIL MEETING MINUTES
TUESDAY, JUNE 23, 2020

The Columbia City Council conducted a virtual meeting on Tuesday, June 23, 2020 using video conferencing technology. The Honorable Mayor Stephen K. Benjamin called the meeting to order at 2:17 p.m. and the following members of Council were present: The Honorable Sam Davis, The Honorable Tameika Isaac Devine, The Honorable Howard E. Duvall, Jr., The Honorable Mayor Pro-Tempore Edward H. McDowell, Jr., The Honorable Daniel J. Rickenmann, and The Honorable William Brennan. Also present were Ms. Teresa Wilson, City Manager and Ms. Erika D. M. Hammond, City Clerk. This meeting was advertised in accordance with the South Carolina Freedom of Information Act. The minutes are numbered to coincide with the order of the meeting.

INVOCATION

The Honorable Mayor Pro Tem Edward H. McDowell, Jr. offered the invocation.

ADOPTION OF THE AGENDA

Upon a motion made by Mr. Duvall and seconded by Mayor Benjamin, Council voted unanimously to adopt the agenda subject to adding the discussion of State Roads to Executive Session Item 2.

EMERGENCY ORDINANCE

1. Ordinance No.: 2020-059 - Emergency Ordinance Requiring that Face Coverings or Masks Be Worn in Public in The City of Columbia During the COVID-19 Public Health Emergency and Recovery

Dr. Linda Bell, S.C. State Epidemiologist for DHEC said I appreciate the City Council is taking a lead in engaging on this issue. You have all taken proactive steps to protect the people of Columbia. It has been tremendously helpful in our efforts to reduce the impact of the virus. Unfortunately, our COVID-19 rates have sharply increased in the past two weeks. I received a report this morning that 42% of all the cases that have been reported to us since March have occurred in the last two weeks. This is a very troubling trend and it tells us that people are not taking this pandemic seriously enough or adopting the measures we have been recommending throughout this course. There has been a dramatic shift in the age groups of those positive cases. From March through the end of May, the majority of the cases were people over the age of 60. After the week following Memorial Day weekend, there has been a shift in younger age groups being impacted. We have seen an 100% increase in cases between the ages of 11 and 20 and a significant increase in cases between the ages of 21 and 30. Previously, the majority of the cases

occurred in those over 50 and now the majority of our cases are occurring in those under 50. One day after the next we are topping out previous counts. As South Carolinians if we don't drastically increase the practice of mask wearing and social distancing then we will continue to see case counts rise even more. We don't have a vaccine for COVID-19 and we will unlikely have one until 2021. Currently, all we have is the ability to reduce exposure. Using the only two tools at our disposal: the routine use of mask while in public and physical distance from others. Every day that we continue to not have that widely adopted we are extending the duration of illnesses, missed work, absenteeism, hospitalizations, and deaths in our state. The virus does not spread on its own, its spread by people who are infected with the virus. This could be people who are infected but don't have symptoms. People can spread in the two days prior to even exhibiting symptoms. We can't anticipate where we may encounter someone who is infectious. It is our social responsibility to wear masks so that we don't make people sick or don't unknowingly spread the virus. It does mainly spread from person to person by someone inhaling respiratory droplets that are produced when an infected person talks, breaths, coughs, etc. It is the mask covering that helps these respiratory droplets that are airborne from traveling through the air to others. This is why we should wear masks when we are around other people in public spaces and it is difficult to physically distance. While we see a shift in reported cases in the younger populations, we have not seen a shift in the age group where deaths are reported. I am most worried for these younger groups who are more active and may not be at risk of being hospitalized but who are putting the other population at increased risk for hospitalizations and deaths especially people who are vulnerable or people with underlying health conditions. It is something we are imploring everyone to be aware that you may think you are taking that risk for yourself but you are also imposing that risk on others and fueling this pandemic in your community and families. It is unfortunate that our recommendations are being disregarded. I see image after image in the press of large crowds with very few people wearing masks. I want to reiterate that what we have in place now is not being effective in stopping this disease. We are hoping to have cooperation and behavior modification from the public. More stringent measures have been shown to be very effective in other jurisdictions where the widespread use of masks has been required. We have seen significant decreases in disease activity in other communities and countries. There is abundant evidence that the widespread use of masks and physical distancing do work.

Councilor Rickenmann asked if the increase of cases in the younger population are linked to hospitalizations and if there is any evidence that shows it may help in the long run to build up immunity to the virus.

Dr. Linda Bell, State Epidemiologist said the hospitalizations are not correlating with what we are seeing in the increase in cases overall. One explanation for that is in the dramatic increase in younger groups who are less likely to be hospitalized. At this time, we don't know if people develop immunity and if people can be reinfected. We seek to get herd immunity if we know that is the case. We don't want to achieve that and have a rapid increase in cases and potentially overwhelm our health care system. We can expect that hospitalizations will trend upwards and it will go back to where we were at the early stages of this outbreak where we were having to cancel elective procedures to make sure we had ample hospital beds and ventilators available. If we let the disease rates go up too quickly and too dramatically, we don't have a health care system that can absorb that many sick people all at once. As far as test results in people who are asymptomatic and test positive, there are two test: a diagnosis test that detects the generic material of the virus and tells us if somebody is acutely infected and an antibody test that detects the antibody that develops in the blood. We don't know if it's a protective antibody though. We don't have a test that can check people who have been previously ill and decide if they are not at risk of getting reinfected in the future. Asymptomatic individuals might not have symptoms but they can still spread the virus.

Councilor Rickenmann said I talked to at least two dozen people who have had multiple tests, from blood tests to the nasal swabs. They are getting positive and negative results days apart. Can you describe what you recommend on testing and what is working or not.

Dr. Linda Bell, State Epidemiologist said our priority for testing are people who have symptoms that are suggestive of COVID-19. If you suspect that you are ill, then we recommend that you get tested. If you are in contact with someone who has been ill, we recommend that you consider being tested if it has been at least seven days since the contact. It can take a while for a test to turn positive. Some people learn they have been in contact and will immediately get tested. This could be one of the issues why people are repeatedly getting tested. If the virus is not high enough in the body for the test to detect then the test can come out negative initially. If they waited seven more days, it could turn positive. This happens in the PCR test, which is collected by a nasal swab that is diagnostic of acute infection. There are some exemptions for repeat testing and are primarily for health care workers. If a health care worker tests positive, we exclude them from work and ten days after the onset of their symptoms we retest them. We test them until they turn negative. For the general public we say to isolate yourself for ten days after the onset of symptoms and if your symptoms have resolved and it has been at least ten days then you can return to your normal activities. I don't know why people are seeking to be repeatedly tested and seeking the antibody test. One worry is that people try to use the test for decisions on what they should do. If you have been in contact with someone and you test negative that doesn't mean that you should not still remain in quarantine. If you are in close contact, you should still

stay in quarantine for 14 days regardless of the results. We are hoping for a test in the future that will give us evidence of immunity and protection. The biggest driver is people who are infected with symptoms. Asymptomatic people are part of it, but it is the younger population who can tolerate illnesses better who I am more concerned about and who are less likely to stay home when they are sick.

Councilor Devine asked if there are any credible studies that have shown that masks are ineffective in helping slow the spread of the virus.

Dr. Linda Bell, State Epidemiologist said I wouldn't say the mask are ineffective. They are not 100% protection against exposure, especially the masks available to the general public. It could be the difference of reducing the risk of infection from close contact by 50%. If both individuals wear a mask, the risk of exposure can be reduced to 25%. Yes, the masks work in reducing the risk of exposure. The cloth masks have leakage around the sides, still allowing respiratory droplets to enter. Masks don't offer protection to eyes, which is another way the virus can enter. In the health care field, we wear the N-95 which are fit tested. That means they have seal on your face and a filter that filters out certain size droplets.

Councilor Devine asked about the current rate of hospitalizations.

Dr. Linda Bell, State Epidemiologist said hospitalizations are not going up in direct proportion to the case rates. The rate is increasing but the curve is not as steep as the curve for overall reported cases. We have state agencies that monitor on a daily basis of hospital bed utilization, use of ventilators, and the availability of those. When we get to the point when we are marginally reaching capacity then they begin to make the decisions of canceling elective procedures and redistributing ventilators.

Councilor Duvall asked about the possible dangers or respiratory complications of wearing a face mask.

Dr. Linda Bell, State Epidemiologist said masks are not recommended for children under the age of two. Masks are also not recommended for people who have existing respiratory problems where they have difficulty breathing. For example, someone who has serious emphysema, COPD, or with acute asthma attacks. Those individuals should consider not being in public if they can't use protection. It is a myth that masks cause respiratory diseases. We want people to be aware that if using disposable masks to dispose of them because masks can get dirty and can become contaminated. They should follow the directions of reusable masks. We have to practice good hygiene.

Councilor Brennan asked what defines a hotspot for DHEC and what additional levels of focus are implemented once they are defined.

Dr. Linda Bell, State Epidemiologist said health care providers and laboratories are all required by law to report all positive cases to DHEC. We handle that information confidentiality. We reach out to positive cases to conduct an investigation to learn about their onset of illness and to collect demographic information that helps us inform the epidemiology of the disease. We also attempt to identify a potential source of infection. All cases are reported by their address. We look for a cluster of cases by address. We can have multiple reports of cases that share the same address, a nursing home will be one example. When we look at data in communities we look at cases by zip codes. If we see a spike of cases in a particular zip code, we will reach out to our frontline regional EPI investigators and ask them if they are aware of community activities that could explain the spike. We don't always have the ability to identify the source of infection. When we find these clusters of cases we can define them as hotspots when they exceed the norm of more than three new cases in a zip code within the last 24 to 48 hours or an increase in trend. The efforts from local jurisdictions are needed and I am grateful the Columbia City Council is taking this under consideration.

Upon a motion made by Mr. Duvall and seconded by Ms. Devine, Council voted [6 to 1] to approve Ordinance No.: 2020-059 - Emergency Ordinance Requiring that Face Coverings or Masks Be Worn in Public in The City of Columbia During the COVID-19 Public Health Emergency and Recovery. Mr. Brennan, Mr. McDowell, Mr. Duvall, Ms. Devine, Mr. Davis, and Mayor Benjamin voted aye. Mr. Rickenmann voted nay.

EXECUTIVE SESSION

Upon a motion made by Mr. Duvall and seconded by Mr. Davis, Council voted unanimously to enter into Executive Session at 3:09 p.m. for the discussion of Item 2 as amended.

2. Receipt of legal advice related to matters covered by attorney-client privilege pursuant to S.C. Code §30-4-70(a)(2)

   COVID-19

Council adjourned the Executive Session at 5:42 p.m.

Mayor Benjamin said per legal advice we will be amending Ordinance 2020-059. In the interest of consistency and uniformity we will adopt the approach being used by the City of Greenville.

The ordinance will apply to all commercial establishments and we will pursue civil infractions with misdemeanor charges. This will go into effect on Friday at 6 a.m. There are clear articulated exceptions in the ordinance and we have added a few specifically when face coverings would prevent the receipt of personal services. The ordinance applies to anyone ten years or older. We cannot constitutionally apply this to religious establishments; it is strongly encouraged for religious activities as well. The ordinance is not a perfect solution but a step in the right direction in the preservation of public life. We are facing difficult times right now, not just social unrest around policing and racism in America, but we are still dealing with a pandemic and economic dislocation that we haven't seen since 1932. I want to thank all the citizens that have reached out and made sure their opinions were heard. The input I received has been in overwhelming support of wearing masks in the community. It is our job to do everything we can to protect the public interest. We will make masks available to those who need them and will be kicking off a mask up campaign. We are pushing for a cultural shift to encourage people to do the small things so we can ensure we are indeed taking care of us and our brothers and sisters.

Upon a motion made by Mr. Duvall and seconded by Ms. Devine, Council voted [6 to 1] to approve Ordinance No.: 2020-059 - Emergency Ordinance Requiring that Face Coverings or Masks Be Worn in Public in The City of Columbia During the COVID-19 Public Health Emergency and Recovery to include the amendments recommended by the City of Columbia Legal Department. Mr. Brennan, Mr. McDowell, Mr. Duvall, Ms. Devine, Mr. Davis, and Mayor Benjamin voted aye. Mr. Rickenmann voted nay.

ADJOURNMENT

Upon a motion made by Mr. Duvall and seconded by Mr. Rickenmann, Council voted unanimously to adjourn the meeting at 5:52 p.m.

Respectfully submitted by:

Erika D. M. Hammond, CMC
City Clerk