



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, February 2nd, 2021

Transcribed from a previously recorded live event.

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

Mr. Meyers: Thank you, Erin. I am Russell Meyers, CEO of Midland Health. And we'll start with a few numbers from the hospital today. Our census overall is 208 patients. Consistently over 200 which was a high watermark for us for a long time but has become pretty routine. On the COVID front, the census is down significantly from where it's been at its peak. We have 34 patients today in the hospital who are actively being treated for COVID-19, 18 of those in Critical Care with an age range of 38 to 76, 15 in our Medical unit ages 22 to 95, and then we have a single patient in Labor and Delivery who is COVID positive.

As the census falls, we've been focusing on rearranging our bed complement trying to get a little bit of work done here and there, moving as many patients eventually to the 9th floor as possible, and we hope in the not too distant future slowly closing down the 6th floor. We expect to be losing some of the FEMA nurses that have been helping us to staff extra beds and our eventual plan is to turn the 6th floor into the day surgery unit for the long term. And so, we are working in that direction. We're not quite ready to get all the way there yet. But the declining census has made it possible to begin preparing for that eventual transition.

On the testing front, test demand, test volume, and the percentage positive has been down now for a couple of weeks in a row. Test volume down just around just 1,000 last week which is the lowest it's been in quite a while and the percentage positive down into the low teen percentages, 11.7% last week. So, those are good trends hopefully indicating that the virus spread is declining here in the community.

Now, I want to spend most of the time talking about vaccines. There's a lot of good news. It's sort of a fluid situation in a number of ways and so I have a lot to share with you. To begin with, through yesterday, either here at the hospital or at the Horseshoe where we are doing mass vaccinations or by sharing smaller quantities of vaccine with other providers and other communities who can deliver it themselves, we have now accounted for 13,486 doses of vaccine either administered here or provided to others for them to administer in their own settings. Pretty substantial effort so far. We continue to do 1,000 plus per day at the Horseshoe. 1,064 done yesterday and more scheduled for every day the rest of this week. Our workforce has been 56% vaccinated so far here at the hospital. That number is not too surprising at this point in the process. Internally, we are beginning to work again to get scheduled and do some internal education to get the rest of our workforce to get vaccinated hoping to get to at least about 80% and we think that's a very achievable number over the course of the next few weeks.

I mentioned other communities that we are supporting, I think it's important to note that. As a hub, as designated by the state we are getting a substantial allocation every week. What used to be 4,875 doses has now been recognized to be closer to 5,800 doses because the Pfizer vaccine is supposed to have 5 doses per vial and actually has 6. So, we're getting a good bit more supply than what the state is officially allocating to us and that puts us in a position to share with others. We have shared with



providers in Howard County, in Alpine, and Brewster County, the Martin County Hospital, Presidio. And in the days to come beginning tomorrow in Glasscock County and continuing next week in Ft. Davis and again in Marfa, we have teams of local EMS personnel, nursing, and support staff from the hospital who will actually go to those communities because they have very, very limited healthcare infrastructure and they don't really have the ability to just get a delivery of vaccine and administer it themselves. So, we're sending teams to help them with logistics, to actually put shots in arms, to do all the paperwork and data collocation, and assist those communities who would not be able to get access to vaccine otherwise. That's all happening over the next couple weeks and in the days ahead we'll look for more opportunities because even though we're giving them a little bit now, it's not going to meet their long-term need. So, those are important parts of the vaccine process.

We have a number of challenges that we have faced. While we are getting, you know, 1,000 plus people vaccinated every day, we still have some challenges with no-shows, with communication, with people being scheduled. So, I have a few comments to make about that process. We're doing a little tweaking to try to improve it. To begin with, if you have put yourself on the waiting list, especially if it was in the more distant past, if you signed up when the Health Department had its original waiting list, or it's been several weeks since your first signed up and you haven't heard from us, we would encourage you to go back and register yourself again. Put yourself on the waiting list a second time. It won't hurt anything to be on there twice and then we are improving our communication process or trying to. Not only are we doing email and text verifications, but we now have a large team of people who are making phone calls to schedule people. They are taking phone calls to discuss challenges with the registration process or to verify scheduling. All of that is happening through our phone bank. The main number there is 221-4VAX. You can call them, or you will get a call from them. If you get a call from us, your caller ID is going to say 221-1111. That's the main number at the hospital. We would encourage anybody in the community who's on the waiting list or has been on it, if you get a phone call to your cell phone or even your home phone if that's the number you gave us and it's coming from the hospital's main number, 221-1111 please answer. They have a lot of calls. They told me this morning that the calling team was getting about 1 out of every 20 calls answered at the numbers that were given to us by people on the waiting list. So, please do make it a point to answer your phone when we call. If you don't answer, we'll do our best to email and/or text you with scheduling information, but we are geared up to do a lot of this by phone if people will answer their calls. So, again if you have been on the waiting list for a lengthy period of time, really more than about a week and have not heard from us go back to the waiting list, put yourself on again, making sure all of your information is accurate, and our team is prioritizing those newer entries assuming that people who are older have found vaccine elsewhere or we just simply don't have good enough data to contact them.

So, if you need to cancel, you have a scheduled appointment you know about it you need to cancel or if you have a question that you think can be answered by email, we have a special email address as well. That's vaccine@midlandhealth.org. We don't have 20 people answering that line, so we'll get back to you and answer your questions as soon as we possibly can, but most importantly if you want to cancel an appointment that you know is scheduled, you've already gotten your vaccine somewhere else, email us at vaccine@midlandhealth.org.

I think the last comment I want to make about vaccines relates to the data we're able to collect. When we register patients there are a number of fields that we are asked by the state to complete and two of



them are race and ethnicity. Those are more likely than almost any other field we have to be left blank or for the scheduled person to refuse to provide the information. Of course, that's your right, but it is important for us to collect race and ethnicity data. The state and federal governments have asked us to do so and the purpose behind that is to assure that we are equitably distributing vaccine across our entire community. Underserved communities of specific races and/or ethnicities are of a particular concern to the federal and state governments. If we are missing certain pockets of our community, we want to know that and be aware of it and then have special outreach efforts to those community members. So, please when we ask you for your race and ethnicity data, do provide it to us and we'll continue to track that and address the need for further outreach as it arises.

One more thing, I saw yesterday and several of you may have seen a post on the NextDoor App in my neighborhood. I don't know if it went beyond that, but it was suggesting that because of the challenge we've had with no-shows at the Horseshoe that all-comers were invited, it didn't matter if you met the 1A or 1B criteria, it didn't matter if you have an appointment, you should come on to the Horseshoe. That is absolutely incorrect. It has never been correct. We do not want people to show up at the Horseshoe without appointments and we don't want people who are not in the 1A or 1B categories to try to schedule appointments. If you're not in those categories your time will come later. So, if you've seen posts to that affect that all-comers are welcome without appointments, that is not true. Please do not show up at the Horseshoe without an appointment.

I think I've taken care of just about everything and I'll be happy to take questions.

Moderator: The first question I have is, "Is it possible for a caregiver at home to be able to get the vaccine now?"

Mr. Meyers: A caregiver at home. Let me answer what I know and maybe you could clarify the question if you don't mind. We are putting together plans to deal with homebound patients. We have a program that's a couple of years standing here that includes community paramedics from our Fire and EMS service along with a physician assistant who works for Midland Health who have a relationship with a number of people who are homebound, and they regularly call on them in their homes. We also have gathered information from some of our local social service agencies on homebound patients and we are assembling a list of people that the team will go home to home and individually administer vaccines. That process will start on Friday this week with a kind of a minimal roll out. You can imagine giving one vaccination waiting until we make sure that the patient doesn't have a reaction and then moving on to the next home. That's a slow and laborious process. So, we want to be sure we have a good handle on how many of those we can do in a day with the resources we have. And so, we'll be starting that on Friday. We think there could be as many as about 300 of those people identified in the community and we're going to do our best to reach them one at a time in the days ahead. I think the question was about caregivers and I'm not sure, is it suggested that we should be giving people who are otherwise able bodied and able to leave their homes, but because they are caregivers it's not easy for them to get to the Horseshoe. Is that the nature of the question?

Moderator: I believe they are asking like they take care of their elderly parents maybe at home and they are wondering if they can get the vaccine.

Mr. Meyers: Good question. I would encourage that person to perhaps contact us directly and we'll see what we can work out. I mean that sounds like a caregiver to me, a little bit non-traditional perhaps, but



that sounds like a person who would fit the 1A category. We may not be able to bring it to you in your home, but we could make you eligible at the Horseshoe site. So, if you'll email vaccine@midlandhealth.org, we'll give you a specific answer to your specific situation.

Moderator: And now Danny has some questions. Danny, whenever you are ready.

Danny Barrera: Yes, Mr. Meyers, on the race part, there's a drop-down menu I've seen on other sites where you could register it just says white. Does yours say Hispanic on there?

Mr. Meyers: We can pull it up while we're here. I can ask the team to do that. I haven't looked at the drop-down box to tell you the truth, but there's both a race and an ethnicity box. (Comments off camera not able to be heard) It's not a drop-down box. I'm being told that it's free text. So, you can enter whatever you consider yourself to be.

Danny Barrera: Alright, thank you.

Moderator: And Travis, you've raised your hand whenever you're ready.

Travis: Hey, thanks. Can y'all hear me ok?

Mr. Meyers: Yes.

Moderator: Yes.

Travis: Great. So, kind of a broad question here, but I cover all of West Texas so not really any particular community and I'm sorry if you hit on this at the beginning because I joined a little late, but Russell, I've been hearing stories of anecdotes that I believe of people who are not 1A or 1B getting vaccines, going up to Pecos, going to Crane, you know wherever. So, I mean I don't want you to speak for any particular hospital, but just big picture, should that be happening? Has that happened because of just no-shows at some of these outlying hospitals? And where are we just in terms of just what the ethical thing is to do if you're not in those 1A, 1B categories? Should you be trying to get a vaccine?

Mr. Meyers: There's a lot in that question. Let's start with the outlying communities.

Travis: Sure.

Mr. Meyers: You know, we and Medical Center in Odessa are both working to get vaccine into the hands of communities that might not get any of it otherwise and we are instructing them to follow the state's guidelines if they possibly can. That means giving vaccine to 1A and 1B populations in their communities. What we know that we have experienced here on occasion and undoubtedly is being experienced every place vaccine is being given is that there are shelf-life issues, there are resource issues that will lead to giving some amount of vaccine to people who are not ideal fits in one of those categories. For example, if you know we have the Pfizer vaccine, the vast majority of what we've given is Pfizer, it has a limited shelf life after it has been thawed and then after it's been mixed with the dilutant and put in a syringe to be given. And so, if we have enough no-shows that we find ourselves with a dozen loaded syringes on the table and the clock's ticking for their expiration, we are going to find a population of people who can show up and we're going to ask them to come get a vaccine. We would strongly advocate anybody doing this instead of wasting a dose of vaccine, put it in an available arm. That doesn't mean we are scheduling people who are not in the 1A or 1B category, but if we find



ourselves with vaccine that we can't otherwise use on an eligible person, put it in an available person, someone who's willing to be vaccinated and is otherwise not contraindicated. So, if that's happening in those communities in the way I described, I have no judgement about that. I think it's perfectly reasonable and none of us should be willing to waste a single dose of vaccine. That's job number 1 as far as I'm concerned.

Travis: Ok, thanks. That kind of helps, but again I'm still just kind of curious about what the guidance is to just people in general. I mean like, should you be driving to a hospital hoping for that one-off chance that something might happen?

Mr. Meyers: I don't think so, but I can't speak for people in rural areas that are remote from big cities. We certainly don't want people to do that in Midland. We are aware of some populations that are available to be called and can respond on short notice and if we call you and say we've got a vaccine for you we hope you'll come. But we certainly don't want you to wait outside the doors of the Horseshoe in the hope that there might be an extra that you can have that day. That's not what we would indicate at all for anybody to do. If you choose to put yourself on the waiting list and you don't qualify as 1A or 1B that's fine, but we are going to sort you out in the scheduling process and if you're not qualified in one of those groups, we won't schedule you until your group comes up.

Mr. Meyers: Ok, thanks so much. I appreciate it.

Moderator: And now Kate Porter with CBS7 has a few questions. Kate, whenever you're ready.

Kate Porter, CBS7: So, my first question was about the race and ethnicity data being left blank. You said it was free text or they can write in whatever they want. Is there anyway on the form to require that to be answered, or is that just at will kind of thing?

Mr. Meyers: I think we are requiring it, but one of the options is to decline. So, you can put something in that blank that says I decline. That's going to meet the requirement.

Kate Porter: Ok, and then my second question is about the home to home roll out. I just want to clarify that you said that would begin this Friday. Is that correct?

Mr. Meyers: Yes. We have I think it's 24 homes we are going to get to this Friday and see how it works.

Kate Porter: That's all my questions. Thank you.

Mr. Meyers: Thank you.

Moderator: The next question comes from Marfa Public Radio. They ask, "I'm wondering if anyone from the hospital can go over details of how exactly the vaccination clinics in Ft. Davis and Marfa will run. Will staff with the hospital be on hand to assist with vaccinations? Are there conversations right now about bringing similar events to Alpine or Presidio?"

Mr. Meyers: I can tell you most of how they will run. I can't tell you the specifics of the logistics in the communities for scheduling people, for communicating with the local population, etc. But I'll take Glasscock County for example, because it's coming up first. This is Garden City, and we were talking with them just yesterday. Tomorrow, this is going to happen in Glasscock County. We are sending 2 nurses from Midland Health, some number of staff from the Fire and EMS service here in Midland, and



some volunteers to help with logistics. They are all bringing the vaccine to Garden City tomorrow. And they will actually administer the vaccine. What the local people are doing is gathering their community, setting up a space for it to happen, organizing the flow of vaccine recipients, and doing all of the communication. We'll handle the administration of the vaccine and the paperwork to report it to the state. When we go next week to Ft. Davis and Marfa, essentially the same thing is going to happen. Of course, every community will have its own flavor, but the theme is the same. We'll send a team from here, our Fire and EMS service, nurses from our hospital, volunteers from here who will work with local volunteers to set up a mass vaccination effort one day in Ft. Davis, they'll spend the night, they'll take the next day and do the same in Marfa, and then they'll come home. In Presidio and- What was the other one?

Response off camera: Alpine.

Mr. Meyers: Presidio and Alpine, those are different. There's a hospital in Alpine and we have provided a large number of doses to the Big Bend Regional Medical Center that they intend to manage themselves. So, under the state's rules for vaccine that's what's called a transfer. We have told the state we are giving X-number of doses to the Big Bend Hospital. They are an accredited and approved vaccine provider, and they'll take it from there. We just gave them the doses and they'll manage it. The same thing is true in Presidio. There is actually a health clinic in Presidio that is an accredited vaccine provider and they have come up and retrieved their doses of vaccine and taken them back to Presidio to deliver themselves. So, we've got two different models, but both of them work. Obviously, it's more difficult for us to send a large number of human resources to an outlying community so we won't do as much of that as we will simply distributing the vaccine doses, but to the great credit of leadership of the Midland Fire and EMS service they've been willing to allow their EMS folks to join us in going to those communities and doing the work on site that they really can't do for themselves. So, it's a real team effort.

Moderator: The next question comes from Caitlyn with the MRT. She asks, "Can you give examples of what populations you've asked to come to the Horseshoe that might not fit in 1A or 1B?"

Mr. Meyers: Well, we did teachers yesterday, for example. We had a large number of no-shows and toward the end of the day knowing that the schools were in a workday, the kids were out of school yesterday we knew there was a large quantity of school district personnel who were at work and potentially available to come. We contacted them and we got a significant quantity of them to come out and get vaccinated at the end of the day yesterday when we had gone through all of our scheduled folks. We have done other things with hospital staff, with staff of other clinics and other providers in the community. It varies from day to day but known populations that we can get to come out in relatively small numbers. The first priority is people who have signed up for our waiting list and are actually eligible as 1As or 1Bs and just simply haven't been scheduled yet, or they've been scheduled out into the future. We can call them first and if they can come that relieves the future schedule and allows us to add more later.

Moderator: And Tasa, do you want to ask your Facebook question?

Tasa, Midland Health Public Relations Manager: Have you gotten any additional information about the second doses? Will you get 5,000 plus doses for the second doses along with 5,000 plus for first doses?



Mr. Meyers: That is the biggest question we are all asking and as of today, Tuesday the 2nd we don't have the answer to that. We are prepared to deliver second doses and we have in fact scheduled people for second doses at the Horseshoe beginning the week of the 15th. We do not know from the state if they will deliver us both a full allocation of second doses and a full allocation of first doses in the same week. We are hoping that by the end of this week, typically we find out late Thursday or early Friday what the next week's allocation will be. This week is going to be the telling moment. If the state gives us 10,000 doses this coming Thursday, then we'll know we can do first and seconds both. We think frankly that it's probably more likely that we'll get our regular 5,800 doses and we'll just do second doses for 2 or 3 weeks until we cycle back around and start doing first doses again. But until the end of this week we won't know the state's position on that.

Tasa: That's all the questions I have, Erin.

Moderator: Ok. Russell, I haven't gotten any others from the media. So, thank you.

Mr. Meyers: Alright, thank you.

Moderator: And now we will turn it over to Dr. Wilson as Midland Health Department's local health authority.

Dr. Larry Wilson (Vice President, Medical Affairs Midland Health): Thank you, Erin. I'm going to start off with the numbers from the Health Department. The total number of cases, case count is 15,687 at this point. We have 1,391 persons isolating, 10,234 that have recovered, 3,430 under investigation currently. There's over 400 that we're not able to contact. And just a quick comment on that, it's really important when you are tested that you give accurate information about address and phone number or at least some number or some means that one can be contacted. Positive test contacting and contact tracing any others that might have been exposed is essential to slowing down and mitigating the spread of the infection. So, please make sure there's accurate contact information available. Unfortunately, there's been 224 deaths in the Midland County so far from the COVID infection.

I'm happy to announce that the Health Department is currently giving their second doses for those that received their first doses through the Health Department. That's the Moderna second doses. The Health Department is not receiving anymore first doses. So, please don't contact the Health Department directly for signing up. You can go through the Health Department to get onto Midland Health's list for Midland Horseshoe arena, but it's easier to go through the contact sites that Midland Health has available for doing so with the website.

Contact tracers are currently up to date. They are contacting people that were positive yesterday. We're very excited about that and happy that we're able to meet the need. And I think that's the information that I have currently from the Health Department's perspective. We're really excited for the work that the Unified Health Command has done both for Midland County and also helping the Department of State and Health Services spread vaccine across the rural communities throughout West Texas. So, thanks very much. I'll entertain any questions.

Moderator: The first question comes through the hospital Facebook page. They ask, "I remember the hospital mentioned a few weeks ago they were going to start using a few new treatments or medications. Have any of those been effective?"

Dr. Wilson: There's information that is suggesting that a couple of therapies might be beneficial that both within the hospital population as well as for primary care physicians are going to start being used more regularly. Both are well known medications that are being repurposed for helping out with the COVID infection. The first that can be used as soon as one is recognized to be infected and before even having any symptoms is Colchicine. It's an anti-inflammatory medication that many people may remember has been used for gout for a lot of years to help cut down on any pain and inflammation from gout. The anti-inflammatory affects seem to mitigate the significance of the infection from COVID. It decreases hospitalization, severity of infection, and even mortality. There's a good study that's a large study, it's peer-reviewed, it's pre-print, but it's been circulated amongst many of us in the hospital and so we're advocating for Colchicine in that setting largely because it's recognized as a very safe medication to begin with. So, there's very little risk associated with it for anyone as well as the opportunity for having some success and helping. And then I'm also interested in that, remember that many months ago now people were advocating for the anti-parasitic medication Ivermectin. There seems to be enough information now that the CDC, NIH, and others are actually moving their argument from strongly oppose using it for a medication for treating COVID to neutral. So, we're taking a stance that as a practitioner positioned whether they want to use it or not, but those two therapies along with the infusion therapy that we've already been doing and other therapies with Dexamethasone, etc. in the hospital are all very promising as we get into these later stages of the COVID pandemic.

Moderator: We haven't received any others. So, thank you Dr. Wilson.

Dr. Wilson: Thank you.