



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Thursday, June 18, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: OK, good morning everybody. I'm Russell Meyers, CEO of Midland Health and this is our Coronavirus update for Thursday, June 18<sup>th</sup>, 2020. Let's start with a few statistics. In the state of Texas, we are moving toward 100,000 cases, just over 96,000 reported through yesterday and a little over 2,000 deaths across the state. No recent deaths in Midland County, but the numbers have been growing and I'll talk some more about that toward the end of my remarks. Here in our hospital, we continue to test as do a number of providers across the community. As of today, we have about 102 tests outstanding from testing done at our sites Monday, Tuesday, and Wednesday of this week. Turn around continues to be 2 to 4 days for the most part. We have still limited access to the rapid turn around testing capability that our lab does have, but the manufacturer continues to struggle to deliver enough cartridges to use that in any widespread manner. So, we're holding those for our inpatients and any exposed employees and still sending tests out from our testing sites for patients who come to us from the public. Hospital census today is 141. We have, let's see, 8 patients in Critical Care. One of those is COVID positive and we have 4 COVID patients on the Medical Unit for a total of 5 in the hospital today. We have a total also of 5 patients on ventilators. And in the Emergency Department (ED) yesterday we had 123 patients. So, we continue to see pretty small ED activity relative to where we would have been this time last year.

A procedural point to make, we are continuing to have limited visitation in the hospital. You know that we expanded visitation so that every patient can have 1 support person with them. Patients in pediatrics or in labor and delivery (L&D) can have 2. That continues to be in place. The challenge we are facing these days is that we have an expectation that every patient and every support person have a mask and wear it throughout their time in the hospital. You need to arrive with a mask and then expect to wear it everywhere that they go with their patient while in the hospital. Many of our visitors are arriving without their own mask and for a lengthy period of time we were doing our best to accommodate that need and provide masks where we could, but the sewing circle that we had working here in the hospital for several weeks has been shut down now since we went back to regular operating room traffic. And for the most part we don't have a good source of additional cloth masks, the kind that I wear every day, that most of us do wear throughout our workdays and when we're out in public. So, if you are a visitor, if you are coming to the hospital to support a patient, we will provide a mask to every patient if they need one. We hope our patients will come with their own masks as well, but if a patient shows up without a mask, we will make sure that they get one during the course of their stay. We cannot continue to provide masks for visitors. And so, if you are coming to support a patient, coming to the hospital as a visitor and you do not have a mask we will send you away to procure a mask or some other kind of face covering that you may wear during the course of your time in the hospital. I'm sorry we have to do that, we just don't have the resources to provide masks or face coverings for every visitor and so we will ask our visitors and are asking our visitors to find their own and come to the hospital with masks in hand and expect to wear it or some other face covering the whole time that they are here in the hospital.



Ok, the last major point that I want to make before taking questions is really about the uptick we've seen in positives in the community. I know you've probably seen the news across the state of Texas, across all the states where economic activity has resumed, we are seeing an uptick in cases. That's not surprising. It's fairly predictable actually. We are also seeing that the infected population is skewing younger than ever before and I'll go through some of that data in just a second. But one thing that's fortunate for us is that we haven't seen an increase in hospitalization here. We've been down as few as 3 patients in the hospital. We have 5 today. We've been in that 3, 4, 5 range everyday for a while now even though we're seeing lots of new positives in the community. That's not true everywhere. Some of the cities in Texas and across the states total we are seeing an uptick in hospitalizations, we are seeing a few more deaths in other communities in the state. So, this crisis is not over by any stretch of the imagination and it's important to recognize that. As we do more, as we're together in public more, the risk is still there, and the virus still exists and hasn't been eradicated in the community. Just to give you a little bit of perspective on the numbers, I pulled the last 2 press releases that the health department has put out. This past Monday, we reported 21 new cases and when you look down the list of those cases it's striking how much younger they are than what we've seen in the past. 18 of those 21 are under the age of 50. Many of them are in their 20s and 30s and there's even a couple of younger folks than that. Very importantly, of those 21 from Monday none are hospitalized. Look at the release from last night or today, Thursday the 18<sup>th</sup> of June, 26 new cases. Once again, 24 of those 26 are under the age of 50. None of them hospitalized. And it's important to recognize that as we do more work together, as we are in groups, in restaurants, back to work, wherever we are we are going to see some more exposure. We're going to see more patients get infected and the people who are the most active are the ones that are at the greatest risk. So, that's why you are seeing all these numbers skewing younger. The challenge that we all have to remember is that social distancing, and mask wearing, and hand hygiene, and all of the things that we've been saying from the first day are still very important. Those of us who are under 70, under 50, under 40 are at considerably less risk from disease, from the devastating effects of the disease than are the elderly among us and those with chronic conditions that make them more vulnerable. So, we have a responsibility to protect those people even if we are choosing to take risks ourselves, choosing not to wear a mask, choose to go to mass gatherings, or to be in places where we are likely to be exposed. A 20, and 30, and 40 year old's risk of severe illness is really low and clearly, we are seeing that play out in the community. The vast majority of these patients are isolating at home. They're recovering from their disease in a few days and getting back to normal, but during all that time they are carriers and the people in their lives who are elderly, who are vulnerable can be exposed. It's interesting to me how many of the reports we've heard have been about family gatherings where multiple members of a family have come back infected. Well, every family has some older members in it or virtually every family does. So, when you're gathering and you as a 20 or 30 year old aren't concerned about your risk of infection, you should be very concerned about your grandmother's risk of infection and do everything that you can to protect those loved ones in your family, in your community who are much more vulnerable than those of us who are active and working every day. So, I'll leave you with that point that while exposure is inevitable and younger people are well prepared, their bodies are much better prepared to fight off the infection than the elderly and the chronically diseased, younger people are tremendous carriers of the disease and must be particularly careful not to expose those who are vulnerable. The best way to do that is wear a mask, wash your hands, stay out of tight groups. There's been a good bit published recently about, sort of, the recognition of where the risk is. The risk is in groups, it's in tight quarters, it's where there's loud talking

or singing, where people are not masked, that's where the biggest risks happen. That's where we have to be the most careful.

So, that's the points that I wanted to make today. We will see more positives in the community. There's more testing happening than ever. We are seeing lots of positives in our testing and in testing done by other sites. I expect that will continue, but even if it does continue, we all have the opportunity to protect those who are hurt the worst by this disease. So, let's do that. Now, time for questions.

Moderator: We have some questions from Facebook. Do these masking protocols include the emergency room?

Mr. Meyers: I presume that what that means is do the patient and visitor masking protocols include the emergency room and the answer is yes. When you arrive, we still have a single-entry point for patients at the hospital. It is the emergency room entrance. So, when you come to that entrance you will be asked questions about your recent exposure, your temperature will be taken, you will be asked to wear a mask throughout your time in the hospital, both the patient and any support person who might come with the patient.

Moderator: With the number of active cases in Midland, what would it look like if even a fourth of them end up needing hospitalization?

Mr. Meyers: Well, gosh I don't know how many total active cases there are. Probably there's been a hundred or so in the last couple of weeks, so if a fourth of them had to be hospitalized-- I'm just spit balling the numbers a little bit. If we added 25 hospitalized patients to the 4 or 5 we've been treating everyday obviously that's a significant increase in the challenge that we'll face in caring for those patients and we would have to reconfigure some patient care units again. We'd be back to the situation we had at the height of the pandemic when we had 30 or 32 patients at a time in the hospital. So, we're prepared to handle that. As I said earlier, our census today is in the 140s, 141. We operate about 100 more beds than that every day, so we have room for those patients. We would have to make some changes in the way we assign staff, we would cohort those patients together on 1 or 2 units and, you know, we would deal with it. But I don't see any evidence of that happening. It's been several days even in the face of lots of additional positives we have not seen an increase in hospitalizations. So, we are optimistic that the people that are being infected are better able to fight it off themselves without needing critical care.

Moderator: Can you explain the importance of wearing masks?

Mr. Meyers: I certainly can, and I might ask Dr. Wilson to come up and echo my message on this if he would. But in very simple terms, the mask prevents the droplets that emerge from your mouth and your nose when you talk, yell, sing, laugh, cough, sneeze, all the activities of life that are a component of your respiration, those create droplets that carry virus. So, if you have a mask on, you stop the droplets at your own—you know, right in front of your face most of them instead of spewing them out into the environment. And there's apparently, as we've heard most recently at least a little bit of self-protection as well. A mask will stop some of the droplets, but most importantly it prevents you from spewing droplets on other people. Larry, do you want to add something on that? (comments off camera not audible). Ok, well alright. I heard all that from Larry, so it's not authoritative coming from me, but it is from him.



Moderator: We have a question regarding steroid treatment in the UK and if it will be used by MMH.

Mr. Meyers: Ok, that's one I cannot handle. So, Larry, it's all yours.

Dr. Larry Wilson, Midland Health Chief Medical Officer: Thank you and good morning. So, the question is about the Decadron therapy that's been expounded in the literature or in the news in the last day or two, I understand. What I've understood of that is that there's been reports released to the press prior to any peer review or wider review of the studies performed. And there's been a bit of a backlash by many respected physicians around the world and within the United States about that. So, I would withhold judgement on that. We have, over the last 3 months, developed quite a bit of information about various therapies and attempts in trying different things. Our own critical care doctors in Odessa and in Midland have spoken to me and to others about the use of steroids among other therapies and there's no clear consensus that they prove beneficial in the wide population of sick COVID patients. The specifics that they were saying in the most recent literature is that a relatively well known, inexpensive steroid called Decadron or dexamethasone in the population that end up on ventilators there's a reduction of about a third in deaths in that population. But again, this has not been peer reviewed. It has not been looked at by a wider audience and before we would pass judgement on that I would withhold until we get that peer review information. What we have seen in our own population is in selected patients with post viral inflammatory reaction in their lungs which is a subset but not all of the patients, some of them tend to do a little bit better with the steroid therapy, but again it's not really clear yet and I would withhold judgment on that.

Mr. Meyers: Thank you, Dr. Wilson. Do we have more?

Moderator: We have a few more questions from Facebook.

Mr. Meyers: Ok, go ahead.

Moderator: How does the recovery at home compare to flu recovery? How severe is it?

Mr. Meyers: I don't know the answer to that. It's similar in a lot of ways. It takes a couple of weeks typically. Patients vary in the length of time that it requires. 7-10 days in most common. I've had the flu once in my life and I've never forgotten it. It was about like that. I was miserable for about a week and then back to normal.

Moderator: When is a person considered no longer an active case? What's the protocol for telling people they can stop home isolation?

Mr. Meyers: Do you want to talk about that?

Dr. Wilson: Again, so that's a topic that we have gone over here once or twice in the past with some of our discussions. But there is at [cdc.gov](https://www.cdc.gov) and at [texas.gov](https://www.texas.gov) you can look up the information under the corona information about the self-isolation and how long. But once affected, if you are confirmed to have the infection, the disease course as Russell had mentioned is around a week or so. In any event, however long you're sick at the end of the illness, you stop having fever, you start feeling a little bit better, and at that moment when you don't require any fever reducing medication or other medication to control your temperature, you go 3 days without any kind of illness symptoms, no fever, etc. cough is reducing if not done, everything's improving and at the end of the 3 days, at the end of the illness, if you

are at that point then you're considered to be safe to be back out in the community. I want to reiterate though that we have seen in the populations that we have done testing on of the post-COVID infection that they can continue to test positive, the PCR RNA testing for weeks after the infection seemingly is gone. We believe that it's just residual RNA from the virus that's in their system and not actually infected organism or viruses, but the important thing to remember is that just because you've had the infection at the tail end of the infection and when you're getting back out, still social distance, still cover your face, protect others from you and yourself from others, because there's no clear indication that we know of with certainty that you can't get the infection a second time nor that you're completely free of spreading the virus once you have recovered. So, same information, social distance, cover your face going forward, but that's the general clearance at the end of the infections.

Moderator: We have a question regarding our COVID unit and if it has been closed.

Mr. Meyers: That was reported a couple of weeks ago now and we have not ever actually closed COVID units. We have as we've taken on more patients and had more activity and as we've had some work going on on the 9<sup>th</sup> floor of the hospital, we've actually moved some of the places where we put patients with COVID now. But we have a Medical Unit for non-critical care patients that is isolating and separating the COVID patients from the rest of the population. And we also have a component of our Critical Care Unit where they are designated to go. We only have 1 there right now and if we had to, we would put other patients in that area. But the 2, the critical care and the medical COVID unit are still available and have continuously been available. We've just had a pretty small number of patients in them since several weeks ago now.

Moderator: We have a couple questions regarding gathering in large groups for healthy activities or without masks and social distancing and how we would advise them to host those.

Mr. Meyers: So, the questions are about gathering in large groups and as we get back to normal life, you know, how can we best advise people to protect themselves. Number 1, I think there's a good bit of clarity that being out of doors is somewhat protective. You are much less likely to be infected in a well socially distanced group outside than inside as the air obviously diffuses in a much greater size environment. So, if you are going to be in a large gather if it's outside you are better off than if it's inside. If you are wearing a mask you are clearly safer and the people around you are safer than they would be if you are not wearing a mask. If you are staying 6 feet apart as best you can, you are much better off than if you're ganged up together. If you're in a crowd and nobody's got a mask on and they are all yelling, get out. You know, go somewhere else. That's the most dangerous environment we have. You know, tight areas with lots of people being expressive in any number of ways. You may remember that one of the first major cohorts of infection came from a church choir. There's some science behind that, signing, loud talking, those are much more likely to expel droplets and to expel them farther and when people are together for lengthy periods of time that's another component of what is believed to be making infection more likely. So, if you are in a large group, you're much better off if you are there for 30 minutes than 3 hours. All those things-- A lot of that's kind of common sense. But common sense is sensible. There's a reason it's called common sense and in many cases things that seem to you to make it less likely that you be infected really are true. So, that's about the best advice that I can offer. Anything else Larry? (comments off camera not able to be heard) Well yeah, the better the ventilation, the better off you're going to be. Those kinds of basic common-sense things.



Moderator: Have you found any COVID patients to relapse weeks later and have fever or other symptoms return?

Mr. Meyers: Have we? (speaking to someone off camera) OK, a few though, right? Probably—I'll let you talk about it.

Dr. Wilson: So, it's fairly well documented and we've actually seen it in our population here locally as well that occasionally persons appear to be either completely recovered or recovering and then relapse severely and can actually get much more ill than they were on the initial bout. It's unclear in some of those circumstances, we saw that with a few of the patients through the Midland Medical Lodge. It's not entirely clear that the second presentation with respiratory tract symptoms, etc. may not have been related to underlying disease rather than to the virus recurring, but in some of those cases the patients get quite ill again. And we've had a couple of other patients that have been in the hospital that were in critical care, seem to be getting better, were moved down to medical, we thought they were going to be able to go home, and then within a 24 or a 48 hour period they relapsed very severely and they ended up on critical care again. So, it's definitely been seen and documented. It's not the norm, but it does occur.

Mr. Meyers: Thank you.

Moderator: I have a reporter who would like to ask a question. So, I am going to go ahead and unmute you.

Mr. Meyers: Ok. Let us make sure my sound is turned up so I can hear you. Ok, go ahead.

Reporter Question: Alright, I am Violet with NewsWest9. Just a quick question. We've been talking to city officials, you know, about the requiring of wearing masks and a lot of their answers have been they highly recommend it, but they don't feel comfortable kind of putting some sort of enforcement on that for the community. Just wanted to ask if you have, as a medical professional, what your recommendation is on that and if you guys believe that requiring the community wear masks would fix anything or help the situation.

Mr. Meyers: I, this is a personal option, but I don't think that that's likely to be enforceable. You know, we have limited policing capability in our community. I think we want our police officers dealing with crime and traffic control and things that are their fundamental responsibility. It's very difficulty for me to see how we could police and enforce a mandatory mask requirement. I think the continuation— That's the reason we are here today. That's the reason we've continued to have a briefing at least once a week. Really, if you don't take any other message away from what we're saying here today is wear a mask because it works. It will help limit the spread of this infection. But mandating that, I don't think that's had good success in many environments and I don't that think we have the resources to enforce such a mandate, so I think that's a sensible answer from the city, frankly. But I do think that people need to be responsible and use their good judgment and wear a mask whenever possible. And sometimes they won't. I think that's part of living in a free society.

Reporter Response: Thank you.

Moderator: I believe that's all the questions we have for today.



Mr. Meyers: Ok, very good. Thank you all for joining us today. We will most likely be back with you sometime next week. We'll watch and see how things unfold and when the time is right, we'll schedule another briefing and we'll see you then. Thank you.