



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, February 9<sup>th</sup>, 2021

Transcribed from a previously recorded live event.

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

Mr. Meyers: Thanks, Erin. I am Russell Meyers; CEO of Midland Health and I'll tell you how things are going here in the hospital first. We are at 34 COVID patients on an inpatient status at this point. 15 of those in Critical Care, 19 in the Medical Unit. We are continuing to see a fairly slow and steady decline in census. We've actually been down into the 20s a little bit, so lots to be encouraged about there. Ventilator usage is down to 21 and only 8 of those are COVID patients. Emergency Room (ER) traffic is up. 181 patients seen yesterday in the ER.

On the testing front, we've seen a decline in testing demand here for a couple of weeks now. Last week we were at 14% positive out of under 1,000 cases that were tested in our two testing sites. This week the positive percentage is down a little further, but that's only 1 days' worth of data so we think we're seeing the community incidence decline as indicated by fewer tests, fewer positives, fewer hospitalizations.

I think the biggest topic for today is vaccination and so let me get to that. We have begun posting on our website, on the banner that gives COVID data updates how we're doing on vaccine including not only what we're giving here at the hospital and in our off site testing program that's run by the Unified Command Team with great help from the city, Fire and EMS, Health Department, and from the county. All those numbers are now posted on our website so you could see how many vaccines we're giving, how many we're distributing to other communities, how things are going in general. Big picture: we've given or distributed over 20,000 vaccines. The number's actually over 22,000 now. We continue to get support from the state to provide over 5,000 doses each week. We received our typical weekly allotment yesterday and today we expect to receive a similar number for second doses and that leads us to a conversation about the changes coming in our vaccination process. Many people, thousands of people have gotten their first dose at the Horseshoe and for all of those people we've given them a card and an appointment at the same time about 3 weeks later so that they can come back to the Horseshoe and get their second dose. We thought it was very important that people go back to the original location. Make it very simple for them. Wherever you got your first dose, you will go back there and get your second dose. That will be at the Horseshoe for most people. Beginning next Monday, February 15<sup>th</sup> we are going live with a second site. This will be at Golf Course Road Church of Christ. They have been very gracious in giving us a building that we can use, that we can keep dedicated to this purpose for several weeks, and our team is already scheduling people to get first doses of vaccine at Golf Course Road Church of Christ beginning next Monday. So, we'll finish first doses at the Horseshoe this week. The Horseshoe will convert to second doses for a 3-week period beginning next week. At the same time, we'll stand up the Golf Course Road Church site for 3 weeks' worth of first doses and then flip and do second doses at Golf Course and go back to doing first doses at the Horseshoe. The whole philosophy behind all this is to make it as simple for people as possible. Wherever you are getting your first dose we'll ask you to go back to that same site for your second dose. Great help all around, as I mentioned, the city and county, but also our friends from Team Rubicon, a growing group of volunteers from the community, we've had students from the Midland College nursing program, from UTPB, we're



working with Texas Tech to get PA students and others to help as we expand our work. One thing that's important, I believe Tasa is going to put on the screen the email address if you wish to volunteer. [vaxvolunteers@midlandhealth.org](mailto:vaxvolunteers@midlandhealth.org) We still have need as we spread ourselves a little thinner. We have need for volunteers to help with traffic flow, with logistics, with assisting patients in and out of their cars, with maneuvering them through the process once they get inside the facility, and if you choose to volunteer and you have not yet had a vaccine, we will vaccinate you even if you are not in the 1A or 1B category. If you are a volunteer and you come and work with us to give vaccines to others, we will vaccinate you. So, that's a small perk that we can offer to the many people who have offered to volunteer with us. And we're very pleased with the response so far, but still need some more helping hands.

One important part of the vaccine effort is recognizing that as a hub we have a responsibility not only to our own community which is where we are giving the vast majority of the vaccine, but also to the counties around us. I've talked about this a little bit before, but just to reiterate we are in trauma service area "J" which is a 17 county region, everything from just south of Lubbock, and just east of El Paso, all the way down to the border, and over to Abilene on the west. So, we have a huge geographic area including some very sparsely populated counties that have very little healthcare infrastructure whatsoever. Because of that, our team from the hospital, representatives from the Fire and EMS service at the city, and some volunteers have made arrangements to go to some of these most underserved communities and to provide vaccination clinics in their towns on several occasions. Last week, we went to Garden City and vaccinated about 200 people from Glasscock County. That is probably the least well served of any of the counties around us. They have virtually no healthcare infrastructure whatsoever there other than a few volunteer emergency medical technicians and so our team was made welcome in Garden City and was able to give 200 shots. Yesterday, a slightly larger team, same makeup went down to Ft. Davis where they have had very little vaccine allocated and we gave 400 vaccine doses in Ft. Davis to residents of Jeff Davis County. They spent the night down there and today they are in Marfa doing the same thing. Intending to deliver 500 doses to the residents of the northern part of Presidio County around Marfa. We have also given doses of vaccine through the state's transfer process to a clinic in Presidio itself, right down on the border. In addition to those efforts, we have transferred vaccine doses to our colleagues in Howard County and in Martin County and a handful of other providers who were accredited by the state here in Midland. Also, Brewster County, Big Bed Regional Hospital has gotten some doses from us and administered them themselves. So, we are very pleased to be able to support the region. Not all of it's needs, not yet at least. We will be talking tomorrow and later on this week about what the next round of regional distribution might look like as we accumulate more doses and as the state's pattern of allocation to us becomes clearer. We think we will be able to share some more doses with those in need around the region. We are looking forward to doing that starting tomorrow.

As the mayor said, as you'll hear from everybody on this call, there is a lot of good news: hospital census declining, positive cases in the community declining, but it is still too soon, as we are being told the CDC and has been reflected in our own experience, it is too soon to drop our mitigation efforts. We have at least another month before we believe we are beginning to see the light assuming that we can keep doing vaccinations and keep the numbers down. So, let's continue to wear our masks and wash our hands and stay out of crowded environments, socially distance wherever possible, and let's put this thing away once and for all. So, thank you all very much and I'll take questions.



Moderator: Tasa, while we wait for the media do you have any Facebook questions?

Tasa, Midland Health Public Relations Manager: I do. Both of them are actually around volunteering.

Mr. Meyers: Ok.

Tasa: So, if somebody has submitted an email to request to volunteer, how quickly should they hear back from someone?

Mr. Meyers: I'll have to check on that. I would think it's pretty immediate. We've got a team working on it so I would think the same day or the next day should be a reasonable assumption. And if you haven't heard, please email us again. We'll check on that after this conference is over and make sure we don't have a backlog that we need to relieve but should be pretty immediate. We certainly do appreciate your willingness to volunteer.

Tasa: If I belong to the group Team Rubicon, do I volunteer through them or through the hospital?

Mr. Meyers: If you are a member of the Team Rubicon team, the ideal thing would be to volunteer through that vehicle. They are expecting to add volunteers. The Team Rubicon team is being split between our two sites effective Monday. And they've been gracious enough to kind of take a lead role in organizing the volunteers at both sites even though they will be splitting their team in half. So, if you're a Team Rubicon member already, please connect with them and volunteer that way. We'd welcome you otherwise, but I think that's probably the best choice.

Tasa: For the deaths that are being reported, are those MMH patients that have passed at the hospital or just in the community?

Mr. Meyers: I think Dr. Wilson will probably be better able to answer that from the Health Department's perspective because that's who receives the reports. What I heard this morning is that we have had several recent deaths reported to us that did not happen in the hospital. In a couple cases, several weeks had passed since they died but because they died either at home or in another community, we didn't hear about it timely. So, the Health Department can talk to you about that in more detail.

Tasa: Thank you. Erin, that's all the Facebook questions we have.

Moderator: Ok. The next question comes from Stewart. He asks, "Any updates on visitation policies or anything hospital related?"

Mr. Meyers: We are not making any material change in visitation policies. We still have the ability to have a single visitor at a time for non-COVID patients and no visitors for COVID patients unless they happen to be at the end of life, and we can make special arrangements for those. One minor modification we've made is for a quite a while we said 1 visitor period and that became onerous for some folks and it became clear to us that we could manage the trading out of visitors. So, if you have a family member in the hospital and mom wants to come and stay the day and sister wants to come and spend the night, we can accommodate that. Still 1 at a time, but we can swap people out during the course of the patient's stay.



Moderator: Ok, and Sammi has raised her hand. So, Sammi whenever you're ready.

Sammi Steele, NewsWest9: Good morning. I have a question that we got from a Rubicon volunteer that vaccine candidates at the Horseshoe, they're told that if they've had the shingles or flu shot in the last 3 weeks that they weren't advised to get the COVID vaccine. Why is that?

Mr. Meyers: More likelihood of a reaction it sounds like. I'm going to let Dr. Wilson address that one. He's going to come up here in just a second to do the Health Department update so, why don't you save that one for a minute and he can do that when he takes the podium.

Sammi: Ok. Sounds good. And then I also wanted to-- last week, and we've seen this in other cities, when people don't show up for their appointments there's almost a rush to get the vaccine out to people so that it doesn't go to waste. And so, the hub was opened up to Midland College Professors, other teachers. Is the system with appointments still working? Is no vaccine going to waste?

Mr. Meyers: No vaccine is going to waste. That's for sure. We are seeing fewer numbers of no shows each day as our communication effort has improved. We are communicating by multiple vehicles now including, we have a large team of people who are making phone calls to assure that people know about their vaccination scheduled time and if they have found it somewhere else and we can take them off the list we are getting that done ahead of time. So, the no show volume is going down, but each afternoon our team on site is still evaluating whether we have prepared more vaccine for the day than we are likely to get scheduled appointments in. And we've identified a number of groups around the community that we can call and can be available to get a vaccine at the last minute so that we strenuously avoid any possibility of waste. That does mean occasionally extending beyond the 1A and 1B groups, but our first priority is to assure that the vaccine is given and not wasted. So, we will make those calls as needed. But we are seeing record numbers of people show up in the last two or 3 days, so the no show problem is beginning to wane.

Sammi: Awesome. Thank you.

Moderator: The next question comes from Kate Porter with CBS7. She asks, "A Facebook group based in Dallas mentioned MMH and the Horseshoe vaccination site as an efficient place to get vaccinated if the person is willing to make the drive. Have there been multiple people from outside region "J" coming to Midland to get vaccinated?"

Mr. Meyers: Yes, we have a-- It's not large numbers, but we have a list of the zip codes from which patients have come and it was 50 or 60 zip codes at least the last time I looked at it. So, the state has given us direction from the very beginning as they've given to other hubs not to be overly concerned with peoples' residence. If they come to us for a vaccine, if they want to schedule with us, if they meet the criteria otherwise, we will schedule them. We are not encouraging that. Our vaccine is primarily to be given to the people here in this region. That's how it gets allocated, but if somebody from Dallas ends up on our schedule, we're not going to turn them away just because of where they live.

Moderator: Alright. We'll see if anyone has any follow up questions. Ok, this is from Carlos, I believe with Marfa Public Radio. He says, "I'm joining a little late, so sorry if this was already brought up and I



missed it. But I'd like to ask the hospital if they did more vaccine transfers to Big Bend Regional Medical Center in Big Bend this week and if so, how many vaccines? Additionally, from the hospital's viewpoint how did the 1-day clinic in Glasscock County and Ft. Davis go?"

Mr. Meyers: We gave an initial allocation to Big Bend Regional and we will consider giving them more. We are talking about that tomorrow. But this week we haven't given anybody any new vaccine other than the trip to Ft. Davis and Marfa. Now, the question about how those went. The Glasscock event went well, I think. And they seem to be in pretty good shape. The team was in Ft. Davis yesterday and said they were very well received. The community was ready, and it was a very efficient day. They had 400 vaccines delivered by about 2:30 that afternoon, yesterday. And then they are in Marfa today. I haven't had an update this morning. They are probably just getting started. So, we are anticipating another good experience and then the team will come home tonight. And we'll probably plan to repeat those visits when the time comes for the second doses in those communities. But otherwise, what we are trying to do is transfer vaccine to people who have been certified by the state to receive it and are capable of administering the vaccine themselves. Big Bend Regional fits those criteria. Scenic Mountain in Howard County, Martin County hospital. We want to help people. We want to help everybody, but those who can help themselves are particularly helpful to us because we can just send them the vaccine and not have to send a team as well.

Moderator: That's the last one. Thank you, Russell.

Mr. Meyers: Thank you.

Moderator: Now we will turn it over to Dr. Wilson with the Midland Health Department as our local health authority.

Dr. Larry Wilson (Vice President, Medical Affairs Midland Health): Thank you, Erin. I am going to start off with some of the numbers for the Health Department for Midland County. We currently have 16,000 cases overall case count with 1,347 currently isolating and an additional about 3,000 under investigation or 2,932 under investigation. 11,083 recovered. There's 412 that we haven't been able to locate or communicate with and 228 COVID related deaths at the current standing. I'd also just like to comment again the contact tracing has gone very, very well. We are currently completely caught up and we're doing contacts for the people that we have just discovered yesterday today. So, it's going very smoothly in that regard.

I'll touch briefly on the question about the deaths. Any deaths that are reported by our Health Department are Midland County deaths. They don't necessarily happen in Midland County, however. We have at least 1 death that we've been notified by the state that occurred in San Antonio, in a hospital in San Antonio that was a Midland County resident. There's a couple of other deaths that have occurred in homes in Midland and not in the hospital setting as well. So, they are Midland County deaths, but not necessarily in the hospital or in Midland County when they expired, but they are COVID related deaths.

The question about the vaccine in relationship to recent viral infections or other immunological treatments or what have you, there's some concerns that the infectious disease doctors have told me

about regarding getting a vaccine while you are currently either infected with another virus or immunologically responding to one that can blunt the immunologic response. And there's also concern that while you are under an immunological response from something else, either a vaccine or a virus that you might have an overreaction to a second one, or a hyperimmune response. So, for any of those reasons it's recommended not to get a vaccine while currently infected by another virus or recovering from a vaccine of another source.

The only other comment I'll make is the one that you've heard already. Things are seemingly looking pretty good right now in terms of the amount of the surge and the amount of response to the infection in our community but the reason it is, is because we've been doing what we've been doing, and we must keep doing what we've been doing for another month or longer. I don't believe that COVID's going to go away ever entirely. It'll be a smolder in the background forever and ever unfortunately. But we can certainly get on the front side of it and be much better if we continue to practice mitigation techniques. With that I'll wait for any questions.

Moderator: We don't have any at this time, but we'll give them just a second to see if they are typing anything out. Dr. Wilson, it looks like you're good. Thank you.

Dr. Wilson: Thanks very much.