



Russell Meyers, CEO of Midland Health

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

Transcribed from a previously recorded live event.

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

Mr. Meyers: Thank you, Erin. I am Russell Meyers, CEO of Midland Health and thank you all for being with us this morning. In the hospital today, we have 207 total patients. 21 of those are COVID positive with 12 in Critical Care and 9 in the Medical COVID unit. We have a total of 20 patients on ventilators in the hospital, only 7 of those are COVID patients. The Emergency Department (ED) had 156 patients yesterday, continuing our pretty typical ED trend over the last few months.

Testing wise, you know, I think, that we are now down to one testing site at our West Campus. Testing is available to anyone who needs a test by calling 68NURSE. We do test by appointment only and we get immediate turn around on the results. Testing volumes were back up last week after a severe lull during the freezing conditions of the previous week, but still only about 750 cases, under 10% positive last week. We only have one days' worth of data this week, but yesterday of 160 patients who were tested, only 5 have come back positive. So, we're hoping that those continuing trends of smaller testing volume and lower percentages positive will hang on here for a while as we see a decline in the disease process here in the community.

The biggest effort we have going on right now is vaccination as we've talked about every week. A lot happening with vaccination now. This week is the final week of having both the Horseshoe and the Golf Course Road Church of Christ sites live. Golf Course Road will go through Friday and then we will not return to that site. We will consolidate both first and second doses at the Horseshoe beginning on Monday the 8th.

Our friends from Team Rubicon have been with us now this is week number 6, volunteers, most of them veterans, from all over the region who have been a tremendous help to us in managing logistics and helping patients with whatever they need as they come to get vaccinated, directing traffic. Those folks are moving on to the next site that needs them after 6 weeks of service here and we can't thank them enough. But one of the challenges we'll face as they leave is replacing them with local volunteers. We're still taking volunteers if anybody wants to help us with logistics and patient movement, we'll be happy to talk to you. I think Tasa can put up the email address for volunteers to contact us if you're interested in helping out. vaxvolunteers@midlandhealth.org

Further on vaccine, we have a team who was in Ft. Davis yesterday, in Marfa today in both cases giving 2nd doses after having gone to those communities 3 weeks ago. Last week we were in Garden City doing the same thing. So, we continue to do outreach to the region primarily by distributing doses to facilities and providers who can do their own work, but in the case of these 3 communities we've actually sent teams with the vaccine to do the vaccinating. Last week, as our vaccination inventory grew, we sent doses to Big Bend Regional in Abilene, to a couple of providers here in Midland, to Marfa County Clinic, to the Martin County Hospital in Stanton, to Scenic Mountain in Big Spring and we're happy to be able to do that as we continue to function as the hub for our region.



Let's see, if you want a vaccine, especially if you're part of the 1A or 1B populations, if you're a healthcare provider and you haven't gotten your vaccine yet, if you're over 65, or you have a chronic disease, please call us or contact us through our website. The phone number again is 221-4VAX, that's 4VAX or you can go to www.midlandhealth.org/vaccine. Recently, we stood up a self-scheduling module, so you don't even have to talk to anybody. You can do all of this via the internet and schedule yourself if you are capable and wish to do that and we'll take not only those 1A and 1B populations, but we've stretched the definition to include public service workers of all kinds, people with any kind of chronic disease, with any level of obesity, we do want to encourage as many people as possible to come on and get vaccines. We are working with our team on the homebound. We've called on several senior communities to give vaccines on site. We have a variety of other efforts going on now to find and vaccinate those vulnerable populations who, for whatever reason, have yet to come forward. So, that work will continue even as the mass vaccination work also continues in the weeks ahead.

I think the last message you will probably hear from a couple of us today is that we are doing well. The numbers are going down, not only here, but nationally. We're getting a lot of vaccine out to people. We'll cross 50,000 doses delivered probably today which is a pretty amazing number in the short time we've been doing this, but all those good things shouldn't overshadow the need for continuing the mitigation strategies. Especially through this upcoming spring break week when we'll be very tempted, all of us undoubtedly, to do things that we shouldn't do. So, even as we enjoy a holiday period, let's remember social distancing, mask wearing, hand washing, avoiding crowds especially indoors, keeping your activities outside as long as you can, the same kinds of things that have helped to get us to this point we need to continue for a while longer. I don't know how much longer. The light may be coming closer at the end of that tunnel, but it's not here yet and we need to continue those strategies even as we get more vaccine out and get more people some immunity. So, with that encouragement I'll be happy to take questions.

Moderator: The first question comes from Sammi Steele at NewsWest9. She asks, "How much of our population in Midland would you say is vaccinated?"

Mr. Meyers: Yeah, that's a really good question. I think we're probably in the neighborhood of 30,000 people in Midland who've been vaccinated, maybe a little bit higher than that that have gotten at least 1 dose. We probably have sent out of the community less than 10,000 of those 50,000 doses, but then we've had people migrate into the community. We were looking at the cities of residence. I was looking at those over the weekend. We've got people from all over Texas who have come here and gotten vaccines. Several hundred from El Paso. You know, a hundred each from just about every town in the state. So, I think it's a pretty safe bet that at least 30,000 Midlanders have been vaccinated. It may be higher than that.

Moderator: The next question comes from Mitch at Marfa Public Radio. He asks, "Since expanding the umbrella of who can get a vaccine, have you seen demand for the vaccines increase?"

Mr. Meyers: We have. Yes, we certainly have. We're essentially full through the rest of this week. We've got people scheduled for next week. So, yes, the demand certainly has popped up a little bit which is what we hoped.

Moderator: He has another question. He asks, "Why is the vaccination site at Golf Course Road Church of Christ closing?"



Mr. Meyers: I think the biggest reason for that change is because of the loss of the Team Rubicon folks. We have depended on them a great deal for logistical support and as they leave, we will replace them with local volunteers but we are unlikely to have the same numbers and consistency and skill levels that they've brought. So, we thought that we'd be better off maximizing the use of the volunteers that we have on a single site making that as efficient as we can.

Moderator: Another question from Sammi. She asks, "Midland has said they want the Johnson & Johnson vaccine. Can you update us on that process?"

Mr. Meyers: You know, that's about all we know. We had the opportunity to respond to a 1 question survey from the state last week. Do you want the J & J vaccine? Yes or no. And so, we said yes with the hope that if we can get an allocation of that vaccine it may be beneficial especially to some of our smaller communities and harder to reach people. It's a single dose vaccine which is helpful. It can be stored at refrigerator temps and not the ultra-low temperature that the Pfizer vaccine requires. So, we think it could be useful and if we can get some of it, we'll find the right populations to give it to. But we don't know. The state is supposed to be getting something like 200,000 doses I hear in the near future, but exactly how they'll be allocated is not yet determined. We may hear that this week.

Moderator: A follow up question to that. She asks, "Do you think the J & J vaccine will "change the game" and allow more private practices to distribute since most already have the freezers needed to store it?"

Mr. Meyers: I don't have a way of knowing that. I think it could. It's much easier to handle. I think there'll be populations for whom a single dose vaccine is appealing. It's a different technology than the messenger RNA that the Moderna and Pfizer vaccines employ, and I've heard some people saying they've been waiting for the J & J vaccine because for whatever reason they perceive it to be safer. And I think all of those things will help to enhance the spread of the vaccine. And those are all good things. But I have no way of knowing. The biggest concern is what kind of volume can they produce and how rapidly can it be allocated and deployed.

Moderator: Mitch asks, "As the state opens up the vaccine to more people, could higher demand strain MMH's resources?"

Mr. Meyers: I think it could. We are in pretty good shape as long as our volunteers will continue to help us, and we've had some truly stalwart ongoing volunteers that have been out there every day or almost every day. We're very dependent on those folks as well as some of our own staff as well as people from the Fire department and the County who are all working together to make this happen. Assuming that the state continues to allocate us on the same pace that they're doing now which is 5,850 first doses every week and the same number of second doses we are well prepared to handle that volume of delivery. So, if the demand ramps up to where people want it faster than that, I think we're more likely to see people having to wait a few days than our resources being constrained because we won't get any more vaccine than what we're already getting. But that remains to be seen. Higher demand is a great problem to have and we'll figure out a way to deal with it if it comes.

Moderator: Another question from Sammi. She asks, "When was the first COVID patient at the hospital last year? It was around this week, I believe. How does it feel to know it's been one year of this pandemic?"

Mr. Meyers: Do you remember the date? (Asking someone off camera, response not heard) Yeah, I think it was around this week. The first or second week of March. I think you're right about that, Sammi. You know, one year of a pandemic is—I would never have guessed that I would experience that in my lifetime. It's—Yeah, Dr. Wilson says it's one year too long. I'll certainly echo that sentiment. Yeah, we're ready for it to be over. I think everybody is. And I think the biggest concern now is that we not lose our focus. We really are in the homestretch. You know, I've seen a wide variety of projections. You see some very pessimistic people talking about the end of '22 before we really feel like it's normal. I think it's much sooner than that, but it's not today. And so, the challenge now is as we reach that 1-year mark, we stay the course, hang on for a little bit longer, and normal life hopefully is around the corner.

Moderator: What's the update on the FEMA staff at the hospital? Are they still there?

Mr. Meyers: There's a few still here. We are seeing them draw down week to week and by the end of this month, we think they likely will all be gone and redeployed in places that need them more than we do as our census declines. You know, we've seen a continuing decline in the census. We've shuffled some beds around to do a little maintenance work. We're trying to get into our final stable bed configuration by specialty care area and all of those things are happening right now through this month. So, this is a good time for the FEMA staff to draw down, by the end of March we think they'll all be gone.

Moderator: We have a question on our Facebook page. They ask, do you know when they will have vaccinations for children?

Mr. Meyers: I don't. I have heard about some testing. Do you know anything about timeline? (Asking someone off camera, response not heard) Testing has begun by a couple of the manufacturers we know, but when they'll be ready for children to take, I have not heard any projected date to this point. I'm sorry. (Comments off camera, not heard) Yeah, that's right. Dr. Wilson's reminding me there are different lowest ages among the vaccines that are available now, but the Pfizer vaccine is available now down to age 16. That's not children, but it's adolescents at least.

Moderator: Another question. They ask, will there be an announcement of upcoming new age group vaccinations so people can sign up in advance? So, if you can just reiterate who's eligible to sign up for the vaccine?

Mr. Meyers: I sure can. You can sign up today if you are in the 1A group meaning you are any kind of healthcare provider including someone who's at home taking care of a loved one. That makes you a healthcare provider and you can sign up. If you're over 65, absolutely. No other conditions required. If you are under 65 and have a chronic disease, virtually anything that you consider to be a chronic disease and one of those conditions if obesity. Anyone with a BMI, body mass index of 30 or higher is technically obese. So, a lot of people fall into those categories. We've stretched the definition here in the last couple of weeks to include public service workers, people who work for the city, the county, the courts, the schools, those entities that are day to day doing public service. We will consider stretching those definitions a little bit more in the future, but for right now that's the breadth of the definitions we are using, and it has created considerable demand. So, if you think you fall into any of those categories, go to our website www.midlandhealth.org/vaccine. You can get on the waiting list, you can find a link to a self-scheduling module, you could call us at 221-4VAX. Any of those methodologies will get you on the waiting list and should be able to get you scheduled most likely within the week.



Moderator: Sammi asks, “Odessa has stretched giving the vaccine to those in energy. Are you considering doing that?”

Mr. Meyers: We’ve talked a little bit about what the next stretch would be. We’re not ready to make it yet, but we’ll discuss that. You know, those in energy—I’ve been here a long time now and I’ve been told since I arrived that if you live in Midland, you’re in the energy business. So, I don’t know who that would leave out. But we’ll give that some thoughtful consideration. That might be a possibility.

Moderator: Tasa, do you have any Facebook questions? No? Alright, Russell, that’s all for you. Thank you.

Mr. Meyers: Ok, thanks, Erin

Moderator: And now we will turn it over to Dr. Wilson, our local health authority for the Midland Health Department.

Dr. Larry Wilson (Vice President, Medical Affairs Midland Health): Thank you, Erin. I’m going to start off with the Health Department numbers from the 26th of February which is the most recent dates that we have information. Overall case count is at 16,565 with 1,163 isolating patients. There’s 13,470 or about 13,500 that have recovered. There’s 1,319 that are currently under investigation. 375 that we’re not able to contact or are refusing to provide information. And almost 240 deaths in Midland County, 238 deaths as of the 26th of February. The Health Department is continuing to work with Midland Health and help out at the hubs, currently at the Horseshoe Arena. Demand and work at the Health Department has decreased a bit with the decreasing the amount of COVID prevalence in the community thankfully. So, there’s resources that are being contributing to the help there with RNs, Paramedics, and others helping out at the Horseshoe Arena.

I want to reiterate something that Russell said a moment ago about not letting up our guard at this time. The Health Department is very cognizant of the 2020 pandemic that continues into 2021. I think many of you probably have heard that in the last week, we eclipsed 500,000 deaths from the COVID infection in our country. In none of our lifetimes has there been a single cause of mortality of an infectious disease of this magnitude. None of us have experienced that. This is very real. It’s very deadly. It remains so. The mitigation techniques that we have utilized, and you’ve heard us speak about over and over here with masking, social distancing, hand washing, being respectful of others that you are around to avoid the potential that you’re carrying the virus and giving it to somebody else remain our mainstay of helping us keep the virus under control even while we’re getting to the point where we’re having over 30,000 vaccinated in Midland County which is just remarkable. So, we’re pleased with that, but we need to stay the course, we need to stay on task, and please pay attention to that. We look forward to getting past this pandemic, but we’re not there quite yet. So, with that I’ll take any questions that there might be for the Health Department or myself.

Moderator: The first question comes from Mitch. He asks, “Do you think Midlanders are letting up their guard as more people receive the vaccine and hospitalizations have dropped?”

Dr. Wilson: My impression is, what I feel personally is a degree of optimism and excitement really that we’re seeing a light, you know, down this long tunnel that we’ve been running through for quite some time now. But I have not personally witnessed a whole large degree of dropping the guard. I think it’s



really important though, you know, anytime we get close to a period of festivity or excitement you know we have the spring break coming up, that's usually a time of relaxation and getting out and doing things, going to the beach, what have you and I think we just have to be attentive that we are not past this yet and just keep that in mind and stay disciplined. No, I haven't really appreciated a dropping of the guard too much and I hope we don't.

Moderator: The next question is do you think this vaccine will be like the flu shot where we need to get it yearly?

Dr. Wilson: I don't think we know yet, but I would not be surprised if there's changes—You've heard already of the South African variant, the Brazilian variant, and others that are out there that may require some kind of manipulation of the mRNA to make sure that we're still targeting the infection, but I think it's not entirely clear yet, but there's a possibility that we could be requiring some regular-- I do think that COVID will become something of a less important disease going forward. We'll certainly be beyond the pandemic, but I don't think it's going to go away. So, I think you know some recognition of that and being careful all through the seasons where it's most prevalent will remain part of our lives going forward.

Moderator: We'll give them just a second to see if they have any more questions. Dr. Wilson, thank you.

Dr. Wilson: Thank you very much.