

CITY OF ROCHESTER

MAYORAL DECLARATION OF A LOCAL STATE OF EMERGENCY FOR THE PURPOSE OF PERMITTING THE CITY COUNCIL AND OTHER PUBLIC BODIES OF THE CITY TO MEET BY ELECTRONIC AND TELEPHONIC MEANS

WHEREAS, as recently as March 2, 2021 the Director of the Michigan Department of Health and Human Services (MDHHS) made the following findings:

“The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. COVID-19 spreads through close human contact, even from individuals who may be asymptomatic.

On March 10, 2020, MDHHS identified the first two presumptive-positive cases of COVID-19 in Michigan. As of March 1, 2021, Michigan had seen 589,150 confirmed cases and 15,534 confirmed deaths attributable to COVID-19. Michigan was one of the states most heavily impacted by COVID-19 early in the pandemic, with new cases peaking at nearly 2,000 per day in late March. Strict preventative measures and the cooperation of Michiganders drove daily case numbers dramatically down to fewer than 200 confirmed cases per day in mid-June, greatly reducing the loss of life. Beginning in October, Michigan again experienced an exponential growth in cases. New cases peaked at nearly 10,000 cases per day in mid-November, followed by increases in COVID-19 hospitalizations and deaths.

On November 15, 2020, MDHHS issued an order enacting protections to slow the high and rapidly increasing rate of spread of COVID-19. Cases, hospitalizations, and deaths remained high through early December, threatening hospital and public health capacity. On December 7, 2020, December 18, 2020, and January 13, 2021, MDHHS issued orders sustaining those protections. These orders played a crucial role in slowing the spread in Michigan and have brought new cases down to about 1,500 per day. These lower rates prevented Michigan’s healthcare system from being overwhelmed with a holiday surge.

As of February 27, the State of Michigan had a seven-day average of 91.2 cases per million people, nearly 88% lower than the case rate in mid-November. While that case rate is similar to the rate in early October, it has plateaued over the past week and remains three times the rate of the summer low point.

Test positivity was 3.7% as of February 27, and has started to plateau as well. While metrics have decreased from all-time highs, further progress has tapered off and there is growing concern of another spike with the presence of more infectious variants in Michigan and the United States as a whole.

Even where COVID-19 does not result in death, and where Michigan’s emergency and hospital systems are not heavily burdened, the disease can cause great harm. Recent estimates suggest that one in ten persons who suffer from COVID-19 will experience long-term symptoms, referred to as “long

COVID.” These symptoms, including fatigue, shortness of breath, joint pain, depression, and headache, can be disabling. They can last for months, and in some cases, arise unexpectedly in patients with few or no symptoms of COVID-19 at the time of diagnosis. COVID-19 has also been shown to damage the heart and kidneys. Furthermore, minority groups in Michigan have experienced a higher proportion of “long COVID.”

The best way to prevent these complications is to prevent transmission of COVID-19. Since December 11, 2020, the Food and Drug Administration has granted emergency use authorization to three vaccines to prevent COVID-19, providing a path to end the pandemic. Michigan is now partaking in the largest mass vaccination effort in modern history and is presently working toward vaccinating at least 70% of Michigan residents 16 years of age and older as quickly as possible.

New and unexpected challenges continue to arise: in early December 2020, a variant of COVID-19 known as B.1.1.7 was detected in the United Kingdom. This variant is roughly 50 to 70 percent more infectious than the more common strain. On January 16, 2021, this variant was detected in Michigan. It is anticipated that the variant, if it becomes widespread in the state, will significantly increase the rate of new cases. Currently, Michigan is second in the nation with respect to the number of B.1.1.7 variants detected. To date, there are over 400 cases, and this is one fifth of all cases identified in the United States. CDC modeling predicts B.1.1.7 could become the predominant variant by the end of March. At present, however, it appears that cases have plateaued.”

WHEREAS, the Director of the MDHHS has concluded that the COVID-19 pandemic continues to constitute an epidemic in Michigan and that control of the epidemic requires restrictions on public gatherings; and

WHEREAS, the COVID-19 positivity rate has increased over the past few weeks, again raising concerns about conducting public meetings in-person at this time; and

WHEREAS, Section 2-31(c) sets forth the emergency powers of the Mayor

(c) *Emergency powers enumerated.* The mayor may promulgate such reasonable orders, rules and regulations as he deems necessary to protect life and property or to bring the emergency situation within the affected area under control. Such orders, rules and regulations may provide for the control of traffic, designation of specific zones within the area in which occupancy and use of buildings and egress and ingress of persons and vehicles may be prohibited or regulated, control of places of amusement and assembly and of persons on public streets and thoroughfares, establishment of a curfew, control of the sale, transportation and use of alcoholic beverages and liquors, and control of the sale, carrying and use of firearms or other dangerous weapons, ammunition, explosive and inflammable materials or liquids deemed to be dangerous to the public safety. The mayor may also issue such other orders, rules and regulations without being limited by the foregoing.

WHEREAS, while the time set forth in the Open Meetings Act, MCL 15.263a allowing for full remote meetings until March 30, 2021 has now expired, based on the information known to the City at this time, it is prudent to continue to conduct the public business of the City remotely and in

a manner so as to not unnecessarily place at risk members of the public, City staff, or members serving on public bodies of the City, which decision and ability is permitted in the Open Meetings Act; and

WHEREAS, the City of Rochester was one of the first communities to be fully functional with virtual meetings that were and are fully compliant with the requirements and spirit of the Open Meetings Act, so the public's voice and participation in City meetings will be maintained if meetings continue in a virtual manner; and

NOW, THEREFORE, IT IS RESOLVED, THAT pursuant to the authority contained at Section 3 of the Home Rule Cities Act, MCL 117.3 (j) authorizing cities to provide for the public health and safety of persons; Section 3 of the Open Meetings Act, MCL 15.263(2) permitting a public body to meet by electronic or telephonic means upon declaration of a local state of emergency or state of disaster if meeting in person would place at risk the personal health or safety of members of the public or members of the public body; and Section 2-31 of the Rochester City Code permitting the Mayor to declare a local state of emergency:

I, Stuart Bikson, Mayor of the City of Rochester, based on the findings made by the various governmental agencies, including the Michigan Department of Health and Human Services, regarding the public health threat posed by the COVID-19 novel coronavirus and its variant strains, declare a local state of emergency to permit the City Council and all other public bodies of the City to continue to meet virtually by electronic and telephonic means after March 30, 2021 and through April 30, 2021



Stuart Bikson, Mayor

Date: 4/1/21