



Russell Meyers, CEO of Midland Health

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Midland Health's portion selected out of the Unified Command Team Press Conference.

Mr. Meyers: Thank you, Erin. I'm Russell Meyers, CEO of Midland Health. These are some data from the hospital we'll start with and we'll spend most of our time today talking about our vaccination process. The hospital census today is 226 total patients. 47 of those are COVID positive. The lowest number we've had in sometime. 20 of those in Critical Care with an age range of 25 – 81. 27 patients in the Medical COVID units, ages 32 – 94. We have 27 patients using ventilators at this time. Saw 122 patients in the Emergency Department (ED) yesterday, a pretty low number for this time of year. As our census falls, we are working in the house to consolidate patients onto the 9th floor and the 5th floor which is our Critical Care area. We are hopeful of accomplishing that within a few days and getting back to a more normal allocation of inpatient beds throughout the hospital but of course that's dependent on the continued decline in census.

Testing, real quickly, we saw a pretty significant decline in testing volume last week. We were down about 20% total in the testing demand and at the same time the percentage of positives went down from about 27% the previous week to about 22% last week and it's continuing to fall this week so far. There's plenty of capacity available to test at both of those sites we've been using, our West Campus and the MLK Center. And so, if you believe you've been exposed, if you have symptoms, or if you have some other reason for wanting a test please do call us at 68NURSE and we'll work you in to one of our testing sites.

Finally, on the employee front, we are quarantining now 62 total employees. Of those, a little over half or 33 are COVID positive, the others are quarantining for other reasons and 55 employees have been exposed to some extent and are self-monitoring, checking in with employee health, but still working.

The last thing before we get to vaccines is our monoclonal antibody infusion clinic. We have now reached 308 patients total who have received the infusion of the Eli Lilly or the Regeneron monoclonal antibody drugs and of those 308 only 4 have been admitted. I'll remind you that this is a high-risk population, people over 55 with chronic diseases, people over 65. So, these are people who are very likely to be sick and hospitalized. The indications for the infusion are very narrow, but if you believe you meet those criteria and are recently diagnosed, have not yet been hospitalized, please do check out our website for the self-referral or call your doctor to get an order to go to our infusion clinic.

Now, let's move to vaccines. I think that's the most exciting news we have. As you all know, we've been giving vaccines for a while. Here at the hospital, we are wrapping up our second doses of our hospital staff and healthcare workers from around the community. This week we should finish those second doses. The state has now allocated us just under 5,000 doses to be delivered this week. There's still some uncertainty about exactly when. We had hoped that the vaccine might actually arrive yesterday. It did not and so far, today we have no confirmation of its shipment so we think there's a decent chance it might be tomorrow before the vaccine arrives. But we are pressing ahead with plans for a mass vaccination effort. We are going, in this first week this is one of the all hands on deck Unified Command



Team projects. We are using the county's Horseshoe facility to be our initial site for mass vaccinations. We've got good help from the folks at the city, especially the fire and EMS service. We've got cooperation from Midland College and UTPB and Texas Tech and a non-profit organization called Team Rubicon that uses veteran volunteers to help out in disasters and other public health emergencies around the country. We are expecting them to be on site to help us with logistics. So, lots of people involved in planning this unprecedented mass vaccination effort. As it's planned right now, assuming that the vaccine shows up on time, we will do a soft roll out this Friday. We are scheduling about 240 people to come to the Horseshoe and go through the process. That's fewer than we expect to do when we are fully ramped up. So, we have a chance to test our systems, make sure the flow of traffic makes sense, work out any bugs before next week. Starting on Monday the 25th then, we expect to somewhere in the neighborhood of 1,000 patients a day at the Horseshoe site, so it's going to require a very well organized, well oiled machine. We recognize that there'll be challenges in making that happen. There will be delays. Something will inevitably go sideways that we'll have to fix. And as we get used to doing this and hopefully have the opportunity to do it for multiple weeks into the future, we'll ask our community to be patient with us as we work through this wholly new process. I think Tasa has up on the screen a press statement that we have issued with a good bit of the detail about how the vaccine process is going to work. A few key elements: One is that we are taking the waiting list that the Health Department has been accumulating over the past several weeks and migrating it over to the hospital's information systems. We and the Health Department have now one common waiting list. It's on both the Health Department's website and on the MidlandHealth.org/vaccine site. And in either place you may sign up to get on a waiting list if you meet the criteria for 1A or 1B vaccine. Either site that you choose to go to will populate the same list. There's 1 list now. We're taking the Health Department's original list, we have assessed the list and removed from it any people who don't qualify in the 1A and 1B categories. And if you're among those people, we'll ask you just to go back and add yourself back to the new lists so that when the time comes to go to group 2 and beyond, we'll have an accumulation of people who are ready to get vaccinated. But if you're in the 1A list, that means you're a healthcare worker. If you're in the 1B list, that means you're either over 65 or you're over the age of 16 and have 1 of a pretty long list of chronic diseases you are eligible for this first round right now. We are making appointments. One of the things the state has asked us to do is not to manage vaccine clinics as first come, first serve or some kind of queueing line up system. We are going to be making appointments and you will only get a vaccine if you have made an appointment ahead of time and we are expecting you. There's going to be some registration process involved with that as well which we hope most people will do online from home, but we'll be prepared to handle at the site if you are unable to get it done before you arrive. As you're putting yourself on the waiting list now, if you go to our website or the Health Department's you are going to get a confirmation statement back. All that statement means is that you are acknowledged to be on the waiting list. We have an entire team of staff who are working to make appointments. Once those appointments are scheduled, you'll get a text or an email communication and it's only then that you will know that you have a confirmed appointment for some time in the next week. So, if you get that first statement back there's no need to call us or call the Health Department, just recognize we have you on the list and we'll be working to get you scheduled as soon as we can assuming that you're eligible.

Let's see. Once again, I'll repeat once we get this process started there will be no walk ins. There will be no reason, no value in showing up at the Horseshoe site expecting to get in line and get a vaccine. If you



don't have an appointment, we will not be prepared for you and we will not be giving you a vaccine. Let's see, we do realize so far, we're handling all of this via our websites. The communication back to those who sign up via either email or text message. We recognize that there's a small component of our population for whom those methods just don't work. That they need a phone call, they need a phone conversation. We are working to get a phone system set up with a dedicated staff to do communication with people who need a vaccine, to do scheduling for those who can't do it online themselves and so stay tuned for that. We don't quite have that lined up yet. We want to be sure we are well prepared to take a large volume of calls before we publish a number and encourage people to call in. So, that will happen in the next few days.

The last significant item here is that as we prepare to work as a vaccine hub as designated by the state, not only will we be running this community wide effort to do mass vaccinations at a single site or perhaps even multiple sites in the future, we will also be sharing small quantities of vaccine with various entities around our community and perhaps even in communities in the surrounding counties who otherwise could not get vaccine themselves, small hospitals or clinics, health departments in the region, Manor Park's Independent Living community, for example. There are a number of people who will get trained in our facility, who will get 100 or 200 doses to take back to their own place and administer, and then share with us the reporting information. So, we're not only doing our own mass vaccination, but also helping smaller entities that can do their own if they can have access to it.

Let's see, as I said earlier, we are hopeful that this is just the first of several weeks' worth of vaccination events. We have no confirmation from the state that that's going to be the case, although we have some back-channel information that tells us to expect this 5,000 per week allocation to continue for a while. So, we'll keep you updated on that as we learn more. Our biggest concern right now is getting the first 5,000 doses in hand. As I said as of this morning on Tuesday, we don't have it, we don't have confirmation of exactly when it will come, but we do have confirmation that it will come. So, we are continuing with our plans to get started in earnest with a small group on Friday and then full speed on Monday, the 25th. I think that's a good place for me to stop and take questions if there are any.

Moderator: The first question comes from Sammy with NewsWest9. She asks, "Odessa is asking for volunteers to help with their distribution plan, eventually. Is this something you're looking to do?"

Mr. Meyers: We certainly will need volunteers. We have a few volunteers already working actually in our employee health site doing the small volumes of vaccines we have today. The Team Rubicon group is all volunteers, and they are organizing folks to come and help us, especially with logistics, things like managing the lines, and doing traffic control, and assisting people with wheelchair transportation, and all the little things that are essential to getting this done especially considering we are dealing with a population of advanced age. One of the things we don't know is how much of the next few weeks the Team Rubicon folks will be able to be here and so our initial plan is let's get this live, let's assess what our needs are, and then the Team Rubicon folks will help us to organize volunteers from the local community who can replace their volunteers as times goes on. So, I know Val Sparks, who's working closely with the nursing community on the actual administration of the shots, she has a network of retired nurses who she is intending to tap also for volunteers to actually give shots. So, short answer is yes, we will need volunteers. We are not making a community wide appeal for volunteers at this time. It is going to be somewhat targeted, especially as we come to understand what our personnel needs are going to be, so stay tuned for more information on that.



Moderator: She has a few follow ups to that as well. She asks, “How many people will it take a day to help with distribution? Odessa needs about 70. That includes police officers, paramedics, nurses, etc.?” And then, “What can our community do to help? What supplies do you need?”

Mr. Meyers: Yeah, I think that 70 is in the ballpark. I think it’s something short of a 100 to do 1,000 people a day. As we get started doing it, we’ll learn more, but that’s our initial assumptions. We’ve got good support. There are a couple of foundations that have stepped up to provide some funding. Supplies-- fortunately, as we receive the vaccine doses from the state, we also get the supply of syringes and other items it requires to give the vaccine. So, we are in pretty good shape on supplies. Personal Protective Equipment (PPE), the county has a stockpile that we are going to tap. So, as of now I would say that the community does not need to step forward with supplies. I think if people would like to make donations to the effort, clearly, we have a lot of paid staff who will be working in this process and they’re welcome to make donations to the Midland Memorial Foundation if they choose to do so. But as of now we don’t really perceive a big need for supply support from the community just yet.

Moderator: Ok, and now Kate Porter has a few questions. Kate, whenever you are ready.

Kate Porter: So, last week during this meeting you had said that the state would probably get back to you at the end of this week. Were you surprised at the turnaround being so quick?

Mr. Meyers: I was pleasantly surprised. We had a good bit of conversation with the state Friday and even over this past weekend. They were very responsive, clearly, they made a decision about two weeks ago to pivot from their original plan to widely distribute small quantities of vaccine to focusing on larger hubs that can get, you know, thousands of doses administered in a short period of time. I think for Midland and certainly for our friends in Odessa that’s going to be a really positive development. We certainly appreciate the state and their flexibility. You know, they are just like the rest of us. They are making this up as they go along, and I think they’re listening to the field and responding in a way that makes a lot of sense. We appreciate the leadership we’ve had from the department of State Health Services and the responsiveness to our concerns.

Moderator: Kate, do you have any more questions?

Kate Porter: No, that was it. Thank you.

Moderator: Ok, Tasa, whenever you are ready.

Tasa Richardson, Midland Health Public Relations Manager: Does a cancer survivor qualify for 1B?

Mr. Meyers: Yes.

Tasa: And to add to that, if anybody has questions on qualifying at MidlandHealth.org/vaccine there are the 1A and 1B qualifications. So, you can go there to verify as well.

Mr. Meyers: Yeah, as I recall I think cancer is at the top of that list. It certainly is a qualification.

Tasa: Yes, sir. We do have a question that I did answer on here, but just in case anybody would like to hear it. We are asked regarding being vaccinated in their cars. Will they be vaccinated in their cars?

Mr. Meyers: We will not be vaccinating people in cars. That was something we had talked about early on. We know that there have been places that have done that or places that have tried that. We’ve

been in contact with a couple of different sites. The closest one being our friends in Lubbock, and they have advised against that. It's very difficult. This is not just drive up, we stick a needle in your arm, and you move on. We've got to get a fair amount of information from you for reporting back to the state. We also have to be able to follow up with you because it's a two-dose vaccination. And we have to be able to access your upper arm. All of those things make it particularly difficult to get this done expeditiously and successfully in a drive through setting and so we have chosen not to do that. We are going to be managing traffic carefully. We have up close parking. But we are going to ask every person who is going to be vaccinated to come inside the facility, finish their registration, get their shot, and then probably return to their cars if they can. One of the great things that our EMS service is going to do, is actually have EMTs and an ambulance in the parking lot so that if people have any distress if they have any reaction there will be a team ready to respond to them even if they've returned to their car after their vaccine. So, we think we have a really good plan, but it is not a drive through process.

Tasa: Can you please, verify just because you have the vaccine does not mean you do not have to wear a mask.

Mr. Meyers: That question sounds like a plant. Yes, the vaccine, this has been stated by the scientists who developed it, by the CDC and the FDA from the very beginning. Just getting the vaccine, while it is 95% likely to protect you from getting the disease yourself once you've had both doses, there is no information yet about whether you can remain a carrier of the virus. And while you might not get sick yourself, you might be able to pass it on to someone else. As we've said from the very beginning, the purpose of your mask, the mask that I wear primarily is to prevent me from infecting you. And so, if the possibility still exists that I might be a carrier, that I might be able to expose you even though I won't get sick myself, I should continue to wear a mask. Until we get to the point that herd immunity is established, that the majority of the community has either had the disease or had the vaccine we're all going to continue to wear masks, continue to advise social distancing, continue to encourage people to avoid gatherings especially in indoor venues, all the same things we've been emphasizing from the beginning. We'll continue to emphasize for a while yet, probably for several months until the vaccine is widely distributed.

Tasa: Erin, that's all the questions I have from Facebook.

Moderator: Ok, then next you have two more from Sammi. She asks, "At this point, how many employees have been vaccinated? And can you walk us through the flow or process of what getting the shot will be like?"

Mr. Meyers: I can try. We are finishing up the first round of vaccines, second doses. So, I think we were at about 1,400 people who had finished a full 2 dose course of vaccination. You can get all this on the state's website which is now reasonably well caught up. But we're in that ballpark. We're going to get to about 2,000. That's not all hospital employees. About half of them are and the rest are scattered among health care workers from all over the community that we've invited into our facility to get their vaccines because their facility didn't get its own allocation. So, by the end of this week, we expect to have 2,000 people or so fully vaccinated with two doses. There're more to come. We expect to be doing some more employees with this next round of vaccine next week and other healthcare workers in the community as well. But that's about 2,000. So, the rest of the question was—

Moderator: Can you walk us through the flow or process?



Mr. Meyers: Yes, I can try. First off, you have to have an appointment. So, if you're on the waiting list, if you were on the Health Department's waiting list or if you've added yourself later and we hear that over 4,000 new people have been added to the waiting list since we combined the two onto the one hospital-based site. So, once you're on the waiting list you are going to get a confirmation back from us that you are on the waiting list and then later on our people will have scheduled you for a specific time and you'll get an email or a text that gives you the details of when you are scheduled, what you should do to prepare, how you should register and we hope you will register yourself online if you possibly can so that we are fully prepared for you when you arrive. If you can't register yourself, we'll have a separate line, separate direction with people at computers and you can sit down and talk to them and they'll do your registration for you. Obviously, that takes a lot longer. That's going to delay your process if you choose to do it that way, but if you need to that's fine. We'll be prepared for you. So, if you come to the Horseshoe site and you have an appointment, we'll bring you in, we'll confirm who you are, look at your ID, put a sticker on your form and then move you on to get your vaccine immediately. If you've shown up fully registered it should be a very smooth process. We are asking people to wear short sleeve shirts. If you wear a jacket, make sure you can remove it easily because we're trying to give 1,000 vaccines a day with 10 or 12 people actually doing the shots. So, people need to move through pretty quickly and any delays that we have if needing to remove clothing items or registration delays are going to make it more difficult to get 1,000 done in a day. We will have lots of people around to assist, to direct traffic, to push wheelchairs, to encourage people to take their coats off and be ready when they get to the front of the line, but that's the way it's going to work. Now, once you've gotten your vaccine if you have arrived on the bus or don't have a car for whatever reason, then we'll have a place for you to wait for a few minutes to make sure that there's no reaction. Reactions to the vaccine are extraordinarily rare, but when they happen, they need immediate treatment. They're not difficult to treat and we'll be prepared for those. But we do ask you to wait around just for a few minutes. What we understand is that if a reaction is going to happen, it will happen quickly, and so we'll be prepared to take care of you. If you can return to your car, we ask you to that waiting in the parking lot and as I said earlier the EMS team will be around in the parking lot and easily flagged down if you feel poorly, if you have a reaction, they'll be ready to take care of it. I think that's essentially the process. One thing I failed to mention earlier, we're very pleased our friends at EZ Rider have established a shuttle bus line. The Horseshoe, as you all probably know, isn't on a regular bus line, but the EZ Rider folks are going to run a shuttle to and from the Horseshoe from their central hub in downtown Midland and that's going to make it easier for people who use the bus for transportation to get to the site if they need to do so.

Moderator: The next question is do you have to be a Midland resident to get the shot from this hub or can you be from anywhere as long as you make an appointment?

Mr. Meyers: That's another great question. We could have planted some of these. Maybe we did, I don't know. But the state has made it clear from the very beginning of this process that your community of residence is not a factor in determining where you get your vaccine. So, if you sign up on our site and you meet the criteria, you will get a vaccine here even if you live in another county.

Moderator: And the next question is what time will the Horseshoe be open to give shots?

Mr. Meyers: We are making appointments and so it's important to show up at your appointment time. I believe we are planning to run the clinic from 10:00am to 6:00pm. We'll obviously be flexible with that somewhat especially for the end of the day. But don't line up at 10:00am please if you have an



appointment at 1:00pm. That will not help. So, show up a few minutes before your appointed time. But we'll have a full team out there all-day Monday through Friday next week 10:00am to 6:00pm.

Moderator: The next question is if someone received their first dose from a family practice do they receive their second dose from this hub or go back to the family practice?

Mr. Meyers: You know, that's a really good question. Wherever you receive your first dose you need to go back there for your second dose. They should have made you an appointment for your second dose when you received your first one. Everybody who's getting first doses has a commitment from the state to deliver the second doses on a timely basis. I know we've gotten all of our second doses now and everybody who got a shot at the hospital got an appointment card that said come back to the hospital for your second dose on this date. That should have happened with everybody else who's providing vaccine. If it didn't, you should contact the people who gave you your first dose and ask them when to return for your second dose. Do not come to the Horseshoe, do not get into this queue to achieve a second dose of a vaccine you've already received.

Moderator: Tasa, do you have any others?

Tasa: No.

Mr. Meyers: Ok, it's a very exciting time. I'm sure there will be more changes as we go but looking forward to really beginning to mass vaccinate the community over the next few weeks. Thank you.

Moderator: We have one more. One final question for you, Russell.

Mr. Meyers: Ok, alright.

Moderator: Sammi asks, "This has been a long road and mass vaccine distribution seems to be the much-needed light at the end of the tunnel. How does this make you feel?"

Mr. Meyers: I agree with that and it makes me feel really good. It also makes me a little anxious that we not get ahead of ourselves. You know, we have to temper our optimism with the fact that it's going to take actually months to get this done. And in the meantime, even though we're giving lots of shots, we've got to continue to do the same things we've been doing that have driven our numbers down and kind of helped our community get through this. I'm very excited. I'm very optimistic about it, but I want to be sure that optimism doesn't turn into complacency. You know, we've got to keep doing the hard things until we get enough of the vaccine out that everybody's protected. So, a little bit of both. Thank you.

Moderator: Thank you, Russell. And now we will turn it over to the Health Department and today it's Dr. Wilson, our local health authority.

Dr. Larry Wilson (Vice President, Medical Affairs Midland Health): Thank you, Erin. And I can't reiterate more strongly what Russell's last comments were there that we are seeing a beautiful light at the end of a tunnel, but the tunnel's still long. And let's keep mitigating, keep doing the things that we need to do in the meantime. And so, working for the Health Department tonight or this morning. I'd like to just go through some numbers that Whitney normally goes over. Our overall case count is currently 13,427. We have 1,617 individuals isolating with the infection and under investigation an additional 2,778. We've recorded 8,466 that we believe have recovered and there's 364 that we're unable to contact or



don't want to participate in giving us information. The mortality rate has surpassed 200 and we've had 202 deaths in Midland County from the infection.

As Russell mentioned earlier, I'm going to switch gears here a little bit and talk about the vaccine a little bit as well. The Health Department and Midland Health's lists have been combined so if you've signed on already with the Health Department, those lists are being moved over with Midland Health and you will be scheduled if you are eligible. Those that have signed on that are not in this over 65 or eligible because of underlying medical conditions you're dropped off the list. So, you will have to re-register, preferably through the Midland Health website. If you're unable to do that, the Health Department website remains active and will be combined with the Midland Health website as is the Health Department phone number is accessible as well. And that again will be transferred over and combined. The most efficient way is to work directly with the Midland Health website at this time.

The Health Department has been promised an allocation of 200 additional doses for a second vaccine for those that received their initial dose through the Health Department. The date of the allocation arriving has not been made clear yet, but everybody who got their original dose at the Health Department as Russell mentioned before, you go back to the Health Department for your second dose. Those have been scheduled already. The appointments begin on the first of February and we're confident we'll have the vaccines prior to the first of February.

Finally, I want to reiterate something that's been said here over and over again for all of the months that we've been doing this, but the surge in the COVID infection remains across the country and in many parts of Texas. Over the weekend there's been articles posted that describe the COVID mortality rate as surpassing any other rate of mortality for any other disease in certain age groups, for 35 and above. That's happened briefly before, and it's been continuous recently. It's sobering information I think we have to keep that in mind. There's a lot of opportunity right now for being a little bit more complacent. We've been doing this for a year. It's getting a little tiresome and we are optimistic that the vaccine is going to be coming. But we have months to get it to a large enough number of the population that we can hope for herd immunity and in the meantime those that have been vaccinated may still carry the infection, may still distribute the infection. We want everybody to remain focused on the mitigation, social distancing, mask wearing, hand washing, same things we've been doing. And we can see the light at the end of the tunnel. We look forward to that. So, from the Health Department's side, thank you very much.

Moderator: Ok, the first question comes from Caitlin Randle with the MRT. She asks, "How is the Health Department determining if someone doesn't qualify under 1A or 1B? Do people indicate how they qualify when they sign up?"

Dr. Wilson: Yeah, the Health Department had a list, and they were basically a write in about what their underlying medical conditions were. So, if nothing was added to the list or they're not over 65 then they are going to be excluded. So, if they haven't put down information to give us an indication about why, they'll be off the list.

Moderator: Are people who don't qualify notified when they are removed?



Dr. Wilson: No, no. This is the notification. And we will get that out in every platform that we can to make sure that people are aware. But if they are not contacted for an appointment or to be notified that they are on the list, they are off the list.

Moderator: We'll give them just a second to see if anyone has anything else. Dr. Wilson, thank you.

Dr. Wilson: Thanks very much.