



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Thursday, June 11, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning everyone. I am Russell Meyers, CEO of Midland Health. This is our coronavirus update for Thursday, June 11th, 2020. Starting with some data, across the state of Texas we are now just short of 80,000 confirmed COVID-19 cases. 1,885 deaths in the state to date. In Midland County, we have 177 confirmed positive cases and there have been 13 deaths. Our activity at the hospital, our census today is 152. We have 12 patients in Critical Care. We have a total of 4 COVID-19 patients, one of them in Critical Care. 3 in the Medical Unit. 127 patients in the Emergency Department (ED) yesterday as numbers continue to be down there. And we have a total of 7 ventilated patients. Only 1 of those patients on a ventilator is COVID positive. As we talk about hospital census, one thing I think is important to point out there's been a lot of feedback from the community about remarks that I made the last time we talked about the reassignment of beds, our effort to rationalize our bed assignments. We never did-- I know it was reported and a lot of people believe that they heard we said that we closed the COVID units. That was not the case. We have kept dedicated space available for COVID patients throughout. We will continue to evaluate the proper alignment of beds so that we can meet the needs of the whole community. But regardless if we have dedicated COVID units or not, we are prepared to isolate those patients as they come up and will continue to do so and to take the best possible care of those patients no matter how many of them we have or where we put them. But as of now, and throughout this process we still do have dedicated beds segregated specifically for COVID patients and as I said there are only a total of 4 of those patients in the house as of this morning.

Let's see, also along those lines the long-standing challenge with the Midland Medical Lodge is essentially passed. Those patients are all out of the hospital now and we're pleased that that seems to be resolving. You all may remember that the governor decreed a couple, three weeks ago that all nursing home patients and staff needed to be tested across the state. That has been a challenging process because it quickly maxed out the capacity of many of the laboratories across the state who are processing these tests, but we are coming out of that now. And the last of the Midland area nursing homes to be tested is happening I believe that's today here in Midland. So, the testing process for all the area nursing homes will have been completed today and then results of course will come in over the next few days. So, that part is beginning to resolve.

One of the things that I wanted to talk about today is the challenge we are seeing in increasing numbers of positive cases. I polled the last few press releases from the Health Department just to highlight for you how the growth is happening. Going back just a week, last Thursday, we had 9 new cases. The next day on Friday we had 8 more new cases. The following Monday we announced 6 new cases some of which of course had been reported over the weekend. Tuesday, 2 days ago, 8 more new cases. Yesterday, 3 new cases. And later today we expect that there'll be a handful of additional cases reported. This illustrates, I think clearly, that the virus still exists. It's still alive in the community. It's still being spread both here and in other places. The sources of disease for these patients are varied. Locally known cases, other community exposure, a good many of them are related to travel, some involve multiple members of a single family, a lot of elements of risk that are being illustrated in these new positive cases. On the positive side, on the good side, they tend to be younger than the cases we

had been seeing earlier in the process. Almost all of the new cases are isolating at home meaning their symptoms are not so severe that they have to be hospitalized. But it certainly points out the continuing risk that we have that the disease can be transmitted still especially with patients who are not yet symptomatic. And even though the people who are being infected now tend to be younger and at less risk the more people who have it the more people who are carriers, the more likely it is that someone who is frail or elderly, or otherwise vulnerable can be exposed. And so, Dr. Wilson is going to come up here and talk just a little bit, but we want to be sure that we reinforce the continuing importance of social distancing, wearing masks when you are in public when you are around any other people, washing your hands, not touching your face, all the same things we've been saying from the beginning continue to apply, even as we open up the community. We do seem as a community to be fairly complacent about this. As I'm out and about in the community I tend to be one of the few people that I see with a mask on, obviously it's an individual choice, but masks do reduce risk. And so, we have an opportunity still to do a better job of containing the risk of virus transmission if we'll all be a little bit more diligent in taking care of what we know works, social distancing and all of the associated hygiene factors. So, I'd like to call Dr. Wilson up to talk about that and a couple of other things and then we'll take questions after he's done.

Dr. Larry Wilson, Midland Health's Chief Medical Officer: Thank you Russell. Good morning. I want to reiterate a couple of the comments that Russell made, give a little bit of a different spin on it. But if you go back and as we opened up the economy and the local congregation, people getting out and being more active, you go forward 2-3 weeks and you went from having maybe 1 positive case that we would confirm on a daily basis through the Health Department on average. And then moving forward now we're seeing 5 to 8 new cases every day. So, there's no question that there's a relationship between people being active and being more close to one another and spreading the virus. So, the transmissibility is not a question. There should not be any doubt in anybody's mind. The favorable thing that I think we should all keep in mind too though as we open up the economy and younger, active, working age individuals are out and about as they get infected, they are not getting really sick. And we knew that was true as well. So, the vast majority of people we've been seeing come up positive and as Russell mentioned 5-8 new cases on an average a day in the last week or so, a little over that the vast majority of them are home isolating. We've had I think a couple, 2-3 new hospitalizations and everyone who has been hospitalized is doing relatively well. So, the important piece to that too, I believe, is what Russell focused on a bit also is that if we can keep it away from those that are at highest risk, we are going to do a better job of keeping everyone well. And if we can keep it out of the nursing homes, we can keep it away from grandma at home, even anybody with immune suppressed conditions or underlying chronic conditions we're going to do a better job. And how to keep it away from those individuals? When you are out and about in town, it's unpredictable who's going to be walking near you? Who's going to step into your space? You're walking down an aisle in a grocery store, there's no chance that you have of being very confident that you're going to be able to maintain enough distance to avoid a cough or a sneeze or getting exposed in some capacity. The way you can mitigate that, and that you can decrease that is by wearing the mask. I know people don't want to do that. I don't like it any more than anybody else does. But at the end of the day, you're going to decrease the breath getting out into space around you by wearing the mask. There's also been studies that have shown more recently that it also does mitigate your exposure to breath around you, a little bit. It's not a perfect mask. It's not an N95 that you've heard about, the respirator mask that has about a 99% or 95%

protection of the air around you, but they're pretty good. So, keep that in mind too, please. Russell mentioned also that the disease seems to be in the younger population and we're seeing that. The vast majority of the cases that have been reported the last several days have been 20-somethings, 30-somethings, 40-somethings, a few in their 50s, occasionally somebody in the 60s or 70s. So, let's please keep it that way.

I want to mention also just briefly about the pediatric population. I think there's been some questions around that topic. You know, you've heard the stuff a few weeks ago where they recognized that in New York and elsewhere there's a subset of the population that got very, very sick that had these vasculopathies, you know a big term for kind of a Kawasaki-like presentation or some inflammatory process in the blood vessels around the heart, etc. It's very scary. I'm sure as a mother or any parent with a child that gets sick and you're worried about COVID that would be something that you would be concerned about. I want to give you a little perspective on that. The under 18 population, between February 12th and April 12th there was 150,000 new cases of COVID-19 in the United States that were documented. Of that, 2,500 were in that population, under 18 population, pediatric population. That's 1.7%. Very low spread it appears in the young population. Speculation about why that is it's not really clear. Their immune systems may be robust because of exposure to a lot of other viruses including coronavirus. No one knows with any certainty why that is the case, but that's a fact. You know, the spread amongst the small, younger population is less. And in that population, the likelihood of getting critically sick or those worrisome things like the vascular inflammation, etc. is very, very low. It's a very small possibility. There's been, I think I had a number here—Well, under 1 year of age is the greatest risk, let me put it in that context, of having that. And that's exactly what we see in every other disease out there. That the elderly population and the very, very young population. So, in that very, very young population, under 1 about maybe 10% of them end up hospitalized. Older than that much less than that. So, I'll give you a little bit of context. I'm sorry, I don't have the number exactly on the pediatric in general. But we've had virtually no, in fact no hospitalizations here in our hospital in pediatrics with COVID-19 infection. So, it'll give you a little perspective on that. So, if your children do get sick, the symptoms of the COVID-19 infection are exactly the same symptoms and they are non-specific, but it's fever, runny nose, cough, lethargy or feeling weak, muscle aches, all the routine things that you see in pretty much every other viral infection out there. So, bear that in mind when your kids get sick in the past and you said well, they have a virus. I'm not worried about it. COVID-19 is a possibility. The vast majority of children are not going to be sick in that context and many of them will be asymptomatic. You've heard a lot about that reported as well. But just keep those perspectives and I'll entertain any questions that you might have.

Tasa Richardson, Midland Health Public Relations Manager: Ok. We have some questions from Facebook. There is a confirmed positive case employee at Ashton nursing home. Is there any proactive measures being taken to prevent another outbreak like Midland Medical Lodge?

Mr. Meyers: I'll take those. Well, yes there's a lot of proactive measures being taken by the nursing homes as you all may know Ashton is actually owned by the same company that Midland Medical Lodge is owned by. And they have been very proactive since the challenges at Midland Medical Lodge, testing all of their staff and patients. Of course, you know the governor's ordered that all nursing home staff and patients be tested again. It has taken place. Ashton is one of those that's been completed. So, you know a small number of positives is not shocking. There are precautions being taken in every one of



these places to isolate patients when they become positive, to send the positive employees home to quarantine, self-isolate. So, yes, I think we are much better prepared in the community. Our nursing homes are much better prepared. The Health Department is better prepared to help them make intelligent decisions and track their positives. So, yes, I feel better about it. I wish we could say that there was no further risk, but a case or 2 here and there as long as they are well managed is a manageable situation.

Tasa: We have another question from Facebook. What is the turnaround time on testing now?

Mr. Meyers: It varies a lot. The mass testing of nursing home patients across the state has tended to slow down results. Now that we are pretty much through that period. We are seeing 3 and 4 day turn arounds I think for the most part. I looked at the report yesterday. We still had almost all the tests outstanding from the first 3 days of this week as of yesterday. But there were no outstanding tests from last week. So, we're down to 3-4 days typically. We still have in-house testing capability for our own patients in the hospital, for the occasional employee exposure we're concerned about. But we continue to have very limited capacity. The company that manufactures the cartridges that run in our machine has had some manufacturing difficulties so we're down to getting about 50 or so cartridges a week to use on our own machines. So, the vast majority of tests that we are doing in our drive through testing center and the ED and other places are still going to outside labs either run by the state or by commercial laboratories and those 3, 4, 5 day turn arounds are pretty common.

Tasa: Another question from Facebook. Were we ever effectively social distancing with all the exceptions? Otherwise, how did the first 100 cases or so occur?

Mr. Meyers: I think, you know that's a broad question and I can't say that I'm privy to what's happened in every corner of our community. But I can say what I've observed and what we have heard about. I'd say social distancing has been sporadically observed. There are places, and I'm now out in the community more than I was early on and I can tell you as I go to businesses or other places where people gather, I see restaurants and others who are being very diligent and all of their employees are masked and they are wearing gloves and they are separating their customers and they've marked the floor to keep people 6 feet apart. There are a lot of places that are doing that. But I also see a lot of places where nobody's wearing a mask and there's no evidence at all that we're doing anything that's any different from what we always do. So, it's kind of all over the place. I think we were probably more diligent in the early days when we had more people in the hospital and there were several deaths on you know and several patients in critical care. People were more conscious of that. I think that consciousness is waning a little bit now. But whether we were ever fully social distanced and practicing every possible protective measure? We probably were not doing that consistently as a society, not just here in Midland, but anywhere.

Tasa: We have a follow up question to that and I'm going to combine 2 questions on Facebook because I believe they are kind of related. How many people are we testing daily and are we seeing a trend of testing frequency go up in Midland?

Mr. Meyers: It's been a little bit sporadic, but I would say it certainly hasn't gone down. We are most days in the 30-35 patients range. Is that fair? (asking someone off camera; response off camera not heard). Yeah, what I'm seeing on my daily lab report is in the 25, 30, 35 most days range. We've got a couple of days that have been a little higher than that, a couple that have been lower, but it's been



pretty steady. We haven't seen a decline in testing, nor have we really seen a dramatic increase in the percentage of positives. We're just continuing to see you know a steady stream of patients coming through testing, those positives are coming. Each of those daily reports that the Health Department issues doesn't necessarily represent the number of patients who were infected that day. It's the number of results we got back from the labs. And as you graph that out across the days when the samples were actually captured it's a pretty steady, pretty flat graph, pretty similar every day. So, we haven't seen the decline in positives that we hope still to see, but what we have seen is a decline in hospitalizations and in critical care within those hospitalizations. As I said, we are down to only, even though we have lots of positives in the community, we only have 4 patients in the hospital today, only 1 of them in Critical Care. So, the younger population we've talked about, less severe disease, there's been even some discussion in the scientific community about a lower viral load as we go forward. That, you know, even if you have the virus you have less of it. So, perhaps the disease will be less severe. Lots of things are changing, but the best news I think—And I think the numbers that the governor's watching as he talks about opening the state are hospitalizations and mortality. And those are relatively flat, at least they are here and slightly declining.

Tasa: We have a question from Mitch at Marfa Public Radio. With community spread on the rise, how concerned is Midland Memorial that we could see a rapid growth in cases?

Mr. Meyers: Well, I think our concerns continue to be what they have been from the beginning that the basic community spread isn't particularly concerning especially as long as it's mostly concentrated in younger people who are less likely to get sick. The worry continues to be that those sick, younger people could transmit disease to frail people with multiple diseases or to the elderly, or in the worst case into some kind of congregate living environment where large numbers of people could be infected at once. It seems less likely as we go on especially as we've ramped up testing and awareness in the nursing home communities. But the risk isn't gone as long as there are still positive people in the community. So, that's why we are here today. That's why we want to continue to emphasize the social distancing and hygiene advisories that we've been doing from the very beginning that as long as the virus is out there, we remain at risk for one of those outbreaks in a tightly congested living environment or working environment. And the hospital has to be prepared to deal with that if it happens. We certainly don't want it to happen. We'd like to prevent it if we possibly can.

Tasa: We have a question from Facebook. Do we have any information when the employees were working at the McDonald's on Loop 250 from the cases that were released on June 6th?

Mr. Meyers: I don't have any information about. I know there were McDonald's employees reported. I think there were 4 of them at last count. But anything further on that you'd have to get from the Health Department. We don't have any specifics.

Tasa: On average, do you know how many children are being tested in our community for COVID-19?

Mr. Meyers: I don't have a sense of that. No. Of course, the only numbers that we are aware of are the tests that we are actually doing ourselves. More and more of the test results we are hearing about are coming from private providers offices as people get back into seeing their pediatrician or family doctor. So, we don't really have visibility to those numbers. The Health Department might, but the hospital doesn't really.

Tasa: Do you know how many tests we are currently waiting on results?

Mr. Meyers: Yes, I do know that answer. As of this morning, it was 52. That's from the last 2 or 3 days.

Tasa: Has it been scientifically established that people do not transmit COVID after 14 days of isolation?

Mr. Meyers: I don't think so. No. I think it's a best guess based on the available science, but I don't know that it's a certainty. And of course, as with every disease it runs its course at a different pace with every individual. Our immune systems are all different. You can't lay down a hard and fast rule for any disease's course of illness and this is no different. 14 days has been a best guess that we've had. We've done some testing, some retesting and commonly people do test negative at some point down the line, but exactly 14 days I don't think anybody can say that's a hard and fast rule.

Tasa: We have a question from Mitch. At a recent community forum held by the city of Midland, the majority of city officials were not wearing a mask and the event allowed a few hundred people to fill an auditorium sitting shoulder to shoulder. Do you think the city is taking enough precautions to prevent the spread of COVID-19?

Mr. Meyers: I'm not aware of that event. I know the city continues to be very conscious of these concerns. But I think the mayor has taken a very prudent course throughout this process. There's a lot of personal responsibility associated with this. No legal action is going to be able to protect us from ourselves if we choose not to comply with social distancing guidelines, and wearing a mask, and washing our hands, and all of those things. All the city or the governor or anybody else can do is to tell us what the best advice is, to try to maintain good public health practices, and then all of us are going to behave the way we choose to behave, and the consequences will track from that. I believe the city has given us good advice and I think it's completely predictable that as we open the economy, as we begin to circulate among each other, and try to bring our society back to life there is going to be more spread of the disease. That much more important that we try to be careful as we try to do that to minimize it. But are we going to drive it to zero? I don't think we are. We don't drive the flu transmission to zero or any other virus. We try to be smart and minimize it, but we know we are going to have to deal with it as we associate with each other and that's part of the price we pay for reopening the society which I think we have to do.

Tasa: We have a question from Stewart Doreen with the MRT. The Health Department says 82 of the 170-something cases have recovered. Does that number seem low?

Mr. Meyers: I'd have to do a little math on the ones that we know about. We've reported quite a few cases in the last couple of weeks so they wouldn't be in the recovered population yet. I don't know. It doesn't strike me as outrageously low. I would tend to believe the Health Department. They are tracking all of these cases. So, that seems like it's in the ballpark to me. (Comments off camera not audible) Dr. Wilson is saying that you know the definition of recovery is a little bit squishy too. The CDC has parameters for what constitutes recovery. Whether those people all feel recovered or not, you'd have to ask them individually. But it's probably in the ballpark. That doesn't seem outrageous to us.

Tasa: We have a question on Facebook. With numbers rising, do you plan to continue weekly live updates? And a follow up comment to that. Please do keep updates coming. This is the only source I trust.

Mr. Meyers: Ok, well I appreciate your trust. And while we haven't scheduled these events. As things have unfolded in the community, we are trying to keep our eyes on where the community concerns might be, what messages might be important to go out, and each week we have found ourselves scheduling one. So, I'd say it's likely that we'll continue to do one about once a week. But I don't want to have a press event just so you can see me. I want it to have value and to have a message that we believe to be useful to the community. So, we'll keep that in mind. I think it's likely we'll continue to do one you know weekly or so, but we'll try to make them substantive so that we don't waste your time. If we have a message to deliver, we'll be here to deliver it and if we don't, we won't.

Tasa: How many false positives do we believe we are getting and why wouldn't we report those?

Mr. Meyers: False positives. Yeah, let's let—Dr. Wilson is much better equipped to handle that, so I'll let him.

Dr. Wilson: I mean the simple answer is we don't have a real answer to that. But I had a conversation with one of our laboratory pathologists yesterday on this topic and he mentioned that there was a particular vat or bundle of tests that had been sent to a site and they had a very high, I think they had 40 or 50, something like that, a very high number of positives come back. And they retested them with a different lot number, and they were negative. And so, there's definitely a risk of contamination or some other kind of complicating piece influencing that. So, I think that's a very sophisticated question, but we don't have exact number about the total number of false positives. While I'm standing here though, I'd like to go back, because I think Mitch honed in on there's a few questions around the topic, you know, number of tests and are we really seeing an uptick, etc. And I wanted to focus on a couple of points because I think Mitch nailed it in his comment. And that is that what we are definitely seeing is that there is an uptick of community spread. You know, early on if you recall pretty much all of the disease that we were seeing, the confirmed cases were travel related or contact to a known case. And you're seeing probably half of the ones that we are getting now or several of the ones that we are getting now on a daily basis are community spread. So, there's no question that community spread is real, and it's related to the congregation of people and getting out and being more active. It's predictable as Russell mentioned, but it's not just because we are doing more testing. I don't think we are doing more testing necessarily, but I don't have a hard and fast number on that. I know our drive through had been seeing over 50 a day several weeks ago and they have been doing 20 or 30 or so a day here more recently. But there are a lot of private sites that are doing testing as well. So, I just wanted to give a little context around that because I think Mitch's point about community spread being up suggests that there truly is an increase in the disease in the community that's related to us congregating more than we have in the past.

Tasa: Dr. Wilson, there's a follow up question on the false positive to ask you. Would it necessarily mean it was a false positive or could it just mean that they are asymptomatic?

Dr. Wilson: If you retest an asymptomatic person that's shedding virus when you test them if it's positive and then you retest them and it's negative then they went from showing they have the RNA in their system to not having the RNA in their system and that would be unlikely in a very short period of time. So, in those cases where somebody's tested—there was a recent case at Manor Park where they were tested originally it was positive, they tested the next day, it was negative. I haven't heard about the confirmation on the 3rd test that was being done, but I think it's likely going to be negative and I think



that's the true false positive. So, asymptomatic carriers will have virus repeatedly suggesting a true positive. An asymptomatic person being tested once and is positive and then secondarily tested and it's negative it was likely a false positive.

Mr. Meyers: But there are relatively few of those right?

Dr. Wilson: That's correct.

Mr. Meyers: Pretty rare. There haven't been very many reported instances like that.

Tasa: Do you have a count on antibody testing?

Mr. Meyers: No, of course that's being done in a lot of settings. That's something we can track down and be able to report next time. How many we've done. (Comments off camera not able to be heard)

Dr. Wilson's telling me we've done at least 300 and that's a number from last week. We've done some more. I was talking to somebody who was in the process of getting a test this morning, so we are still doing them. Don't know what the results are just that's how many we've done so far. But there's many other places that they're happening so the numbers are likely much higher than that.

Tasa: We have a question from Mitch. Do you think city leaders are being good role models when it comes to wearing masks and social distancing?

Mr. Meyers: I am trying to be a good role model myself and Dr. Wilson is, and all of our executive staff are trying to be visible with our masks on. Obviously, I don't have one on now. And I would say that's appropriate because there's nobody in this room that's within 6 feet of each other. It's very difficult to be heard with a mask on. You know, certainly we see some public officials—I know I watch the news in Houston pretty often and I see the local officials there always having a mask on when they are speaking. That's a choice. I think it is a hard choice because it's hard to understand somebody with a mask on. So, I've chosen not to wear one in these times, but if I'm among other people, if I'm not just alone in my office, I've got a mask on. And we're all trying to model that. Everyone of us in a leadership role has choices to make about how we model appropriate behaviors and there's lots of different ways to do that. So, I can comment on my own behavior and that of my own team and that's about as far as I care to judge. Thank you.

Tasa: It looks like that's all the questions. I just want to tell you we have a lot of thank you for taking the time to answer our question comments. So, I think that's all we have today.

Mr. Meyers: I'm very glad to do that. I'm very happy to have your attention and your questions as I know Dr. Wilson is. Anything that you want to know—And in between these events if you have questions for us you can send them to me. My email is available on the hospital's website, you can send them to Tasa, there are lots of ways to get your questions to us, and we will answer them. You can call us. We've done interviews here and there along the way. We're happy to talk to anybody who has a question and try to keep good information in front of our public. Thank you very much.