

## CITY COUNCIL SPECIAL SESSION MINUTES

June 30, 2020

The City Council of the City of Norman, Cleveland County, State of Oklahoma, met in virtual a Special Session at 5:30 p.m. hosted in the Municipal Building Council Chambers on the 30th day of June, 2020, and notice and agenda of the meeting were posted in the Municipal Building at 201 West Gray 48 hours prior to the beginning of the meeting.

PRESENT: Councilmembers Bierman, Carter, Hall, Holman, Petrone, Scanlon, Scott, Wilson, Mayor Clark

ABSENT: None

Item 2, being:

### UPDATE ON COVID 19 (CORONAVIRUS).

Mayor Clark said everyone is aware of the rising spike in COVID 19 (COVID) cases throughout the nation, as well as in the Norman community. She said as a college town, if Norman wants to bring thousands of young people into the community, with many of them coming from the great State of Texas which is seeing one of the greatest outbreaks in the nation, then changes need to be made. She invited partners from the health and business community to speak to Council about recommendations to further minimize the spread of COVID.

Ms. Jackie Kanak, Cleveland County Health Department, said within the last fourteen days there has been a daily average of 213 active COVID cases ranging in ages of 18 to 35 years, which is approximately 47% of the cases. She said ages zero to 35 years basically covers 58.2% of the cases and zero to 49 years covers 73.7% of the cases. She said big gatherings, e.g., weddings, birthdays, church events, etc., are causing the largest outbreaks; however, Norman specifically is not seeing any super spreader type of events, which means there is community spread with no evidence of a specific group joining with another group and spreading the virus. She said the Health Department has 700 trained contact tracers at the State level with 11 strike teams ready to monitor identified hot spots. She said the Health Department offers free testing statewide at over 80 locations and has a well stocked supply of personal protection equipment (PPE). She said out of 633 total tests there were 71 positives with 25 of those positives in Cleveland County.

Mayor Clark asked Ms. Kanak to explain what “community spread” means and Ms. Kanak said community spread is basically when there is no absolute source for spreading that cannot be attributed to a specific person. A super spreader is a person who does not know they have COVID and attends a social gathering where they infect those around them who in turn unintentionally infect others.

Councilmember Bierman said Health Department tests are free and not everyone can afford to go to the doctor or urgent care to get tested at \$65 or more per visit. She asked what the wait time was for someone wanting to get tested at the Health Department. Ms. Kanak said until last week, a person was able to get an appointment the same day or next day; however, this week has been insane and the Health Department tested 65 people today in Norman and almost 90 in Moore and is booked for the rest of the week. She said testers are in full PPE and sometimes they get too hot so Staff is being rotated to avoid heat related illnesses. She said the Health Department is double booking every five minutes throughout the morning and trying to add on in the afternoon if possible, which is over and above their normal work routine. She said Staff is looking at different options, such as bringing in nurses from the State Health Department to triple or quadruple the appointments for faster testing.

Mayor Clark introduced Mr. Richie Splitt, Norman Regional Hospital (NRH) Chief Operating Officer (CEO), who will be updating Council on hospital capacity. She said hospitals are dealing with everyday occurrences, e.g., babies, heart attacks, cancer, accidents, etc., as well as COVID patients, which can overwhelm the system.

Item 2, continued:

Mr. Splitt introduced Ms. Brittni McGill, Chief Nursing Officer, who will be helping him with the update tonight. He said Mr. Brandon Edwards is the CEO of Revive Health, which is a national think tank on health care and insurance companies and how they work together. He said Mr. Edwards wrote a blog about the Era of “No Normal” and states that “No Normal” began with challenges and will continue to require tough business decisions. Mr. Edwards stated today’s “No Normal” includes hospitals struggling financially with insurance companies reaping the reward of billions of dollars in deferred or avoided medical care, hospitals continuing to search for ways to rebuild surgical suites, the “missing domino” of patients avoiding doctor’s offices, and diagnostics keeping operating room schedules light. Mr. Edwards stated that once thriving physician practices are now operating at reduced capacity and are looking for partners to stave off bankruptcy. In the “No Normal”, health care is being redesigned around patients and their protection and Telehealth is becoming more normalized with new and convenient access points. He said people are talking more openly about disparities in healthcare access that includes social determinants of health.

The Era of “No Normal” means the NRH Health System will adapt to current conditions and is prepared to stay in this uncomfortable mode for an unknown period of time and as long as it takes. He said NRH will not be effectively functioning the way they did in early March, but cannot assume the current state is the new normal, it is not, it is the “No Normal” as NRH determines its path forward.

Ms. McGill said NRH currently has two inpatient campuses, one on Porter Avenue (Porter Campus) and the other on Tecumseh Road (Healthplex), and between the two campuses there are five hospitalized COVID patients. She said NRH started heavily tracking the virus in mid-March and over that time period NRH has been testing patients inside and outside of the hospital and the percentage of positives out of 9,000 plus tested was 4%. Since mid-March, NRH has hospitalized or admitted 79 COVID positive patients with an average length of stay of around seven days. She said the Intensive Care Unit (ICU) capability is one thing, but COVID population is another. She said there are 15 ICU beds at the Healthplex and 20 ICU beds at the Porter Campus and there are COVID patients in those locations. She said NRH has an ICU overflow and surge plan if increases in ICU bed capacity are needed. She said NRH began offering antibody testing to employees, which are referred to as healers, and moved on to offering the test to the community for \$31. She said if someone has antibodies present, it does not mean they are immune from getting COVID in the future. The average of new hospitalization cases is two cases per day.

Mr. Splitt said there are a number of factors considered for a surge capacity alert that includes access to COVID testing supplies; hospitalizations/capacity (COVID and non-COVID); ICU capacity; and access to PPE. He said the hospital is testing every patient admitted as well as patients having elective surgeries so testing is a big part of the red flag watch.

Mr. Splitt said PPE supplies are costing more, for example the NRH’s isolation gowns have increased in cost from \$.64 cents per gown to \$3 per gown, which is a 369% increase. He said 3,894 gowns are used per week and the annual average weekly cost for this price increase is \$600,700 or nearly half a million dollars in added cost to the health system because of the price increase. He said Staff works very hard to find and keep supplies on hand. He said capacity is also important because going from 36 ICU patients to 76 ICU patients is a surge red flag. In the Era of “No Normal”, NRH is leaning into this discomfort and uncertainty to meet existing and future patients needs. He said NRH also provides testing for \$65 if anyone wants to be tested they can walk in or drive thru the COVID testing facility with a test result turn around time of around 24 hours.

Mayor Clark said if a business wanted to test several employees at one time how would that work and Ms. McGill said NRH accepts walk-ins that want to be tested and NRH has the capability to do that at multiple locations operating 12 hours a day. She said if a business calls requesting multiple tests, NRH can accommodate them.

Councilmember Petrone asked the age of hospital patients with COVID and Ms. McGill said in mid-March the patients were senior citizens, but now NRH is seeing a wider range of ages from 40 years to 80 years. She said in the out-patients side of testing, NRH is seeing a younger population. Councilmember Petrone said if a person is in ICU for COVID, what is the survival

Item 2, continued:

rate and Ms. McGill said no one knows enough about the virus to determine survival rates, but NRH does know that patients with pre-existing conditions have a more challenging time recovering.

Dr. Gary Raskob, Epidemiologist and Dean of University of Oklahoma (OU) College of Public Health, said for Oklahoma overall, the case fatality for anyone with COVID is approximately 2.8%. He said in Norman the fatality rate is higher due to outbreaks in nursing homes, but he felt that pretty soon anyone put into ICU will be new to COVID just because of the progression in the number of cases. He said 3% to 5% of people infected will end up in ICU and if they progress to the point of needing a ventilator, that harbors a bad prognosis with a mortality rate of 50% or more. He said physicians in critical care teams are learning very quickly which patients to put on ventilator and are making good choices for that. He said clinical trial data is coming forward on treatments and the most striking one is treatment with a simple, available drug in all hospitals called Dexamethasone, which seems to reduce the mortality rate by 20%. Another drug, Remdesivir, could possibly reduce the mortality rate by 20% to 30%, but it costs approximately \$3,000 per vial; however, the manufacturer made an agreement with the federal government to provide it to Medicaid and Medicare for \$390 per vial. He said other studies in place include giving antibodies from COVID patients to existing patients who have COVID, which has a reasonable likelihood of being effective. He said the treatment side is moving fast so the mortality rate will be reduced very significantly, but there should continue to be a healthy respect for this virus as a lethal condition especially for those with underlying conditions, such as heart condition, asthma, and diabetes. He said data from Italy has determined that if a person has diabetes where their blood sugar is not well controlled the fatality rate is 10%, but if they have diabetes that is well controlled the fatality rate is 1%.

Dr. Raskob said State data shows a clear trend of rising cases over the last two weeks and the seven-day rolling average is 390 new cases statewide everyday. He said different counties will see the impact of that in different time trends, but the larger counties, e.g., Oklahoma County, Cleveland County, etc., are going to see a significant increase. He said over the last five weeks, the positive rate has steadily climbed, which means more infections are occurring in the community and more people are being tested. He said statewide hospitalization had a COVID peak in April, but that declined due to the Stay at Home orders statewide; however, there has been a steady increase in hospitalizations due to cities reopening. He said there are currently more patients hospitalized in the State with COVID than there were in the April peak and this pattern will definitely happen in Norman and hospitalizations will increase. He said increases are due to large group gatherings where people are not wearing masks or social distancing, e.g. bars, pool parties, weddings, funerals, graduations, etc. He said there are plans to start in-person classes at OU in the fall and all students and faculty will be required to wear a mask at all times except outside if distanced from people. He said class sizes will be limited and any class with over 140 students will be virtual and classes below 140 are being split up so no classes will have more than 40 students at least six feet apart. He said there will be a staggered class schedule as well so crowds of students are not getting out of classes at the same time. He said the two major interventions are wearing a mask and social distancing, but other measures are being put into place to mitigate infections. He recommends Council work with Cleveland County to dig deeper into the contact tracing data in Norman. He encouraged Council to think about taking steps on intermittent to temporary suspension of activities at large public venues where people get close together without masks, particularly bars.

Councilmember Petrone said there is concern among parents about fraternities and sororities and whether the City or OU is responsible for those jurisdictions. Parents have said fraternities and sororities are allowing more students than in the past and it is impossible to social distance and asked if the City should be getting involved in this issue. Dr. Raskob said that is one issue on a list of several being discussed and OU is looking at that very carefully so more information will be forthcoming.

Councilmember Hall asked Dr. Raskob to elaborate more on contact tracing and how that could help determine where the spread is occurring and Dr. Raskob said Cleveland County is doing a great job of contact tracing, but there may come a time when the amount of tracing will outstrip available people performing the tests. He said the crucial point of contact tracing is that it has to happen promptly after a case is identified because the time between getting infected and infecting

Item 2, continued:

someone else is about four days. He said during that time, most people have no symptoms so they are pre-symptomatic or never develop symptoms. He said if they have to wait for several days for testing and several days for results is defeating the purpose of contact tracing.

Councilmember Wilson asked if there is any indication that COVID stays in the body causing damage that does not show up until later in life and Dr. Raskob said there are some reports of long-term impact to the lungs and heart from COVID especially among those that have been hospitalized.

Councilmember Carter said if there was 75% compliance on wearing masks outside of the home, would that help flatten the curve and Dr. Raskob said yes, wearing a mask would reduce transmission by 70% compared to no mask.

Councilmember Holman asked if used masks are a biohazard and if so, what would be the recommended action to deal with that and Raskob said he would not recommend picking up or touching discarded masks with bare hands.

Councilmember Holman said there are concerns about the effectiveness of a mask mandate because people use them improperly (not wearing over nose and mouth) or refusing to wear them. How can the public be advised on the proper way to wear a mask and Dr. Raskob said masks should cover the nose and mouth or they are not protecting anyone? He said the most important time to have the mask on is when people are talking so educating the public on the importance of wearing a mask and the proper way to wear a mask needs to be expanded.

Councilmember Holman asked what reliable resources would be recommended for the public other than the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). Dr. Raskob said the CDC has a lot of good and up-to-date information and trust should really be restored to CDC because that is the agency that has the most knowledge about the virus. He said the State Health Department has a lot of information as well.

Councilmember Scanlon said some people have said it is unconstitutional to force them to wear a mask so how would someone respond to that and how would the City enforce a mask mandate? Ms. Kathryn Walker, City Attorney, said there is no evidence that requiring masks would be unconstitutional in any way because the City's core function is to provide for the health, safety, and welfare of citizens. She said the City has CDC, WHO, and NRH recommendations that all state wearing a mask helps prevent the spread of COVID. She said enforcement would begin with education with citations being the last resort and the biggest hurdles will be making sure masks are available and signs stating "mask required to enter" are on every businesses entrance.

Councilmember Bierman said Fort Worth, Texas, is putting the burden of compliance on the businesses and if the business does not enforce the mandate the business can be fined. She said many people from Moore have contacted her and said they would shop in Norman if there is a mask mandate because Moore does not require masks and they would feel safer shopping in a town that mandates masks in public places.

Councilmember Bierman said recent large gatherings of young people on Campus Corner is as close to a super spreader event as Norman can get so she supports a mask mandate.

Councilmember Bierman said the first thing the City needs to do is require all employees to wear masks because she has seen a lot of inconsistencies on employees wearing masks. She supports a mask mandate and capacity restrictions on bars.

Mayor Clark said her concern with going after bars is the City has very few "true" bars in Norman as many of the bars are actually licensed as restaurants with alcohol sales. She would be interested in looking at ways to handle a large crowd gathering at bars that are hiding under their restaurant licenses.

Ms. Brenda Hall, City Clerk, said it is true that Norman does not have many licensed bars, especially on Campus Corner. She said if the City receives complaints that a restaurant is not officially operating as a restaurant, her office has the ability to audit that business and if they do

Item 2, continued:

not meet the food requirement of 35% they have the right to apply for Special Use Zoning to be a bar or change their business model to meet the food sales.

Ms. Walker said the City can limit the number of people allowed in the bar area if their seating is arranged in a way that accommodates social distancing like many restaurants are doing. She said it is really the *bar area* where people are gathering and it becomes crowded and spills out into the street. Ms. Hall said in addition to reducing capacity at the bar area, the City could mandate an earlier closing time.

Councilmember Petrone said she would like to have information on businesses that are not complying with the mask mandate and who has employees or customers that have tested positive. Dr. Raskob said he does not know if that information is being monitored by anyone, but apps are being developed as a resource where people can rate businesses and say “no I would not go to this business because they are not wearing masks or social distancing” or “yes I would go to this business because they are making people wear masks and are social distancing.” He said there will always be a segment of the population that will ignore warnings regardless of the risk.

Councilmember Bierman asked about the guidelines for people who cannot wear masks due to a disability or health condition and Ms. Walker said there will be exceptions for people with disabilities or health issues that prevent them from wearing a mask.

Mr. Scott Martin, Norman Chamber of Commerce, said when the virus first hit and stay at home orders were issued, businesses complied with regulations and many changed their business model in order to comply. He said there has been broad acceptance of the mask guidelines community wide. He said most concerns have been about younger employees bringing the virus to work because they are not as careful about who they see and where they go, i.e., parties, bars, etc. He said some businesses are concerned about the mask enforcement falling on them as well as not having access to masks for customers due to costs.

Mayor Clark said most businesses have signs that state, “no shirt, no shoes, no service” so why would they not be able to do the same for masks? Ms. Walker said those signs are typically business policies, not an ordinance, to make customers aware they need to wear a shirt and shoes, but does not necessarily put the business in the shoes of the enforcer. Ms. Walker said education is key to compliance as well as businesses providing masks for customers.

Councilmember Wilson said she would be happy to require masks if her business can stay open and she believes that is how all businesses feel. Mr. Martin said that has been the general sentiment among business owners and many are being compliant although there will be those that will not enforce the regulations to avoid conflict with customers.

Councilmember Bierman said if businesses want to stay open and want to be safe they should be willing to take on the cost of masks and disinfecting supplies. She said there are a large number of businesses that are not complying and if the City can provide masks it should, but masks are being sold everywhere for a very inexpensive price.

Mayor Clark asked Staff to prepare a mask ordinance for consideration at the next meeting.

\* \* \* \* \*

Councilmember Scott left the meeting at 8:00 p.m.

Item 3, being:

ADDENDUM ONE TO CONTRACT K-1819-146: AN ADDENDUM TO A CONTRACT BY AND BETWEEN THE CITY OF NORMAN, OKLAHOMA, AND MR. DARREL PYLE, INCREASING HIS COMPENSATION FOR EMPLOYMENT WITH THE CITY OF NORMAN AS CITY MANAGER.

Councilmember Wilson moved that Addendum No. One to Contract K-1819-146 with Darrel Pyle be approved and the execution thereof be authorized, which motion was duly seconded by Councilmember Petrone;

Items submitted for the record

1. Email dated June 30, 2020, from Christina Audas to City Clerk

Participants in discussion

1. Ms. Kathryn Walker, City Attorney
2. Mr. Anthony Francisco, Director of Finance

and the question being upon approving Addendum No. One to Contract K-1819-146 with Darrel Pyle and upon the subsequent authorization, a vote was taken with the following result:

YEAS: Councilmembers Bierman, Carter, Hall, Holman, Petrone, Scanlon, Wilson, Mayor Clark

NAYES: None

The Mayor declared the motion carried Addendum No. One to Contract K-1819-146 with Darrel Pyle approved; and the execution thereof was authorized.

\* \* \* \* \*

Item 4, being:

CONSIDERATION OF ORDINANCE O-1920-68 UPON FIRST READING BY TITLE: AN ORDINANCE OF THE COUNCIL OF THE CITY OF NORMAN, OKLAHOMA, FIXING THE COMPENSATION OF THE CITY MANAGER AS PROVIDED BY ARTICLE XVII, SECTION 1, OF THE CHARTER OF THE CITY OF NORMAN; AND PROVIDING FOR THE EFFECTIVE DATE FOR COMPENSATION TO BEGIN; AND PROVIDING FOR THE SEVERABILITY THEREOF.

Councilmember Wilson moved that Ordinance O-1920-68 be Introduced and adopted upon First Reading by title, which motion was duly seconded by Councilmember Petrone; and the question being upon the Introduction and adoption of Ordinance O-1920-68 upon First Reading by title, a vote was taken with the following result:

YEAS: Councilmembers Bierman, Carter, Hall, Holman, Petrone, Scanlon, Wilson, Mayor Clark

NAYES: None

The Mayor declared the motion carried and Ordinance O-1920-68 was Introduced, read, and adopted upon First Reading by title.

\* \* \* \* \*

Item 5, being:


ADJOURNMENT

The meeting was adjourned at 8:30 p.m.

\* \* \* \* \*

ATTEST:

  
\_\_\_\_\_  
City Clerk

  
\_\_\_\_\_  
Mayor

