



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Thursday, July 2, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning. I'm Russell Meyers, CEO of Midland Health and this is our Coronavirus update for Thursday, July 2nd, 2020. I'll start this morning with some data. The state of Texas has now over 168,000 confirmed COVID-19 cases. There have been 2,481 deaths in the state. In Midland County, we passed the 700 mark yesterday. We are at 701 confirmed cases and 15 deaths have occurred among Midland County residents.

Testing, I'll talk a lot more about that in a minute, but as of now the testing that the hospital is doing at our testing site has become increasingly challenging. We are getting lots of tests done, but we're not getting the results back timely. It's Thursday, we still have at least 1 result outstanding from last Tuesday. The labs across the country are getting overwhelmed with the volume of testing that they are being asked to do and we're seeing the impact of that. More on that in just a second.

In the hospital today, there's 172 patients. We have 10 patients in the regular critical care beds. Five in the COVID Critical Care Unit and 17 in the COVID Medical Unit for a total of 22 COVID patients. Nine patients on ventilators. Four of those are COVID patients. And in the emergency department (ED) we saw 124 patients yesterday. That's still about 30% less than at the same time last year. So, things continue to be concerning especially as we go into a holiday weekend. More on that in just a moment.

We talked about Remdesivir access last time we spoke. We were hoping that we may get an allocation coming soon. Has anybody heard? (asking someone off camera, comments off camera not able to be heard) We're hoping to hear about a new allocation in the next day or two, but as of this moment have not. So, we do not have any Remdesivir available to patients right at this moment. Our doctors continue to have access to Convalescent Plasma (CCP) which we believe has been beneficial and will continue likely to be used on patients for whom it's indicated.

We have an increasing number of employees testing positive as we are seeing across the community. The working population, the working age people are increasingly testing positive. That's true of our workforce as well scattered across the entire organization. And as we continue to see a high census, obviously that becomes a concern for us. Our employee health team is on top of that, testing employees, sending them home to isolate, monitoring them while they are isolated, only allowing them to return to work when their recovery is confirmed. But that is a growing concern for us that we're losing people from the work force at least for short periods of time.

Hospital capacity is improving a little bit. Even though our census is high, we have had a number of beds blocked. We have an ongoing construction project on the 9th floor of the Scharbauer Tower hoping to get some new beds available by the fall and some of that work affects the beds on the 8th floor which are actively in use. On Monday, we expect to return 5 of those beds to full capacity and so that will help. There will only be a handful of beds left that are not available as we finish up that element of the construction project.

Accordingly, we are talking to our surgeons. We have a very cooperative relationships with them throughout this process. For the most part, elective surgery is going forward as scheduled. We have



been in contact with the surgeons and asked them to defer inpatient elective cases that appear to need multiple day stays in the inpatient environment. And as the next week unfolds, we've asked our surgeons to carefully begin scheduling those cases again. We'll be in daily dialog with them about how many are appropriate and so far, that's been handled very successfully as has been the case throughout. Our surgeons, and our anesthesiologists, and our leadership team have worked very well together to try to balance the need to get elective surgeries done with the requirement to keep some beds available and assure that we don't overwhelm our capacity so that the COVID population can be properly cared for. So, that will be a work in progress. As I said, most elective surgeries are going forward as normal. Those that require an inpatient stay, especially a multiple day inpatient stay we're handling cautiously, but expect to do some of those beginning next week.

Now, I want to talk about testing a little bit. As I told you earlier, we are experiencing extended delays now in the resulting of send out testing. We are testing more and more people every day, but the results are not coming back as timely as we'd like. In the meantime, we are working hard to get some additional testing sites established. We've been working on that all this week, and continue to find logistical, technology, personnel challenges that we have to overcome. We don't have an abundance of extra people around. We have to acquire some new technology to make an additional site work. All that is coming together and I'm very hopeful that by the middle of next week there's a good chance that we'll have a second testing site live and we'll be able to tell you about that. As we work on the new testing capacity, we are not anticipating a change in the rules. Today, you call 68NURSE, or you get an order from your physician, and you make an appointment to come and be tested at our testing site. As we add additional capacity, those expectations will be the same. We are working now to add new phone lines, new technology to manage more calls, to deal with the record demand that we are seeing in 68NURSE right now hoping to have that available early next week as well so as the new testing site comes on and more demand for testing is realized that our 68NURSE lines are ready to handle them. Hopeful of getting that set up pretty quickly.

Let's see, rapid testing is a part of that as well. We have identified a rapid testing machine and have several of them now available to us as well as test kits in a reasonable quantity to get started and some assurance from the manufacturer that those kits will be able to continue to be manufactured and provided to us in the future. Those machines have about a 15-minute turn around, conceivably even less than that. So, we are hopeful that as we set up new sites we can continue to see fairly good turn around on the swabbing, and the running of the tests, and deliver test results to patients the same day versus 5 or 6 days later that we are experiencing now. None of that's easy. When you acquire a new piece of laboratory equipment it's got to be validated, people have to be trained to use it, we have to be prepared to put its results into an electronic medical record and report those not only to the patient and the patient's physician, but also to the state and to the federal government. A whole lot of hurdles that have to be overcome to set up a new testing site. But we are encouraged. Most of those things are coming together and we are hopeful, as I said, about the middle of next week. A big part of this for which we are very appreciative is cooperation from city and county emergency management folks. Setting up a new site outdoors primarily requires some support, an air-conditioned trailer for the staff and for the supplies, a drive-up area that can be managed carefully and assure the patients don't have to come inside a building to get tested. All those things are coming together nicely. Next week, we hope to be able to tell you exactly how it's all going to work and where. But we are very appreciative of all the cooperation we've had and pretty excited about the possibility of getting rapid turnaround



testing in place for large quantities of people. Still people with symptoms or extreme exposures or other good reasons to be tested. This is not going to be walk in, get tested if you want to kind of arrangement. But it will expand our capacity to meet the increasing demand and we're very hopeful about having that all live next week.

I think, that is all the prepared remarks I have for the moment and I'll be happy to take questions.

Tasa Richardson, Midland Health Public Relations Manager: We have some questions from Facebook regarding the concern that's out there of people padding positive tests for reimbursement or getting paid. Can you address that concern?

Mr. Meyers: I have not heard that concern. So, the question is are we essentially lying about the test results? No, we're not. I can speak for our organization. We tell truth as the know the truth. Positive tests are a concern for us, and they yield patients in the hospital, unfortunately. I think we said this the other day. Dr. Wilson rightly pointed out that while there may be some concern that is even increased number of tests being run are yielding additional positives that's probably part of the truth, but the fundamental truth that we are concerned about is how many patients are positive and require hospitalization. And those numbers are up and they are staying up. So, all I can say is we don't lie. We tell the truth about our results. I don't believe anybody else in our community is lying either. But regardless of what you believe about that the numbers of patients in the hospital are going up. The reality is we have a growing concern in our community and it's yielding people who are very sick and require hospitalization.

Tasa: Another question from Facebook. Is Decadron steroids being used to treat people that have positive results?

Mr. Meyers: Dr. Wilson and I have talked a good bit about that. I think I'm going to ask him to come up and talk about that, but it's not a straightforward answer. But, Larry.

Dr. Larry Wilson, Midland Health Chief Medical Officer: Good morning. Thank you Russell, we had a conference call yesterday discussing just the Decadron situation and it isn't a straightforward answer, but it's pretty clear that there is benefit with steroid therapy whether Decadron or other steroids in the latter phases of the illness in people that are getting sick from what we're describing as the post-viral inflammatory reaction. The onset of the illness comes on with respiratory tract symptoms, etc. and it's related to the virus itself in the system. That virus clears at some point and while the virus is clearing there's remnants of the inflammatory process that continue to create problems. And that's where some people get very, very sick. And it appears to be benefit in that population. So, very, very sick individuals, generally requiring ventilatory support, there's been evidence that they will benefit from steroid therapy. There is little to no evidence and may be even potential for harm in using steroid therapy early in the disease for subsets of the population. Now, persons with underlying COPD and other things, that's a physician call on continuing steroid therapy, but part of the way that steroids work is to create an immune suppression and you want an immune response to fight the virus. So, we want to temper the blockage of the immune system with the benefits of the post inflammatory phase and that's a judgement call and where they are in the illness and generally only in hospitalized patients and generally the most well documented benefit is in those patients requiring placement on a ventilator. So, thanks.



Mr. Meyers: Guess that's a straightforward answer. It's just not a simple answer. That's probably a better way to phrase it.

Tasa: We have a question from the media. Sammi, go ahead.

Sammi Steele (NewsWest9): Hey there Russell.

Mr. Meyers: Hey, Sammi.

Sammi Steele: Could you touch on a little bit more about those rapid tests. So, you got a few more machines. How many exactly? And then you said that you are going to go live with that next week. Can you just walk us through the details on the rapid testing?

Mr. Meyers: Sure, I can tell you some more. How many we have in hand right now, I'm not sure. I think it was 3 the last time I heard. We've ordered a couple more. This is the Quidel Sofia rapid test machine which we have not had access to until just now. Over the last day or 2, I know at least yesterday, we were testing it at one of our clinic sites with employees and others who were going through the process of validating the machines, making sure we know how to run them, making sure the results are reasonably accurate. We've even compared some results against our other testing methodologies to make sure we feel good about the results we are getting. So, those are now being worked through. We got to train staff to operate them in multiple locations. We have to tie them into our electronic medical record. We have to work out a system for assuring that we accurately register the patients as they come through to make sure we know who they are and where they are and we can get results to them and we can bill their insurance company if they have insurance. We won't be asking anybody for up front payment. No different from what we are doing now, but where it's appropriate we will be billing insurance. So, we have to be prepared to do all of that. We do have some shortages of staffing as we're using staff both from the hospital and from Premier Physicians Clinics around the community. As the recovery has occurred, those practices are getting busier. You heard earlier we have a number of staff who have positive tests and are out of commission for a while. So, putting together just a handful of staff to run these testing sites isn't as simple as we would like it to be. So, it will take a little time to get that set up. At least one of the sites will have an outdoor set up so the city is providing us with a trailer, the county is assisting in that process as well. We'll have a carefully orchestrated queueing process and a protected environment for the staff as we get set up. We have a small number of test kits in hand to run these machines. And we are expecting a significant order delivery on Monday. We are, I hope understandably, anxious about that. And in many cases during the course of the pandemic, we've had suppliers assure us that they can deliver PPE or test kits or any number of important items only to find out that we get a fraction of what we ordered when it finally shows up. So, we are trying to be careful not to overpromise until we have those test kits in hand and are ready to do them in some quantity. But the best part about all of this, is we will be in control of it once it gets started. The machines will be here on site. The tests can be run in somewhere between 10 and 20 minutes. And that's part of what we are learning as we're training and validating the machines. And so, instead of going to our drive through site, getting swabbed, and then having to wait a week to get your results, we're hopeful that most of the people we test can hang around and get results before they leave or be called within an hour or so after being swabbed with an accurate result. So, lots of good will come of this. I'm trying to be very cautious about making promises because, you know, like so many other things we've experienced, it's not done



until it's done, and we don't want to promise more than we can deliver. But we are very optimistic about having a substantial amount of new capacity at multiple locations available next week.

Sammi Steele: And then real fast just to add, I want to clarify. Do you need special access? You know who gets access to these speedier machines?

Mr. Meyers: Sammi, you are kind of cutting in and out there. Did you say who gets access to those tests?

Sammi Steele: Yeah, who would get access to this speedier process?

Mr. Meyers: Well, what we hope is that everybody we test will eventually. We're going to phase it in a little bit. So, it may be that we have a mix of send out tests and rapid turnaround tests for a little bit. But by the time it's fully ramped up we hope that all of the testing we are doing will be done on a rapid test. Dr. Wilson was just reminding me that one of the things that we all have to be aware of as the tests get more rapidly delivered, there's a couple of machines on the market that can turn around a 5-15 minute test result, but you give up a little bit of accuracy especially on negatives. So, what we've understood about this machine and we validated that a little bit already in our testing is that while there aren't any false positives there is the occasional false negative. The accuracy of the machine on the negative side is not perfect. And so if we have a patient who has symptoms that are significant and they come and get rapid tested and show up as negative, we'll have a judgement call to make then about whether either to send out their test to a lab where accuracy is virtually 100% or perhaps run it on our in house machine. Those will be judgement calls that will be made at the scene and in conjunction with each patient's doctor. But positives we know we can rely on. The negatives with a patient who has symptoms, we'll be a little bit cautious with those.

Tasa: We have a question from Stewart at the MRT. He says thank you for the work you're doing. Is there a greater percentage of those being tested testing positive?

Mr. Meyers: Yes. The percentage of those being tested who are turning out to be positive is increasing a little bit. You know we talked about that here recently. That certainly is the case. We are testing more people and a higher percentage of the ones we test are coming up positive.

Tasa: We have another question from the media. With MCH not allowing transfers from outside Ector County for at least the next week are y'all prepared to handle a potentially greater number of COVID patients from the surrounding rural areas coming into your location?

Mr. Meyers: Well, we hope that doesn't happen. But we do have a plan for a surge and are prepared to manage some additional patients without question. With a census of 170+ and 22 COVID patients we are getting close to needing to move into the next phase of our surge plan. And so, we will be prepared to do that if we have to. I think the bigger concern here is not space, but staff as it has been all along. We are in the summer months. This is the time of year when our staffing models show us at our lowest inpatient census. So, our basic fundamental staffing model has the fewest number of nurses available right now of any time during the year. We are staffing up where we can. We've got some conversations going on with traveling nurse agencies. But this is not an easy time to staff a big growth in the inpatient census. And it's particularly difficult when we have a number of people who are out with COVID positive diagnoses themselves. So, the short answer is yes. We are prepared to help in the region. That ability



to help is not unlimited. But we do have a couple more stages of surge capacity we can put online if and when we need to.

Tasa: We have another question from Stewart. How many staffers have tested positive?

Mr. Meyers: The last count I heard was 41.

Tasa: We have a question from Sammi for Dr. Wilson regarding what about the steroid Budesonide? One West Texas doctor believes that this is a silver bullet for COVID-19.

Dr. Wilson: Yeah, so Budesonide among other steroid therapies are inhaled steroids. And the ones that have been shown to be most beneficial per my earlier conversation are given either orally or through IV. Inhaled steroids have not shown any benefit in any of the studies that I'm familiar with.

Tasa: We have another question from Sammi. Just how close are we to the surge plan?

Mr. Meyers: We are in it. We started out with a single 12 bed unit for critical care COVID patients and a single 12 bed unit for medical COVID patients. We are in the second phase where we have added a second 12 bed unit. I'm looking at Kit hoping he's going to respond. So, we now have two 12 bed medical units assigned to COVID patients plus one 12 bed critical care unit. The next phase is—Do you want to come talk about it? (asking someone off camera) Kit Bredimus our Chief Nursing Officer developed the surge plan and is much better equipped to talk details than I am. Kit.

Dr. Kit Bredimus, Midland Health Chief Nursing Officer: Yes, so the next phase would then require us to flip an entire unit similar to what we did with the original increase in nursing home patients when we had to do that. So, we'd actually convert one of our entire floors. At this point it would probably be the 8th floor into an entire COVID unit. But again, it's going to depend on the population that we have. So, if we have a higher group of medical surgical population or critical care it's going to determine the next pivot point, but either way when one of those units fills up, we'd then have to move to an entire floor and modify that process. So, hope that answers that question.

Mr. Meyers: So, to make that a little simpler. We have 17 medical patients today with a capacity of 24. So, obviously if we reach that 24 capacity, we'd have to move to the next phase.

Tasa: We have another question from the media. Have any traveling nurses been brought in so far?

Mr. Meyers: I believe so. I don't know how many. (Comments off camera not able to be heard) Ok, we have 9 that are working now, and we are working toward getting another 14.

Tasa: We have a question from Facebook. Do you have any information on long term physical damage due to COVID infections?

Mr. Meyers: Do you want to try that? (asking someone off camera) I'll let Dr. Wilson try that one.

Dr. Wilson: I'm sure many of you have heard of the cases that we've spoken here and elsewhere in the news. You've heard about cases that are a little atypical. Persons with vascular disease associated with COVID. So, certainly a person with a stroke or a heart attack or other vascular presentations will have long term consequences as a result of that. Specifically, with the respiratory tract illness, that post inflammatory damage that I was speaking about earlier that might respond to steroid therapy and improve with steroid therapy can leave permanent scarring and damage to the lungs as well. The

amount of that and what the long-term consequences of that remains to be seen. We're 3 or 4 months into this now and we'll see how things play out over the next years. We have a lot to learn as we go forward with what we've experienced in this pandemic. So, thank you.

Mr. Meyers: Thank you, Larry.

Tasa: We have a question from Caitlin at the MRT in regard to postponing elective surgeries. What kind of surgeries normally require multiple day stays in the hospital? And is MMH preparing to scale back surgeries further or concern surgeries will need to be canceled again?

Mr. Meyers: There's several questions there and fortunately they are on the screen so I can keep up. The types of surgeries that require multiple day stays, there's a number of them. But, for example a colon resection might be one. We've talked this morning about bariatric weight loss surgeries. Those will take a 2 or 3 day stay. Spinal surgeries often times will take longer. You know, those are among the ones that are elective and will require a multiple day stay. We certainly are still doing emergent cases. Those that come up on patients who are really sick and, in the hospital, and need a surgical issue addressed to resolve their issue and have multiple day stays associated with them as well. Those are not elective, so those are happening regardless. We're just talking about things where the surgeon has worked up the patient, they are ready to schedule them, and get their problem solved, but in some cases, we're asking them to slow those down. Are we concerned about scaling back surgeries any more than what I've described? Certainly, we are concerned about it. And that's why we are talking regularly now with our surgeons and our anesthesia providers just as we were earlier in the year. Our ability to continue to do surgery is dependent on a couple of things. One, our census. You know if we are full of COVID patients, even to the point that we have to take staff who would otherwise be doing surgery or recovery or endoscopy or one of the other areas and reassign them to inpatient care because we can't keep up that would be a reason to slow down surgeries. If we get back into a PPE crisis, especially if we can't find masks and other vital equipment then we'd have to revisit that again much like we did back in March and April. I don't see that on the horizon, but it would be foolish to think that it's not a possibility. We have to be aware of it and stay on top of things and continue to talk to our providers every day about what we are all comfortable doing and what we have the resources to do. But as of now, outpatient surgeries are going forward, short stay inpatient surgeries. We have told our surgeons that they can begin again scheduling those elective longer stay cases next week as long as we are careful and minimize the numbers. So, I think we are in a pretty decent equilibrium right now. But we are actively monitoring that every day. Let's see. Is there more to that question? More CARES funding?

Tasa: Yes, she has a follow up question about has MMH received anymore CARES funding or expecting to receive more funding?

Mr. Meyers: We are actually expecting to receive some more funding. And I'll be able to talk about that closer to our board meetings in July. There's a little bit of uncertainty about the CARES funding even that we've already received and how it's supposed to be allocated. So, we do expect to get some more. I'm encouraged by that. How much and when remains to be seen. And as soon as we know some clear detail about that we'll let you know.

Tasa: We have a question from Facebook. What is the sensitivity and reliability of the testing for COVID and the antibody testing?

Mr. Meyers: Do you want to take that, Larry?

Tasa: Would you like me to repeat the question, or—

Dr. Wilson: No, I got it. As Russell mentioned earlier, there's different types of testing that we can do for immediate response to the ongoing infection. And so, this is all testing for COVID-19 infections. The PCR test, the one that we are currently sending out and some are doing locally as well. The PCR test is very sensitive and specific. It's got a very high reliability of if you have a negative test it's negative and if you have a positive test it's positive. Several of the rapid tests are coming on the market now you trade a little bit of the sensitivity for rapidity, so getting the tests back quickly. These are antigen-based tests. They are not based on the RNA that comes from the virus, but they are based on proteins that are on the surface of the capsule of the virus and therein lies some of the problem with the test. So, as Russell mentioned with the more rapid tests, many of the more rapid tests including the Sofia 2 that we'll be working with up to 15 out of 100 tests that are negative may actually be on somebody who is positive for the infection. So, there is some care that has to be weighed into that. If you are feeling ill, if you're having symptoms you get tested and it's negative please don't go out with a certainty that you are doing fine. The other hand if you want to travel and you are doing well and you have some requirement to have a test before you can travel it might be a fine test to get quick results to be able to get going without, you know, worrying about it. So, there's purposes for everything that we do. The antibody test is a completely different animal. That's looking for the body's response to having had the infection. Anywhere from 5 days to weeks after the infection's onset, the body will start producing antibodies that can be measured. There's a large degree of uncertainty about the reliability of antibodies production. Some individuals in some of the larger studies that we've looked at with confirmed infection and recovery measure no antibodies in their system. What that means in terms of immunity or lack thereof is uncertain. There's a lot of uncertainties. As you've heard us say, a lot of unsettledness around this. But the PCR test, the RNA test for COVID-19 is the most sensitive and most specific. The antigen test which some of the rapid tests are lose a little bit of that sensitivity and the antibody test is a completely different animal looking for recovery from the infection not for the infection itself and there's uncertainty around what that might mean. In speaking to our Infectious Disease doctors yesterday about that, there's no use for antibody testing to prove an ongoing infection nor do we know anything about whether or not it really means anything about whether you've recovered from the infection or if you've had the infection. So, there's really jury's still out on what the antibody tests are going to do for us going forward and maybe some better ones will come up.

Tasa: We have another question from Facebook. Are you concerned with the amount of staff members that are quarantining due to community spread?

Mr. Meyers: Yes. One of our biggest concerns actually. It's not shocking that it would be the case. We don't believe that any of these staff have actually gotten it from a COVID positive patient. We believe it's being acquired in the community or if they have traveled or been exposed to someone who's positive, perhaps in their family just like everybody else. I mean our staff live in this community. They are active in this community and just like we're seeing with hundreds of new positives our people are among those and that's part of our reality. So, we're very concerned about it not only because these people are sick and we want to be sure they get good care, but because we rely on them to care for others and the fewer of them we have the harder that is to do. So, we've tried to be very diligent throughout the process about educating our staff. We require people to wear masks when they are at



work unless they are by themselves and effectively social distanced. And you know the emphasis we've placed on it here I believe people certainly hear and understand, but we are not in control of their behaviors once they leave the hospital and they are going to behave just like other people in the community do and we are going to be at risk for having some positive staff members. Yes, it's troubling, but we are working with it and the best thing is that our employee health team is on top of it. The moment anybody shows any symptoms we get them tested, we get them out of the work force, we avoid them exposing anybody else at work, and I think that's being effective, but the numbers are growing.

Tasa: Another question from Facebook. How do we stop the spread? Should masks be mandatory?

Mr. Meyers: You know, mandatory is an interesting word. I think for those of us that are paying attention and care about each other and about our community a personal mandate, we talk a lot about personal responsibility in our culture here and we've recognized for years that top down behavioral expectations don't work nearly as well as inspired people doing the right thing because it's the right thing, because they have a personal intrinsic motivation to do what's right. That's what we need in our community. All of us need to recognize we have a personal responsibility to protect each other and protect ourselves, to wash our hands, to avoid crowds, to wear a mask whenever it's possible and especially when you are not able to socially distance, to recognize that when I wear a mask I'm protecting you, when you wear a mask you are protecting me, and to act on that and be our brother's keeper throughout this process. You know are those governmental mandates that are driven by the city or the governor or by the nation? No, they're not. But they are likely to be much more effective than those would be frankly if we all just buy in and do what's right because it's what's right.

Tasa: If you have had COVID-19 can you get it again?

Mr. Meyers: There's been some question about that. You know, Dr. Wilson's answered that a few times in our past meetings and there has been some evidence that there are some relapses. It's not common. But we can't say with certainty that you cannot get it again. As Dr. Wilson was just talking about antibodies, there's a good bit of mystery still surrounding the body's production of antibodies. How great a concentration does it require to achieve immunity? We simply don't really know. But it's not impossible to have a relapse.

Tasa: I believe we've addressed all of the questions at this point.

Mr. Meyers: Ok. Very good. Well, I appreciate everybody's attention. We will continue to provide briefings. I don't think we'll do this on Monday coming out of a holiday weekend I suspect that there will be a lot to talk about. But it will take us a while to debrief and learn what's going on. So, I think Tasa we'll probably schedule one for Tuesday and then we'll be able I hope at that point to tell you some more details about additional testing capability and when that comes online. I hope I can report that we've added capacity on 68NURSE which I expect will be the case so there should be a good bit of good news to share on Tuesday along with the results of a holiday weekend. And I expect that unless we are all very, very careful and thoughtful this weekend we are likely to have a spike in cases whether that will come Monday or a few days after it's more likely to take a few days. But let's see if we can't avoid that by staying home if we can, keeping social distance, wearing a mask, washing your hands, not touching your face, avoiding big crowds, all the things we've been saying from the very beginning are particularly



important in these celebration moments like the 4th of July weekend. And the last point I'd like to make—Oh, maybe there's another one.

Tasa: Sammi has one question she's asked if she could ask it one last time.

Mr. Meyers: Alright Sammi, go ahead.

Sammi Steele: Sorry, yes real fast because I bet this will be my story for the day. Going back to staff who have tested positive. You said 41, but how many actively are quarantining, things like that? How many active cases do you have?

Mr. Meyers: I think that is the active number.

Sammi Steele: Ok.

Mr. Meyers: They are in different stages in their quarantine, but— (comments off camera not able to be heard) Larry's staying we may have had 1 come off the list yesterday. We are monitoring them all. They all are on their own schedules, but that's the total number in varying stages.

I have two more things I'm reminded that I need to speak about, and I'll be brief, but one of the things that we've been particularly encouraged by is the growing number of businesses locally that are requiring masks and taking a stronger stand. That is another piece of that responsibility that we can all get behind. I know the HEB policy has been publicized and they've gotten lots of strokes. What's really good, that's happening here in our community is the MRT is collecting a list of those who are requiring masks and being very clear about that. Recognizing those local companies. There were several on the list. I know Dairy Queen was on the list and then of course HEB was and Jumburrito and Starbucks. There were a couple of physician practices on the list. And I think it's true of most of our clinical locations that they are requiring masks. I would encourage you to go look at the MRT website. I saw it on there this morning. They are doing a great job of recognizing people who are stepping up, raising expectations, and trying to keep their customers safe. So, thank you all for doing that and we'll continue to offer you our thanks and recognition as well as we go through this.

Last point, vote. Please remember to vote. We are in the early election period now. It started on Monday. We are having large numbers of people vote. Actually, much greater turn out that I frankly expected this early in the process. You can vote today at all the early voting sites. You cannot vote tomorrow or Saturday. They'll be closed for the holiday. They'll be reopening Sunday afternoon from 1-6 and then next week all week they'll be on a 7a-7p schedule at all 5 early voting sites leading up to election day on July 14th. So, please don't forget to vote. Thank you all very much.