

City Council Special Called Meeting Transcript – 07/09/2020

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[10:00:58 AM]

>> Mayor Adler: We want to get Dr. Meyers as quickly as we can. I don't see her yet on this, but she should be joining us to be able to talk about the models and what she's seeing in terms of behaviors. When she's done, then Dr. Escott can talk about those models or whatever information he thinks is relevant to the council in terms of where we are and what we need to do, what his recommendation is. And then we'll have director Hayden to talk about Austin public health's continued response to the pandemic. I've asked her given the conversations just to touch on a response for the hispanic community among the things that she talks about.

[10:01:59 AM]

When we're done with that, the other thing that's on our -- we have our briefing. In terms of scheduling, I want to talk to you guys. We have two ifcs that are up that give us additional grounds to enforce our order and the governor's order at this point. They are drafted that way. And we got a letter from the governor that I put into backup expressing his approval for us to move in this direction which is [inaudible]. In order for us to vote on that obviously we have to open up for public discussion. We have 30 people that have signed up to speak. We also want to give people to ask questions and we need

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to eat lunch or give an opportunity for that, then there's a public safety committee meeting starting at 2:00. My sense is we get to go until 1:00 with an hour break so the people can get ready for the public safety meeting. That gives us three hours. If we were going to have the briefing, those briefings usually take us longer than an hour as people ask questions, let's say an hour, hour and a half for the briefing. And then it would be my intent to call the speakers to speak. It would be my intent to give each speaker two minutes to speak so that we can then vote and consider the ifcs in time to take a break to have lunch for the public safety meeting. So anybody doesn't have any objection to that, we'll go ahead and proceed that way. Dr. Meyers, are you with us? >> I am, yes, I'm here.

[10:04:02 AM]

>> Mayor Adler: We'll get to you in one second. I want to give the manager a second to say hello, then Dr. Escott, then I'm going to introduce Dr. Meyers. >> Thank you, mayor and councilmembers. I want to start by appreciating the leadership and support our mayor has been giving our public health professionals as we navigate through this public health pandemic. We know it's going to take our entire community to get through this. We've seen some things that have been positive and also things challenging, but in order to move forward we're going to have to do this together. I want to thank and appreciate all the work going on in our city but we know there's more work to be done. With that I'll turn it over to Dr. Escott. >> Mayor Adler: Dr. Escott. >> Dr. Escott: Obviously we're in a critical situation right now and now is the time that we really

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need to turn to the science as we have done throughout this pandemic to help us decide the next steps. And I appreciate you and the council and the city manager for always listening to the science, listening to the medical and public health professionals to help guide the decision-making. We look forward to the opportunity to share more information today. >> Mayor Adler: Okay. Colleagues, as you recall, three weeks ago we were getting presentations from the scientists and the doctors and what we were learning then was that on the trajectory we were on, we would be overwhelming our intensive care units about now in the city unless there was substantial change in behavior. I think our community rallied to change some behaviors and we'll see numbers in a second, but as we get into this, I think the overarching message coming from today's meeting was we can't take the foot

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off the gas. We are not clear of this yet. We are still in a pretty dangerous and precarious place. And it may require us to take action beyond what we're doing now and further behavior changes in our community. Our community seems to be responding when we ask. Appreciative of the governor letting

us [inaudible] Masks. I wish it had happened eight weeks sooner, four weeks sooner, but happy to see that it happened. I think that contributed to the behavior change. There's going to be a pretty significant ask of the state I think coming out of the meetings today because if we're going to be able to sustain our icus, we need staffing assistance. And we need to know how that's going to happen because at the same time we're asking for staffing assistance in the icus, so is Houston and Dallas and San Antonio. So I think that's one of the big take-aways from what

[10:07:03 AM]

we're going to hear. I just wanted to say that up front. We need to keep our feet on the gas and we need to continue to watch these -- watch these numbers. So with that said, we're all ears, Dr. Meyers, we're going to start from you. From your vantage point do you want to tell us what you think we should be seeing? And thank you for coming back in again. Thank you for everything that you have been doing. In a lot of ways when I talk to other mayors around our country, around our state, we're -- we have better I think data than most other places do in part because our hospitals are giving us better data and hospitals are giving their local communities in so many other places and because we have one of the nation's leading people helping us through that data. So Dr. Meyers, thank you. >> Thank you so much, mayor. Is it possible for me to share my screen?

[10:08:05 AM]

Or my slides? I'm not able to use that button. I would just echo while I'm waiting to do that, I'll just echo what the mayor said and Dr. Escott said. First, we really are in a unique city where there is unprecedented, I think really unusual daily almost collaboration between city leaders, researchers and heads of health care systems. And also I want to echo that we are in a precarious and uncertain [inaudible] With respect to the pandemic and I'm going to show you some slides that kind of just help us to think through what the data are telling us, if I can. I'm still not able to share content. >> Mayor Adler: Do you are tech people have any suggestions here? Should Dr. Meyers email her slides to a tech person? >> That's definitely an option.

[10:09:06 AM]

Control, if control shift key, ma'am. >> There's a little icon in the middle of my screen that says share content right next to how I can turn on my video and my audio. And for some reason that button is grayed out. It's not giving me permission to share content. >> Ma'am, I'll show you what it looks like. If you can see on the broadcast, it's right here. Do you have that available in your screen? >> I'm sorry, I don't know what I'm supposed to be seeing. >> Okay, I'm showing our controls on the broadcast. But if

you can't see that -- >> I'm sorry. Let me see. Share -- if I go up to share, it may need I need special permission?

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>> The share button is also grayed out on my screen as well. I'm not sure it's a functionality that's been made available. Do you have a slide deck that you are coming off of, Dr. Meyers? >> I'm trying to export it to a PDF and send it out. Yeah, I can send this. Who should I send this to? >> To Spencer cronk. >> Sure. Okay.

[10:11:08 AM]

Okay. I just hit send. Hopefully it will arrive in your email box in just a second. And in the meantime, I can start to talk about things. Let me pull my slides up. Once you get them, I can see the picture. So my first slide actually just has text on it so I'm going to start with just some comments. So, you know, things have changed I'm sure from your perspective but certainly from my perspective as I'm looking at the data and models since the last time we spoke. And there are two things that have changed really meaningfully. One is that we have just become aware in the last two weeks that our critical limiting resource from the perspective of public health and controlling the pandemic

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and minimizing morbidity and mortality is our local ICU capacity for COVID-19 patients. If you'll recall, the projections I've shown you in the past, the thresholds that we have recommended for the key indicators dashboard that indicate when we want to go from yellow to orange to red, that analysis, those projections were all focused on total hospital capacity as being the limiting resource. We designed those triggers to ensure that Austin does not exceed a COVID-19 hospital capacity of 1500 beds. So that's how we were operating until about a week ago. What we've learned over the last few days is that the ICU capacity is a more limiting resource and that in Austin our ICU capacity for COVID-19 patients is probably somewhere between

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331 and 474 beds. And where we are in that range really I think depends on whether hospitals are able to acquire additional ICU resources including personnel. So we may be down at 331, which is what we --

I've gathered is sort of what hospitals can do without additional resources, but that may not be sufficient. So when we compare what we were thinking about when we were in -- thinking that we really just have to avoid ever getting to 1500 total covid-19 hospitalizations to where we are today where we may be in a situation where we want to make sure we never exceed 331icu patients, covid-19 icu patients, we're thinking about now basically it's as if our health care capacity from the perspective of modeling and projections may have been reduced by up to 45% relative to what we were thinking when we were thinking we could go up to 1500 beds.

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So we're in a situation and there's a lot of uncertainty. Again, it depends are we at the 331 or 475 or somewhere in between. We're in a situation now when we look at the projections, it feels like we're getting much more precariously close to where peculiar provide safe and effective care. Not only to covid patients but to all patients. Those are Dr. Escott's slides. Okay. And so that's the first thing is that we are looking at a kind of a tighter system. We have less breathing room. We are coming more rapidly up to a point where we may be worried about the safety and integrity of our health care system. The second big change since the last time we spoke, and this is in the slightly positive direction, is we do see evidence that as of a couple weeks ago, transmission may be slowing, transmission of the covid

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virus may be slowing in Austin. As I said before, the way we are sort of tracking the spread, estimating how quickly it's spreading, making projections, we're looking on a daily basis at at the number of new admissions. And so when we look at the data today, we have -- we can get an estimate, sort of a good estimate how fast it was spreading about ten days ago. Looking at the that data, we detect that the transmission of the virus started slowing perhaps in the last couple weeks of June, likely corresponding to changes in policy, changes in messaging, changes sort of -- I would say just an increasing culture of caution in Austin and around Texas. Whether that is enough to kind of avert unmanageable surges in hospitalizations is yet unclear.

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And I would say and I'll show you some figures if I can, but I would say it is very, very uncertain and it is definitely -- we should not even come close to think it's time to let up. If anything, we should be reinforcing the culture of caution, that recent changes and behaviors have been good and we've got to do even more in order to get ourselves in a safe place. >> Mayor Adler: Let's ask staff, have they gotten the email from Dr. Meyers? >> Yeah, it's coming. >> Mayor Adler: Okay. >> Okay. >> Mayor, this is Jeanette. We just got them. We're pulling them up now. >> Okay, wonderful. That would bring me to my

first slide. That is sort of the introduction. The projections I'm going to show you in these slides, they are two things. One is sort of situation awareness, what does it look like on the ground today through the models and through the data we're looking at. And some short-term projections for where we might be going in the next few weeks with respect to

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hospital admissions, hospitalizations and icu patients. Okay, so the first slide, that's really just -- I can repeat this, but this is the points I made. There's two things that have changed, critical limiting resources the icu capacity, our key indicator triggers were designed thinking about total bed capacity, but we're probably in a situation where we have significantly lower capacity than we first thought. The other thing that recently changed is that it appears that transmission has been slowing since June. So let me -- to that second point, we can go to the next slide and I'll show you some estimates from the data. If you would please advance the next slide, to the next slide. Okay, great. So what you see on the left is a graph showing our estimate for the reproduction number of

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covid-19 in Austin. And you may be familiar with this quantity. The reproduction number roughly tells us how quickly the virus is spreading. And there's a horizontal line at the value R_t equal to one. And if the reproduction number is greater than one, we expect a pandemic to continue to spread and expect to see this sort of stereotypical pandemic curves or waves. And if we can bring the reproduction number less than one, we expect that the pandemic wave will slowly burn its way out or maybe quickly depending how low we bring the production number. Based on the hospitalization data that we've been tracking since March, we've seen changes in the reproduction number. Prior to the stay-home measures and the closing of schools in Austin, we estimate that the reproduction number was quite high, perhaps as high as four. I'm not showing you that on the graph, I've cut off the

[10:19:14 AM]

top of the graph. But following the stay-home order, we very rapidly slowed the transmission of the virus. We brought the reproduction number, we likely brought the reproduction number below one. And if he with had held on to the stay-home order we might have eventually seen the pandemic wave subside. However, we started relaxing measures around may 1st and you can see in this graph in mid-may you start to see the consequences of people, you know, interacting in public without taking precautions and the transmission rate started to increase. We got to quite a high point in early June, and then this more recent decrease since mid-june is what I was talking about on the last slide, some initial

evidence that the reproduction number, the transmission of this virus is slowing. However, it does not appear that it's -- there's no evidence yet or I'm sorry let me say that it -- as of

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today, the reproduction number are a mean estimate is right around one, but it's very possible that we are still considerably above one. You can see that with the gray shading. It is possible we are below one as well. We -- it seems clear that we are not yet near the point we were at during the stay-home order, but maybe we are approaching that. Optimism that things are slowing, but also a belief that the transmission rate has not been repressed to the point it was in early April and it's a complete uncertainty whether the level of transmission now, the loweringful transmission rate, the measures we are taking is going to be sufficient to prevent unmanageable surges in icu cases and hospitalizations. What I'm showing you on the right -- yeah. >> Mayor Adler: On that chart, colleagues, because I think this will be relevant to what maybe Dr. Escott

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talks about in a moment. The governor took us into his phase 1 at the beginning of may. And then he took us into phase 2 about mid may. It was about two weeks into may when we moved into phase 2. And that's when -- right after that is when you really start seeing the number move above the R naught one. May not be here later when we start looking at policy changes. Thank you. Please go ahead. >> Okay. So the graph on the right is our estimate of the doubling time of cases. So that is how many days between, for example, having 100 new cases in Austin and having 200 new cases in Austin. So -- and we're not looking directly at the confirmed case data that's on the city dashboard because there's a lot of uncertainty about

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that data, given lags in reporting, given not everybody infected was able to -- is able to or chooses to be tested, and so there's a lot of what we call noise in that data. So these estimates of the infection doubling time are based on model -- based on our models where we've used the hospitalization data to estimate how fast the virus is spreading and we use that to project the doubling time over the past few weeks or since early June in this graph. So it's a good thing when the doubling time increases. That means it's a longer period of time between having 100 new cases and having 200 new cases. So you expect this to sort of move in the opposite direction from the reproduction number. You can see when the virus was spreading fastest, we had a doubling time that was estimated to be below ten days. You know, maybe as short as a week. And now that doubling time is rising as of a couple

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days ago, we estimate the doubling time is probably somewhere between 20 and 30 days. So those are just both looks at what's happening kind of on the ground. How quickly the virus is spreading. And as you are probably aware, you know, the transmission rate today translates into differences in hospitalizations ten days, two weeks out from now and differences in numbers of deaths three, four or more weeks out from now. This is sort of the leading indicator of what may happen in our health care systems. Okay. So now I'm going to shift to my next slide, if you could please advance the slide. >> Just real fast, I just want to put out on June 22 was the day that we implemented the order requiring businesses to require masks. Could you go back to the prior page, Jeanette? On the graph on the right,

[10:24:22 AM]

June 22nd was when we changed that order. I'm sorry, go ahead, Dr. Meyers. Thank you. >> Sure. Yeah, and so right and just on that note I think, you know, it's -- it's tempting to look at our case, confirmed case data and say we see ups and downs and I think sometimes it's hard to do that because of the noise in the data. But I think the sort of inference that the mayor was just making where we see -- we look at these more robust estimates for how quickly the virus is spreading, I think it sort of -- these estimates sensibly reflect what they think is actually happening. You see the reproduction number dramatically drop after stay at home, you see it start to creep up starting in May and then that reversion at sort of an appropriate lag after we were able to enact different policies and come out with stronger messages, so I think that makes a lot of sense. Now I'm going to show you

[10:25:23 AM]

several slides that are making short-term projections based on the hospital admissions data and these are sort of correspond to what I showed you on the last slide as far as what we're estimating the transmission rate to be in Austin. I've shown you figures like this, but I just want to emphasize a couple things about these figures. So I believe that the projection here starts around maybe July 6th, I can't remember what the last day is, but up to -- where you see red dots, those are the actual observed values or reported values. So for this first graph we're looking at the seven-day average number of COVID-19 hospital admissions. So the red dot is the seven-day average. When you go beyond the last point where you see an observed point, those are projections. And those projections assume

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that behavior does not change going forward. In other words, the behavior we estimated on July 6, that is the behavior and transmission rate we're assuming will continue to hold through the end of the projection period, through the first week in August. If in fact we are seeing a downward trend in transmission rate, if people are taking more and more precautions and things get better, these projections will be an overestimate. If things get worse, if people begin to get more lax about taking precautions, these will be an underestimate of what might happen in the next few weeks. Importantly this is why I write projections without behavior change. These projections are assuming our behavior today will stay the same going forward and the transmission rate will not change from today. Okay, the other thing I want to mention is that you see a lot of what we call spaghetti lines or trend lines. There's all these little gray lines. Each one of those projected

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trends is equally possible. There's a lot of uncertainty in our model because of all the things, you know, that we can't see perfectly. We don't know exactly how people are going to behave. We have approximations of that. We don't know exactly how many people are infected today. We have approximations of that. The fact you see lots of futures reflects the fact there are things we can't know but there are a lot of things we can't know and we try to take into account that uncertainty when making projections going forward. Each one of those trend lines is equally possible. Where you see that dashed line, that's sort of the middle projection. But that doesn't mean it's the most likely projection, it's where the middle of the trend lines are. And it also shows you that more of those trend lines are pointing upwards than downwards. More dense. So if you had to guess, it's more likely at this point things are going to go up before they go down. So what you see on the slide

[10:28:27 AM]

is -- is the current and projected seven-day average of hospital admissions, and that red line going across the middle corresponds to a seven-day average of 70 new admissions -- new covid-19 admissions in our hospitals in the metropolitan area. And if you recall, that was the -- one of the early triggers, one of the early thresholds we derived under a scenario where we were assuming that the virus was spreading fairly quickly, about how quickly it was spreading in early June, and this was the threshold that told us when we would want to do into a stay-at-home order. Under the sums there was nothing in between. We were either going to be in yellow or red and so we didn't have the option to tap on 2 brakes. The only option was to slam on the brakes.

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So we said we would pause when we got to 70, which is where we are today, we're now about 75, and ask ourselves did we manage to slow things, did we manage to go into Orange, or are we still in yellow, are things spreading quickly, and if they are spreading quickly, this might be a time we would want to consider reinstating very strict measures. We are pausing and looking and what the data are telling us from that last slide is that it looks like we may have slowed things a little bit. We may be able to wait a moment before considering a stay-at home measure, however there's a lot of uncertainty. Tentatively, you know, we don't know really how much things have slowed, but there is an indication that maybe, maybe we can wait, maybe we don't have to -- going back to our original plan that we would look at

[10:30:28 AM]

70, maybe we can wait due to the promising indication of slowing. I want to remind you we are past the original threshold of 70 where we need to do a hard accounting. I'm going to move on to the next slide, please. So now I'm plotting recent, current and projected total number of covid-19 patients in hospitals in the five-county metropolitan area. Same idea here, red dots are reported number of hospitalizations, gray projections are equally plausible future trends, black line is a middle projection. These all assume that there is no behavior change from this date forward, so same transmission rate from today through early August. And there's two red lines and shading in between. The red line at the top is that 1500, that original

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capacity. And that is, you know, where we derived the original triggers and that's what we thought we were trying to prevent with the policy. That shaded area is showing you sort of what -- what the updated capacity is. So we estimate that on average, on a typical day somewhere between 30 and 40% of covid-19 patients in our hospitals are in icu beds. And it ranges and there's some uncertainty. So given that range, between 30 and 40% of covid-19 patients are going to need icu care -- I'm sorry, 30 on to 40% of patients in a hospital are receiving icu care, and given that we don't know what our true capacity is for icu beds, between 331 and 474, we may really be facing a capacity that's closer to that lower red line.

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That's closer to, you know, 800 or 900 beds total. So that is -- so depending on where we are, the future looks a little bit more or less alarming. And so when I say we can pause and look at things, I think we really have to realize there's a lot of uncertainty and it is very possible that we will hit our lower estimates for icuiness today it -- icu capacity soon. I would like to advance to the next slide, which is projecting this directly for icu capacity. Okay, so in this slide it's almost identical to the last slide instead

of looking at the Taff number of covid-19 patients in hospitals, we're looking at total number of patients in ICU beds and the projections look the same. In this case we're assuming

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that roughly 35% of hospitalized covid patients are in ICU beds. There is the range of our capacity, somewhere between the 331 and the 474. And we project that it is very plausible that we will hit the lower end of that range and even the higher end of that range by early August if the transmission rate doesn't slow more than it already has. Are there any questions about these graphs before I move on to the final -- the final comment I want to make? Ms. Kitchen, I think? >> Kitchen: Just so I understand, when you say [inaudible] Change, have you built into the assumptions the -- I think you said we

[10:34:32 AM]

were seeing some reductions in the -- in the transmission rate right now. Have you built that assumption that that would continue into this? >> What this assumes is that a reduction we've achieved so far is maintained going forward, but we do not assume that it is reduced further. >> Kitchen: Okay. >> Yeah, it's done down -- >> Kitchen: You keep the reductions we've achieved so far flat, and that's built into -- into these [inaudible]. >> That's exactly right. And so, you know, if we are on a downward trend -- let me remind you, this is an optimistic look, you know, we're really able to estimate the transmission rate as of ten days ago because we're looking at hospitalization data and not who is infected today. There may be an additional reduction in transmission we're not able to detect,

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sort of an overestimate, but it could also be working the opposite direction. So, you know, just because we don't really know and we can't project the future, we just assume we've seen what we've seen and it's going to be flat going forward. Any other questions about the figures? I'm not able to see people's hands. >> Harper-Madison: My hand is raised. Councilmember Harper-Madison here. Quick question. I was reading over some information and if you could just offer me some clarity. It looked like what this particular piece was saying was that the disease is becoming less deadly but more contagious. Could you offer me clarity there? >> So there have been some reports, some based on, like, epidemiological

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information where they are counting how many people are reported infected, how many people are dying, and there have also been some molecular biological studies where they are looking at the evolution of the virus genome and seeing changes that have suggested that the virus that is spreading widely in the United States may be slightly more contagious than the early virus that was spreading in Wuhan. It is actually not clear from that study whether the virus is less deadly, so that sort of genetic study suggested that. But what we're seeing, so I would say from the published reports, I would say there's not yet definitive evidence that this virus has changed in some fundamental way that makes it less deadly.

[10:37:34 AM]

>> Mayor Adler: That's a good question to ask Dr. Escott because that's not part of the models Dr. Meyers is do. >> I will say one thing about that because in looking -- in looking at the hospitalization data to build these models, we are looking at the mortality rate. And I'll say a few things about when we see the mortality rate, and Dr. Escott can correct me if he is seeing something inconsistent. Because of the lag between getting infected and ending up in the hospital and dying and because we're able to keep people alive longer, we really don't have enough data yet because the deaths from people in the hospital haven't happened yet because we're just recently seeing that surge. So part of the answer is that, you know, fortunately because not that many people have died yet, we can't definitively say. But from the little data that we have season, we have

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seen a reduction in the fraction of people who end up in the hospital who die from covid. But there are a number of different things that could be driving that. One is that we are seeing a demographic shift in who is ending up in the hospital, so we're seeing younger -- younger people, higher proportion of young patients in hospitals and younger people have lower fatality rates. And so if you see overall a lower death rate in the hospital, it may not be that individual people's death rate is changing, it may be we're seeing younger people -- more younger people in the hospitals. But we also do know there have been changes, innovations in the types of care being provided to covid-19 patients that are reducing the fatality in hospitals to some extent. And doctors can speak to this better than I can, but this includes steroid treatments estimated to lower the fatality rate by a

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meaningful amount. Just knowing how better to -- there's some early things that were learned in the hospitals in New York to provide oxygen earlier, et cetera, et cetera. There also is some evidence that since March through time we are able to better keep people alive in hospitals. So it could be a

combination of those two things. In my opinion it's less likely that any trends is because there's been some mutation to the virus. >> Harper-madison: Thank you. I appreciate that. >> You're welcome. >> Mayor Adler: I'm going to recognize Ann and then recognize Alison. It's 10:40 and we also still need to hear from Dr. Escott too. Ann and then Alison. >> Kitchen: I have a question about the assumptions related to the icu beds, the 331 to 474. I understand that there is -- you know, it's hard to

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predict if we're talking 30%, 35%, 40%, but it's less clear to me why we think there's that range in available icu beds. I understand that part of it -- or maybe it's all of it has to do with the degree that there is staffing available for the beds. But my question is do we know that we have staffing available for 331icu beds in our community now, and is it the potential for 474 beds if we have staffing? Is that how we should view these numbers? The reason I'm asking, it seems to me we would know how many beds we had with existing staffing and that the unknown would be how many could we staff because we don't know exactly how many staffing. So is staff the way I should look at this? That we think -- or we know

[10:41:40 AM]

and we could get as high as 474 if we get additional staffing? Is that the correct way for me to look at those numbers? >> I think that question has to be asked of the hospitals and Dr. Escott and the mayor. That is essentially what I have learned, but I'm not the person to answer that question. >> Kitchen: Well, we can ask later, if need be, mayor. >> Mayor Adler: That is correct. The hospitals say they can physically get up to 471, but they they can't without additional staff. In the conversations with them, there seem to be much greater certainty with regard to the 340 number than the 400 number. >> Kitchen: What was the last part? >> Mayor Adler: We'll let Dr. Escott talk about that. >> Kitchen: Thank you.

[10:42:41 AM]

>> Mayor Adler: Alison. >> Alter: Thank you. Can you hear me in. >> Mayor Adler: Yes. >> Alter: Good morning, Dr. Meyers, I wanted to ask you a question and also Dr. Escott at the appropriate time. We all wish we had more certainty into the decisions -- about the decisions we're making and appreciate the way you are presenting it for us to understand both the uncertainty involved but also some of the variables and how they are changing. I'm hearing some concern about the shifting of the data that we're using to make decisions, and from my perspective, I think it's fully rationale we are updating the triggers as we have more information about how the disease evolves. But can you just speak to kind of broadly why we're updating the triggers and how that's -- how that's part of using them -- more of the data and

more of the information we have and how that helps us to address the uncertainties and project where we're going in

[10:43:42 AM]

different ways? Because I'm hearing that folks are getting frustrated with the shifting of the goal posts, but so I think we need to communicate why we're changing these. >> That's a great question. So -- let me think how to answer this. So first of all, I mean there really has been a fundamental shift in our understanding of what the constraints are, what the goals are, as of a week and a half ago when we realized that we were going to run up against icuness today it much earlier than we were going to run up against the 1500-bed capacity we had been thinking about when we designed those triggers. I would say whether or not we're talking about updating triggers, we are in a moment where we suddenly have a hurdle that we weren't expecting and we need to think about how closely -- like what we need to do in order to ensure that we don't end up with an

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unmanageable surge in icu beds. So I think whether we're talking about -- whether we're talking about triggers or what we're projecting and comparing projections to, that has fundamentally shifted from my perspective over the last couple of weeks with this awareness icu is going to be a limited factor. With the triggers themselves, I'm not offering any new triggers today. I'm basically saying we're sort of past the trigger, right? We established this trigger of 70 daily admissions and said at this point we're going to evaluate where we are. And if things look okay, then we might be able to wait a while and if things don't, we might need to change policy, change behavior, et cetera. What we're doing today is consistent with the plans that we laid a few weeks ago, and it happens to coincide with a moment where we realized there's a shift in the system with the icus. And I think -- so now we're

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looking and we have different goals, we have different constraints and we also have some evidence that transmission is slowing. And I think what we're doing in this moment is saying we're not -- at least today I'm not presenting a new trigger, I'm just presenting what's going to happen, what does it look like might happen in the next few weeks and does it seem like we need to change policy. That's a question for you. Amass resources, you know, what do we need to do, if anything. I'm hoping these models will help you think through what do you think we need to do to ensure the health and safety of our communities. >> Mayor Adler: And part of the answer is there are lots of variables being put into this, and Dr. Meyers is constantly changing her analysis for greater information on the variables. The estimated amount of time people stay in the icu or the hospital. So as we get greater data because now we're not

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dealing with just four weeks of the virus, but 12 weeks of the virus, Dr. Meyers is constantly changing the variables to reflect the practice and the facts that we're learning. >> Yeah, in fact, I should have mentioned that. One of the differences between some of the models that we put out a month ago and the projections we're making today is exactly what the mayor mentioned. We've actually seen when we look at the hospitalization data through time in Austin that the duration of hospital stays has gotten noticeably shorter through time. We're actually accounting for that change and that's important when we're thinking about how many hospital beds you need if people are staying a shorter amount of time, in effect more capacity. >> Alter: I appreciate your responses and the mayor's and hopefully when Dr. Escott speaks he can also address that because I want to make sure we're avoiding confusion because I think what we're really doing here is using the data that we have on the ground

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and adjusting our models so we can make the best policy decisions that we can. And I don't want there could be any discussion in the public over that as things evolve necessarily with what's on the ground moving forward. So thank you. >> Mayor Adler: Thank you. Any other questions for Dr. Meyers? Dr. Meyers, do you want to hit your last slides to talk about schools real fast? >> Absolutely. I'll say one other thing, I think the way Ms. Alter explained it was really -- was really excellent, just like you sort of summarize the use of models to make sense what's happening on the ground. I would say that's exactly sort of what the models are doing for us today. We have this really noisy data. We have kind of imperfect information on the ground. And the models sort of bring a scientific lens to the data that allow us to make sense of it and to derive

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understanding and projections that are sort of -- that can help us move forward. We can move on to my second to last slide. This is a slightly different topic. Related but it's a different focus. That is about where might we be around August 18th in August with respect to be to safely open schools. This is a -- in response to a question the mayor posed. And so let me orient you here. The -- along the X axis, left to right, there's three different scenarios. The left-most one is imagine we open schools today with the current prevalence of covid-19 in the community. The middle one is imagine that the virus continues to spread at the rate that it is spreading today and we do not slow transmission at all. It's exactly where it is today, as I was talking

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about earlier, those projections. And we open schools on August 18th. And then the last is an extreme scenario where we imagine we actually enact really strict measures, you know, something, it may be full on stay at home or things that effectively slow transmission to the level we were able to slow it to in mid-april. We do that for 35 days and then relax that when kids are supposed to go to school around August 18. And so those are three different scenarios, three different bars. I'm showing on the Y axis, the height of those bars, is the projection for the expected number of kids who are going to show up infected at school because they've been infected in the community, in the first week of school. Within each of those groups I'm modeling this or projecting this for three school sizes.

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Green, 100 kids in your school, Orange, 500 kids, and purple if you have 1,000 kids in your school. So if we were to open schools today, and these are the left bars, and you have a school with about 500 children in it, you would expect the first week around four kids would come to school infected. If we don't -- if transmission doesn't slow over the next five, six and we continue to see rises in covid-19, which is what we will see if transmission doesn't slow from today, it will be much more prevalent in our community in August 18th. And that's like let's look at the middle Orange bar for a school of 500 kids, we would expect somewhere between 15 and 20 would arrive infected that first week of school. And if we were to enact very strict measures today that slowed transmission to the point of the stay-home order, then I'm going to show you with my hands what

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we would expect, even if you slam on the brakes today, we'll still see a rise in cases before we see it start to subside because there's pent-up infection in our community, in a sense. So what would happen is we would sort of see a rise, but that stay-home order would start to curb things and by August 18 the prevalence would be a little lower than today and we would project it would be more feasible to open schools under that scenario if a school with 500 kids, we estimate maybe three would show up in the first week with covid-19. And this is really just looking at the feasibility. If schools are planning that they will quarantine classes or grades or shut down schools temporarily when there are cases identified in the community, in the school community or among students, this is sort of an indication of how quickly they will have to race to quarantine or shut down or

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often versely how easy it will be to maintain the integrity of the program. Those are just some scenarios to help think through. Yes, Ms. Kitchen. >> Kitchen: I think I heard you say this, I just want to be sure. Two questions. So this data includes the -- the data that you talked about earlier at a flattened rate, in other words it doesn't assume it going up or down, it keeps it at the flattened rate that we have seen? Is that right? >> That's right. That's what the middle curve assumes. Even though it's a flat rate of transmission. [Multiple voices] >> Renteria: But it's a flat -- -- >> Kitchen: A flat rate of transmission. >> Yes. >> Kitchen: Then the second question is this uses

[10:53:50 AM]

the term stay home. What assumption are you building in? Are you building in the rate of transmission that we saw when we had the stay-home order? Is that what you say when you say no stay home or stay home? >> That's exactly right. So for the middle scenario, nothing changes as far as transmission from today, what emetology -- what I'm calling the 35-day stay at home, how fast was it spreading second we'll in April which was the best week for controlling spread, imagine we have that rate of transmission for the next 30 days. >> Kitchen: So use of the term "Stay home" is a proxy for -- not proxy, but it's using the data for what we experienced during the second week of April. Right? >> That's exactly right. And if we are able to take measures that slow -- maybe not full stay-home measures,

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but encourage behavior to slow transmission, we may be able to get close without a stay home. >> Kitchen: There is some concern about stay home and I'm not expressing an opinion whether we need it or not, I'm saying this doesn't make the conclusion we have to have stay home in order to reach this rate. What this dues is uses the -- does is uses the data we had at that time. So I'm just want to go make that clear for people since we haven't had the policy discussion yet about stay at home versus other things. >> Absolutely. I completely agree with that. I don't mean to imply we need a stay home to open schools. I'm just trying to illustrate what the different scenarios if we're able to slow transmission or not. I would say also that even if we're in this sort of months repressed scenario of -- repress transmission over 35 days, we're still in a situation where schools are going to see several

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kids showing up. So it's still not necessarily the most feasible scenario. And the longer we're able to take steps, whether it's partial measures or just people individually deciding to take precautions, the more effective those measures are and the longer we hold on to those measures, the lower the prevalence will be and it will be easier to get back to school and other aspects of our life. >> Kitchen: Thanks for that clarification. I'm not expressing an opinion one way or the other what we should do. I don't want the

public to misunderstand because of the use of the terms on this particular slide. >> I think that's -- >> Mayor Adler: Dr. Meyers, related question just for clarification. When we're talking about the behaviors that you are seeing and the rates that are associated with that, are you talking about the behaviors that are -- people are exhibiting today or the behaviors that people were exhibiting ten days ago that you can see today?

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>> I am talking about -- this is a little tech, but with a no stay home, the current estimate for transmission, it is actually an estimate for -- well, this is done two days ago. It's actually an estimate for the transmission rate that day. But it's -- so it's a little bit of a projection. It's what we could see today which tells us something about how fast it was transmitting ten days before today, roughly. But then because we can also see the mobility data we make projections forward to today. So in a sense it's today, but there's some uncertainty built in there because we're projecting from ten days ago based on mobility data. >> Mayor Adler: My question is so there are two things that happen within the last ten days. One thing is that we have an order that said everybody has to wear masks, and that

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happened on July 2nd, within ten days. So it's possible that we see more masking today than we had in existence on July 1st or July 2nd. That may or may not impact mobility. People could still be traveling and it doesn't show up on the data. In order to know what the real transmission was July 2nd, 3rd, 4th, that's information we won't be able to see until next week. >> That's right. If you go back, that's absolutely right, and we may -- we don't know where we are today exactly. If you go back and look at my -- I guess it was the third slide in the deck which showed estimates for the reproduction number, you'll see that our current -- our most recent estimate, even though the dark black line is around one, the arrow bars go far

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above and far below one, which is capturing that uncertainty. It may be that because of masking and changes in behavior last week we may be at the lower end. >> Mayor Adler: To that end, the other things this does not show is whether or not there was a spike on July 4th. We don't know what happened that weekend in terms of what we might see next week. Councilmember kitchen. >> Kitchen: I just wanted to point -- I think would be the case here and you can confirm, Dr. Meyers, this doesn't account for the demographics of our students, would that be correct? Because we are a school district and aid anyway is a school district that is lower income, so perhaps we have a larger proportion of

students that are -- come from families with frontline workers, and then, of course, we have demographics

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differences in terms of what we're seeing in infection rates. So this data wouldn't incorporate any of that, would it? Or does it? >> It really doesn't in a meaningful way. The estimates for prevalence do account for the -- the projections account for the demographic makeup of Austin. Proportion of people in high-risk categories. But this was really meant to be almost a cartoon for purposes of illustration that we will probably have still significant prevalence of virus in Austin when it comes time to make decisions about schools, meaning that schools are going to have to think about how they are going to handle the fact that people may come -- both staff and students will come to school infected, and that it could -- the more we do to slow transmission up until August 18th, the more feasible it will be to open schools. It's really just meant to

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illustrate that at a very high level. >> Mayor Adler: Dr. Meyers, did you say you have one more -- >> I do have one more slide, concluding thoughts of text. These are some take-aways. The covid-19 pandemic may soon threaten the safety and integrity of Austin's health care systems. Covid-19 health care needs are quickly approaching local icuness -- I icu capacity. It's unclear whether current behavioral or policy changes will be sufficient to prevent unmanageable hospital and icu surges. This is really critical. To avert overwhelming health care demands, Austin should continue to do what it's doing and even do more to slow the spread of the virus. You know, including doing everything we can to cultivate a culture of

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caution so that people make good decisions, he this make the decision to wear facemasks, to keep their distance, to stay home if they don't need to go out. They especially make the decision to stay home if they have even the mildest symptom or have potentially been exposed to somebody who does. The other thing we can do to ensure that we are -- that the integrity and safety of our health care system is to come up with strategies to potentially expand icu capacity. The last take-away is the more we do to curb transmission in the next five weeks, the more feasible opening schools will be. >> Mayor Adler: Thank you. >> That completes my presentation. >> Mayor Adler: Mayor pro tem, do you want to say something before we go to Dr. Escott? >> Garza: I had a question on the slides. The demographics of the schools slide. I believe aid is a majority

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Latino district now which means we are seeing outcomes in in the spread of a hospitalization. The statement it makes it more feasible opening schools, is there any scenario where -- I mean I guess any scenario is possible, but where we open schools in five weeks, because I think what people are thinking, I've heard a lot of, you know, I would send my kids back and just take my chance, but I think people think more that nobody is going to [inaudible] On day one, but it seems like the scenario doesn't exist that that is in fact the case. This on day one students and teachers are going to be going to school infected. Is that right? >> Yes. That's likely the case, right, that at least -- I

[11:04:01 AM]

mean it depends on the numbers. We're probably at a point now where maybe one percent of people are infected today in Austin and, you know, you have to think about the numbers. How many kids are going to show up in the schools and if one percent of people are infected, it's likely one percent of the people, you know, roughly speaking, one percent of the people who go to schools are infected. It depends where we are in terms of community prevalence when schools open. Schools are going to have to think about -- if that's the world we're opening in, how do we do that safely and feasibly. >> Mayor Adler: Dr. Meyers, thank you. Colleagues, we're going to have to go on to Dr. Escott to get through the things we need to get to. Dr. Meyers, thank you so much for that information and for being [inaudible]. >> Thank you. >> Mayor Adler: Dr. Escott, do you want to talk to us about your view of the world from where you sit? >> Dr. Escott: Yes, mayor. Thank you. I sent some slides over and I'll go through them

[11:05:02 AM]

quickly. While that's coming up, I do want to comment on councilmember harper-madison's question about less deadly. I completely agree with Dr. Meyers' assessment. The temptation is for folks to look at dashboards like ours and say, all right, the numerator is deaths, the denominator is the total number of cases, it's gotten less deadly. That's simply not the case. The fact is that in Austin and Houston and san~antonio and Dallas, a significant portion of those cases happened in the last two to three weeks. So those people have not had the opportunity to be hospitalized and in the icu and die. This is why we have to look a month or two months back to give those the natural course of the disease time to manifest before we make assessments of things like case fatality rate. The other thing that I'll mention is that when we looked at that with our data back in our March ago April

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companies, we found our case fatality rate about 3.6%. But there's -- the details are important because it's not homogenous. Nursing homes, it's 22.5%. Our community, 1.7%. So we see lots of variations across the world in the case fatality rate. When you look at the details, it generally has a lot to do with how impacted nursing homes and how impacted other long-term care facilities in elderly communities are realized in that particular jurisdiction. So I don't think there's any evidence that it's less deadly overall, there's just variation in where it's impacting at the time. >> Dr. Escott, can I ask are we flipping through slides or staying on this first one here? >> Dr. Escott: This is the

[11:07:02 AM]

wrong slide set. There should be one dated July 7 -- or July 9. >> Coming up, one second. >> Harper-madison: I would just like to say thank you very much for offering that point of clarity. It's a question I had based on information I read and a question some of our constituents had. Much like mayor pro tem pointed out, folks are trying to make the most informed decisions possible. I think we'll without kids definitely don't recognize the difficulty of putting plans into place for child care for going back to work, for sending your kid to school or finding a tutor. There's a lot of parents trying to figure out how to become full-time educators in materials of having their scholars learn from home, but they simultaneously have a full-time job. There's a lot of planning and preparation that people need to put into place and getting information at the last minute is not going to help them at all. All the information around

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schools and just having people truly understand there's so much data to consume and so much information, so many op-eds and some of the information varies so weedy people are just trying to find the best information to make the most informed decision for their family. Thank you for that clarity. >> Mayor Adler: Dr. Escott, we're going to let you go through your sides without any questions so you can get through them. >> Dr. Escott: Perfect. Next slide. What you are seeing is the graph of the new cases confirmed by day. You can see that -- that over the holiday weekend we had a substantial decrease in the number of cases reported. The concern for us was that this was due to labs not operating at normal levels as well as ongoing challenges with turn-around

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times. And we were very cautious about interpreting that as a significant shift in our disease burden. In fact, yesterday we realized that was the case when we had record number of new cases. Again, the

challenges that we're facing across Texas and the southern United States in relation to the testing data is that it's not going to be a great representation of our disease burden. Because of that lab turn-around time. Because of the challenges with scaling reasonably and being able to get that -- those results in a finally fashion to interpret them. That's why we've turned to Dr. Meyers and her group at U.T. To model the hospitalization information as our primary or key indicators because that's less likely to be impacted by things like lab turn-around times and so forth. Because we do have more rapid testing in hospitals

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and we have the ability to detect all or almost all of the individuals hospitalized with covid-19. Next slide, please. As Dr. Meyers also said, you know, we've seen an impact on the doubling time based upon the change in our case volumes, particularly the ones that we saw over the weekend. You know, we had a best 44 days back on June 7th. Our worst was about 12 days, now we're 25 days. So relatively consistent with the modeling that Dr. Meyers did in relation to hospitalizations, so we do have some consistency there. We think the doubling time is about 25 days right now. Next slide, please. So this is a graph of our new admissions in the Austin msa. As was discussed earlier, we

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had to modify the numbers particularly over the last ten days or so, and that's because we switched data streams. It's important to remember that the data that's being provided to us from the hospitals has never existed before. In fact, in most jurisdictions, it still doesn't exist. So we are grateful for our hospitals in that they are providing us daily data in relation to the hospital beds being utilized for covid-19 patients, the number of admissions, discharges, and the ICU and ventilator use. But we need to adjust it because it wasn't reflecting the total admissions that were happening for covid-19. Some of those -- so what was reporting before was the number of new admissions that came in the door that day. But what happens is sometimes the results of that covid-19 test don't come back the same day that the person was admitted, they come back the next day or two days later.

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So we weren't accounting for those in the reporting that we had before, which is why we made the adjustment to balance it out to ensure that the increase in total hospitalizations reflected the admissions minus the discharges. That's the change that you saw. You can see the slope does seem to be changing a little bit. Right now that moving -- seven-day moving average of new admissions is 75, where it's been for a couple of days now. Again, we are hopeful that that will at least plateau and hopefully fall. I think the next week or so is going to be prime time for us to see what's happening and

to see if we are seeing a real change in trends. Next slide, please. So this graph is showing us three things. The blue is hospitalizations, the Orange is the icu beds being utilized and the gray is the

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ventilators being utilized. Yesterday we had a significant change or a drop in the number of total hospital beds being utilized per covid-19 patients. That gives us a seven-day moving average of 444 in the hospital. The icu has had a drop over the weekend, only increased by one yesterday, which gives us a seven-day moving average of 149 icu beds being utilized for covid-19. And the ventilator use is still increasing, but the slope is much lower than it is for icus and for hospitalizations with the seven-day moving average of 75 for that as well. Next slide, please. This is an update regarding our demographics. You can see the green line at the top is our members of the community that have identified as hispanic.

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We had a decrease this week to 57.6%. We had an increase in our white non-hispanic group and an increase in our African-American group as well. Again, looking over time they've been relatively steady, and certainly our African-American population and our latinx population remain overrepresented in terms of hospitalizations last week. Next slide, please. This graph is showing you the age breakdown of those individuals being hospitalized. You can see that the dark blue line that's at the top on the right-hand side is our 50 to 59 age group. Just below that in gray is our 60 to 69. You can see that the light blue and the yellow lines representing 20 to 29 and 30

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to 39 have been decreasing over the past couple of weeks. Luckily our young folks who are less than the age of 19 -- or 19 or less have relatively low rates of hospitalization, which has been maintained for the duration of the obviously as more individuals in those age groups get infected, we can anticipate that the number or percentage before hospitalizations refusal to those individuals will go up as well. Luckily early on in the pandemic we didn't see much transition in that -- transmission in that age group, but we have to remember that activities were closed, schools were closed, places they would congregate were close,, so there wasn't much opportunity to spread in those groups. As summer goes on we have seen more infection rise in those groups and certainly as we go into the school year we can anticipate that that environment will

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increase spread among school age children. Next slide, please. So I've got two slides here showing you two different weeks of our Austin public health public enrollment testing. This is showing you both Travis county and Williamson county. So right now our testing enrollment that we put together is now offered in Williamson county and as of this week in bastrop county as well. So the two slides are just Williamson and Travis county. Overall 96% positivity rate two weeks ago. You can see that we have significantly higher rates of infection in our African-American back then, 11.7%, and 15.2 for our hispanic population. Next slide, please. This data is showing you our -- the same rates, but for the first week of July.

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White and non-hispanic 5.6. But significant increases in our African-American rate of positivity as well as significant increases in the number of tests performed in that community. So 12.9%. Four% for the latinx community. This isn't representing all the testing being done in Travis county. It's a small portion of it, but a portion of it that we have the best data for. We are bringing in testers from throughout community and we're hopeful in the next several days we'll be able to share a broader view because we certainly see much different and much more concerning infection rates when we look directly at the community care testing, for instance, which is showing rates around 30% or higher for the individuals they're testing. Next slide, please.

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When we look at the positive cases for the first week of July, we can see that we've seen some leveling out in terms of the age groups that are being impacted. So for the previous two weeks we saw that the majority of individuals infected were in that 20 to 29 or 30 to 29 age group. We can see that 40 to 49 is starting to compete with those age groups so we are seeing a broader distribution of cases in the community. Luckily the percentages of cases that are attributable to those who are 65 or older is smaller and continues to be smaller, but we also must know that they represent a smaller portion of our community as compared to the younger age groups. The fact that these folks are these lower age groups still are somewhat protective of our hospital systems because we expect less of them will need to be

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hospitalized as compared to the older age group. However as the disease spreads from those age groups to the older age groups, the overall population in the community will increase, which is why we must be very protective of those who are older, particularly over the age of 65 and those who live in

institutionalized settings like long-term care facilities such as nursing homes and assisted living facilities. This is an update in relation to our long-term care facilities. Again as we've seen, disease spread in the community increased, a substantial and growing cases resulting in the request for nursing home strike teams to be deployed to a number of these facilities. Again, as Dr. Myers spoke in

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relation to the challenges of staffing ICU's, there's also staffing nurses into these nursing home strike teams because there has been a draw of health care personnel to other parts of the state and other parts of the United States due to surge in other areas. So the same resources we depended upon before, the same contractors, are already deployed at other places, which is making it harder and harder for us to gain control by deploying these teams to long-term care facilities. We are continuing to work with our contractors and the state to try to identify resources so that we can help supplement these facilities and ensure that we can limit the spread. Next slide, please. I want to talk about staging. As Dr. Myers said and we've discussed before, the transition to stage five is

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really that 70 to 123. We had the 70 as the placeholder for having this discussion because it helped the minimum threshold where we may need to trigger a recommendation for a stay home order. But as Dr. Myers also said, there are some -- there's a reassuring information that has come over the past week, which may suggest to us that we don't need to pull the trigger on that yet. But we do need to take a more cautious tone right now. Because there is so much uncertainty. You know, when I look -- uncertainty. When I look at the spaghetti lines that are represented in the projections, I think of hurricanes. And the projected paths. It's a matter of taking a bunch of data, putting it into a super computer and making estimations on what the future could look like, where that hurricane could go. I think it would be unwise

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for us to assume that this hurricane is going to veer off and go back off to the gulf. I think it's safer for us to assume that we may be substantially hit. That the we may need to take further actions right now to put ourselves in a better position if we do see a bounce from July fourth. If we do see our hospitalizations increasing over the next week. I think now is the time that we need to consider dialing things back further. Not quite to red, but to really put us in that stage four. To really do what we intended to do with stage four, which is dial it back to 75%. So 75% social distancing. More equivalent to the phase I reopening of the governor's plan. When we look back at the data, and unfortunately I can't project that for you here, but on our dashboard is something called the epicurve. And the epicurve shows us

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when disease onset happened. And we went from a shelter in place to phase I reopening and we look 14 days in the future, there was little change at all in the rate of disease transmission, the number of new cases being detected or developing symptoms on a particular day. When we look at phase II and we look two weeks in the future exactly, we see a dramatic increase in the number of disease onset that day. When we look at memorial day, which happened about a week later, and we look 14 days in the future from that, we see another dramatic increase in the rate of transmission. So it's clear to me that these policy impacts, these activities in our community, do impact the spread of disease. If we can dial things back to look more like phase I of the governor's reopening, I

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believe it will put us in a more protective situation, it will allow us to offer some breathing room and a little bit more certainty that we can handle the surge that's coming. And I want to point out when we talk about the 331 and 474 in relation to icu beds, 331 is what the hospital systems have indicated to us they can manage with internal staffing, shifting folks around. It is not normal operations in the hospital. We're still talking about stretching out the nursing to patient ratios, so nurses are having to look after more patients. We're talking about non-icu doctors having to look after icu patients. So those physicians having to staff the icu's because there won't be enough icu doctors. There will be still icu nurses and doctors overseeing those teams, but

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it's a different standard of care than what we're used to. When we look at the stretch to 474, there's a great deal of uncertainty about the staffing. Right now a lot of that staffing is going to south Texas, south of I-10 where they're seeing more substantial strain on their health care systems. We're already seeing military folks being deployed to San Antonio and other parts of Texas to staff up those facilities that are being harder hit than we are right now. Right now there's no discussion with my colleagues from San Antonio and Austin, there's no anticipated need to shift patients from those jurisdictions to Austin or Dallas in the short-term, but if the situation continues to worsen in other parts of Texas, we can expect that those requests for transfers are going to request. They're happening now. In discussions with our hospital partners they are getting requests now for Austin hospitals to receive patients from other parts of

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Texas because they simply don't have the room now. So again, in my opinion at this stage, I'd recommend that we transition to a darker shade of Orange. The true shade of Orange that we anticipated, and that would be going back to a phase I of the governor's reopening plan. And with that I'd be happy to take questions. >> Mayor Adler: Dr. Escott, thank you. Do we have any other questions. >> I've got one. >> Mayor Adler: Councilmember pool and then councilmember harper-madison. >> Pool:; thanks. Do we have any thoughts on what happens if Austin accepts the transfers from other parts of the state because they can't handle them, but then our numbers spike and we don't have beds? What sort of a conversation have we had around that.

[11:27:28 AM]

>> Dr. Escott: Well, this is up to the individual hospital systems whether or not they accept those patients. I think we have to be good neighbors. I think if we have space and we have icu space and ventilators, then these are our fellow Texans. We have to care for them. But we do need to anticipate that that's going to happen and we can't ignore what's happening in San Antonio or Houston or Dallas or even in Edinburgh, because it's going to effect us eventually. I think we've seen dramatic increases across the state of Texas in relation to covid-19 cases. We've seen surges in terms of icu limitations, staffing limits across the state of Texas, and I think now is the time for the state to dial things back. I know it's a tough decision, but the fact is it's not only Texas, it's Florida, it's many other states right now.

[11:28:30 AM]

And the plans that we depend on for disaster management, it doesn't matter if it's a hurricane or flood or wildfires, is first pulling resources from other parts of the state. If those resources are exhausted in the state, pulling resources from outside the state of Texas. The problem is we have fires burning across the united States right now and we simply do not have the redundancy to be able to put them all out right now. We really have to I think encourage the governor to help us out here and to dial things back further so we can be in a better circumstance. In talking to our physicians and nurses in the hospitals, they're stressed, they're tired. They're taking care of very sick people. They're exposed themselves. As the disease continues to transmit in the community we have to remember that our

[11:29:30 AM]

first responders, our nurses, our doctors, our techs, are part of that community. Our staff working in nursing homes are part of that community. So when disease spreads in the community, it spreads to them as well which impacts our ability to care for and protect the rest of the community. >> Pool: I

agree with that. I do think that the analogy with the hurricane does fail because this virus is affecting everybody statewide and the hurricanes were isolated along -- isolated along the coast and we were able to bring them in and give them shelter and a hearty welcome and assistance. I think in this instance, as you say, it is really important for the governor to step up and talk about it even more robustly than he has been about everybody pitching in and wearing the masks and self-quarantining so that we don't end up in a situation where we may be able to help in Austin for a

[11:30:30 AM]

time those cities or towns that can't help, but then we have some late-breaking surges and then we need to care for folks in Austin and there are in beds anywhere because they're all filled up. So this really is a situation where it is 100% all hands on deck. I have a quick question for you about people on respirators. When you get on -- I understand that putting in a respirator is very disruptive physically. I also understand that the body fights it. For those reasons I think that putting someone on a respirator is usually at a late stage in the virus attacking the body. Is that right? And what is the survival rate for people on respirators? If you can speak to that.

[11:31:35 AM]

>> Dr. Escott: Is really depends on the age group and underlying health conditions, but it's not great. And there's a lot of variability. We're still doing the calculations on our dataset from March and April to give a better idea of that, but it's certainly a very concerning trend. I will say as Dr. Myers mentioned that we have progressed in terms of identifying treatments which are helping. That's primarily right now three things. The remdisvr, but two of the three things are in short supply. The remdisvr, some of our hospitals have a two to week's supply, but they can't give it as early as they would like to patients. The convalescent plasma we used to give two doses to an

[11:32:37 AM]

individual early in the course to try to prevent the need for ICU and ventilator use. Now it's hard to do that. Now they get one dose and it's later in the course. So there are impacts already on the ability to provide the highest quality care possible because we don't have the resources. We need the space, we need the stuff and we need the staff. And right now we have the space, we've got the equipment, we're fairly confident that we have plenty of ventilators and beds and oxygen supplies, but we're limited on some of those new treatments and we're certainly limited on the staff piece. So this is a complex situation and I think this community has to pitch in and understand the reality of the situation is that right now we are not operating as normal. Right now our hospitals

[11:33:38 AM]

can't provide the optimum care for folks because we have limitations in those things that I mentioned. Mayor Adler there are a lot of people that raised their hands are. I'm going to keep moving us through and I would urge everybody to keep their questions short and answers short. Councilmember harper-madison. [Multiple voices] >> Mayor Adler: Councilmember harper-madison. >> Harper-madison: Dr. Escott, I find that we are pretty regularly battling either misinformation Ora Houston just out right pervision. And I wonder if you have any advice for how we can answer questions in a purely scientific information delivery way as opposed to

[11:34:40 AM]

continuing to attempt to battle the narrative that covid-19 is a hoax, that it's like a flu, it's like a cold. Everybody can continue their activities without being masked, without taking an abundance of caution. If possible give us more in the way of guidance to assure people that this is something we need to take seriously. Young doubts going out and not wearing masks so any advice you could have for people for those party bus companies to sort of suspend their activities and data that I can provide them.

[11:35:48 AM]

>> Dr. Escott: Councilmember, let me say there is a lot of political activity going on around this virus right now. When you see a conflict between the two things you have to wonder if this is a source of information that I should trust. None of us want this to be real, but it is. None of us want to talk about dialing things down further because we know that hurts people also. We know that hurts our economy. We know it influences jobs. We know it will cost lives and at some stage it won't be somebody else's family, it will be my family, it will be your family and that's the reality that folks really have to put

[11:36:49 AM]

their heads around. It's easy to be cavalier about things when it hasn't affected you yet. But we will get to a situation where every person in this community has personally been impacted by it or knows somebody who has been personally impacted by covid-19. Either being hospitalized or has died. We have members of our departments who have lost family and many of our departments across the city of Austin. It doesn't have to be every family. We have to all take those simple steps. One thing that should not be a controversy right now is masking. It should be a controversy at the grocery store, it shouldn't be

a controversy at the school, it shouldn't be a controversy on the bus. It is a simple step that we can take to help our neighbors. And we must at all costs stop the debate about masks.

[11:37:49 AM]

It is a simple thing to do. It does not violate somebody's individual liberties to help protect one another. >> Mayor Adler: Okay. Let's keep moving. We'll let everybody ask one question as we rotate throughout the group. Mayor pro tem and then councilmember Casar. >> Garza:, we've affected the capital metro family as well. We unfortunately just lost another driver. Dr. Escott, has the definition of cluster been standardized? Is it a percentage of -- how is a cluster -- I remember when we were talking about nursing homes was it four or more? What's the definition? >> It's three or more. >> I want to quickly understand as we're talking about schools opening and I'm sure you're in -- you're in discussions with our school districts, but it sounds like if they open on day one even under the best case scenario, they will be opening with a cluster

[11:38:51 AM]

already having happened. And so this may be a policy discussion for later, but how we talk about what we can do on the policy side when aid makes whatever and del valle and all the of the ISDs make whatever decisions they make. So it's three or more. >> Dr. Escott: Creme yes, ma'am. And let me say that there isn't an inspection that there isn't an expectation in a school won't have a cluster, especially if the spread continues much longer. It may die down and slow down for awhile. It will be back in the fall. Really from a school perspective we've got a plan what's going to happen when. We have thresholds for flu. Generally when the prevalence of flu in a single school gets above 10%, it impacts enough of the staff and enough of the students to start having the

[11:39:52 AM]

discussions about closing down the school for a period of time. And so we have dhs and we have clear guidance for the expectation for our school districts. You know, leave it up to individual school districts is not the right thing. We do need state leadership on this to help make those decisions. >> Casar: Mayor, I want to know that I appreciate this time with Dr. Escott and if we know how much time for questions. Not particular councilmembers fault, but obviously many of us couldn't ask a question there. So Dr. Escott, can you -- if you can't answer this and I have a different question for you, but Dr. Myers'

[11:40:53 AM]

presentation showed us overwhelming the ICU beds because it was modeled on previous behavior. Now we have potentially flattened the curve some, but she had no model showing that we had flattened it sufficiently. So I understand that we're working in a world of uncertainty but how can we make sure that we don't act too late. That we don't act too optimistically that we flatten it sufficiently? Just like we all wish that the virus wasn't real, I know that we also wish that we flatten the curve enough. How do we make sure that this potentially good news doesn't make us miss the mark and overwhelm the ICU's? Why are we so confident right now with saying let's ask for phase I and wait? >> Councilmember, in discussion with Houston and San Antonio this morning,

[11:41:55 AM]

we're all kind of in the same position. Things are looking a little bit better, but we're really concerned. The discussion is do any of the three health officials believe we need to slam on the brakes right at this moment? And the overwhelming discussion was that's not clear right now. What we have to do is at least maintain and hopefully decrease further that transmission risk. I think there are two things we can do. Number one is approval of the items approve the items on the agenda today and the other is to have the discussion with the state S now the time that we can all agree that going back to phase 1 will tap the breaks enough to slow things down so that we can avoid shutting down. None of us want to shut down. But none of us are absolutely clear that what

[11:42:56 AM]

we're doing is slowing things enough to avoid capacity. So I think it's time to tap the brakes again. >> Casar: I know I can't ask another question now, but I would love to hear about testing and what we're going to do there. I'll defer for the next person. Mayor Adler councilmember Ellis. >> Ellis: Thank you. Can you give an update on contact tracing and if it's more difficult and if you need information from members of the public on contact tracing and how that's working now? >> So councilmember, the fact that the case numbers are decreasing that effort. And you know, we're still in the process of prioritizing the contact tracing in case investigations because again, you know, yesterday or two days ago I received 289 faxes for cases that were largely tested on

[11:43:58 AM]

June 26. So 14 days since the person developed symptoms. Case investigation and contact tracing of that phase is pointless. So we are being more judicious with who we contact trace and we're not wasting time on individuals who are already recovered and really focusing where we can. We are in discussions

with the state. The state does have a 293-million-dollar contract for contract tracing so that's a relief valve if we need to do additional services we have that available. >> So are you accepting any applications from the public at this point or is that on hold? >> Dr. Escott: That's a great question for Dr. Hayden, but I'm not sure. >> Mayor Adler: We'll ask that of director Hayden when she comes up.

[11:44:59 AM]

Councilmember Renteria. >> Renteria: Dr. Escott, there have been discussions about using the a palmer auditorium or coliseum as an overflow and I'm very concerned about our comments and we're having staffing problems right now at our hospitals and our personnel are very tired and overworked. Would we have enough if we get to that point, which I pray that we don't. Are we going to have enough personnel to staff something like that? >> Dr. Escott: Councilmember, our alternate care site team for the convention center is working on executing contracts and also looking at how we can further support the hospitals if needed. Due to staff shortages. That's still a work in process. Again, at the same time, I personally received emails from other jurisdictions asking for my physician

[11:46:00 AM]

services to staff acs, so we're seeing requests all over. My hope is that if we need to we will see additional federal assistance. We have seen military personnel, health care personnel being deployed to Texas. We've seen the deployment of disaster medical assistance teams, which is a federal resource. Deployed to Texas and have visited here as well. So there are people being mobilized and I'm hopeful we still have a couple of weeks left before we anticipate the earliest time that we would need to open that alternate care site and be able to secure enough resources to be able to do that. Again, when we start talking about the initial opening we don't intend to care for 1500 people that first allotment would be 150 patients if needed and building from there as more and more relief is needed for the hospital hospitals.

[11:47:01 AM]

>> Mayor Adler: The care -- the greatest staffing needs are the most critical care. So it's the extensive care unit physicians and skilled nurses and [indiscernible]. The convention center would handle those of less need and there's more options for staffing for that. >> Renteria: Well, I just hope that our citizens hear this and take it real serious because once we get to that stage it would be very, very bad for us, and the economy also. So I hope these young people, they're kind of careless. I see them come by here because I live so close to the lake and they're all coming down there and kayaking and no mask. So I just hope that, you know, that these young people really take this

[11:48:01 AM]

serious. >> >> Mayor Adler: Let's keep moving. Councilmember kitchen. >> I have some other questions but did you say that director Hayden would be speaking to us and we'll have an opportunity to ask her questions. >> Mayor Adler: Yes. We'll get to her in a second. >> Kitchen: Quick question for Dr. Escott. I'm just wondering if -- this might be an idea to share that you could respond to later. I had one of my constituents explain to me that she engaged in some individual contact tracing herself to try to help the situation when she discovered that she had tested positive. So I'm thinking perhaps to some extent because of all the difficulties we have and resources for contact tracing that perhaps some guidance to people might be helpful if they could participate in helping with that situation. So the other questions that

[11:49:01 AM]

I have are for director Hayden. >> Dr. Escott: I spoke about this last week, but really having that crowdsourcing of contract tracing would be very, very help. And what I mean by that is if you're sick with covid-19 symptoms during covid-19 season, which we're in, you should assume that you're covid-19 positive. And at that stage when you first develop symptoms that are concerning for covid-19, if you call everybody that you've been in contact with over the past two days to let them know I'm not sure yet, it might be, but, you need to direct yourself, protect your family, separate yourselves from them, don't go to work, that would be very helpful. Even in the best circumstances we lose a lot of valuable time wasting on test results and engaging the community like that would be very, very helpful for us. >> Mayor Adler: Thank you. Councilmember alter.

[11:50:05 AM]

>> Alter: Can you hear me. I'm on my iPad. So Dr. Escott, on that point that you just raised, I've been corresponding with city manager's office about our rules for our city employees. With respect to response to covid. And I'm hearing some concerns that we may need to take some additional steps to safeguard our employees and make sure that we're doing everything to stop community spread there. In that correspondence I reviewed a memo from March that has our guidelines for our employees. And it doesn't appear that that has been updated since March. The example that you just gave, those, is not among the rules that we have provided to our own employees. So if they are told they have come into exposure with somebody, it's not somebody they're living with and caring for in their own home, the guidance we're

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providing them is not to stay home. So can you speak to how we need to address things among our own employees there. And if it's not you, maybe the city manager can speak to how we can update these rules so they reflect our current knowledge rather than our knowledge in March. >> Dr. Escott: Councilmember, I believe we are in the process and director Hayden may have more on this later, in providing the guidance for city staff. Again, there's a lot of as sixth street in the guidance -- asterisks in the guidance I just gave and in the duration of the contact. It's not simply if you were in the same room with a person it requires some further detective work for the level of risk and the advice to the individual. But happy to continue that discussion with hrd and the

[11:52:07 AM]

city office to make sure that the staff have the most up to date guidance. >> Alter: There are some issues there and you may not be the most appropriate person to lead that discussion. That may be more the city manager's or hrd. I have some concerns about what I'm hearing about the library in particular with our curbside pickup and some of these may be more related to item 3 and the need for some additional measures by the health authority. I would like to continue that conversation and city manager and Dr. Escott, I would like for you to ask me to bring into the conversations to address the specific concerns. I'm not sure that a forum like this is going to allow us to dig deep enough into the questions to get at the answers, but I think we're asking the community to limit the spread and I think we need to be able to be making sure we have everything that we can with respect to our employees to keep our employees safe, but

[11:53:07 AM]

also to prevent community spread. And I don't think there's a widespread issue, but a lack of clarity on policy and procedures, getting down to folks who may not have computer access like some of our janitors, etcetera, and concern that employees have about how this is rolling out and the messages that we are sending. So city manager, is that a discussion that we can make sure that we have to discuss? >> Yes, I think in the interest of time we can take this offline. >> Alter: Or it can back up for items 2 and 3. I don't want to take a major detour right now, but since Dr. Escott had raised that with respect to what you should do if you've been exposed, I wanted to highlight that and maybe we could take it up again with items 2 and 3 as appropriate.

[11:54:07 AM]

>> Mayor Adler: We can. And certainly I think the point is well taken that Dr. Escott and [indiscernible] I think it's not something we're going to be able to work out in this forum here. Anything before we go to director Hayden? Councilmember kitchen. >> Tovo: I have a question as well. >> Kitchen: I just wanted to echo what councilmember alter said. I am concerned about what we're hearing related to employees so would like to be kept abreast of that. And I also am concerned about what I'm hearing related to library [indiscernible]. >> Mayor Adler: Councilmember tovo. >> Tovo: Thank you, mayor. I wanted to just ask. I know city manager, [inaudible]. Offline about the procedures and involving our hr

[11:55:10 AM]

department and I'm quite interested in that too. I would like to take it up today or at least do so in a forum where we can all participate. I'm struggling -- [indiscernible] -- Community community members as councilmembers on the conversations around the schools. Mayor pro tem Garza and councilmember harper-madison addressed this as well, but as parents of school age children we're soon to make a decision about whether it looks as if the option at least in ISD is going -- aid is going to be 100% online or 100% in-person. I guess I would ask when and how can we have [indiscernible] Our school district in a [indiscernible]? >> Mayor Adler: Kathie, you're going in and out, breaking up. Now we can't hear you at all. >> Tovo: I think these

[11:56:14 AM]

[indiscernible]. Sorry, you can't [indiscernible]. Mayor, did you lose me on all of it or just the last part. >> Mayor Adler: It was the last part. It was the last topic where you were saying we should -- I think you were talking about having a conversation. >> Tovo: I was going to suggest that we look to having some kind of broader community conversation involving our policymakers at the city, at our school districts and our health professionals and so do in a format that is really parent friendly so that you can lay out the information that parents need to really evaluate what the best choice is for their child, I mean, as a parent I'm not sure myself, especially after today's presentation, and mayor pro tem Garza's clarifying question that really identifies, you know, as the projections suggesting that on day one there were going to be clusters at some of our schools potentially. So just a suggestion, but again, since many parents are thinking through these issues right now and needing to make some decisions, is there any advice that you

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would offer as they make those decisions about school and how safe it will be here in a month? >> Dr. Escott: Councilmember, we have had some lengthy discussions with the superintendents from around Travis county, and I think they've had some individual conversations with their constituents. And quite

frankly, there's going to be a lot of variability in terms of the risk for individual students and faculty and staff. You know, some folks are going to have families at home that don't have any risk factors. That's going to be a different situation than having a parent at home that has congestive heart failure or lung disease or diabetes. And you know, I encouraged school districts to provide options so that parents can

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choose based upon their risk or their risk tolerance for covid-19. You know, we are reassured somewhat by the fact that so far we haven't seen a large impact in terms of hospitalization and death among school age children. But obviously as we have thousands and thousands of students going back to school and potentially thousands of students contracting covid-19, then unfortunately sometimes we discover that the rare -- the things that seem more rare turn out to be less rare because now we have, you know, a larger number of individuals infecting that age group. So there is a lot of uncertainty. And I think that we'd be happy to participate in discussions, but often times it's going to be an individual decision for

[11:59:16 AM]

household, individual decisions for faculty and staff, and also, you know, making determinations of how to protect themselves. >> Tovo: Right. >> Dr. Escott: I want to say quite clearly, if we want to be as safe as we can be and if we want to keep schools as open as long as possible, that must involve masking. That must involve the personal hygiene, the hand sanitizer and hand washing and as much physical distancing as is practical. >> Tovo: Dr. Escott, I understand what you're >> Tovo: I understand what you're saying about the individual circumstances that will dictate a decision in one way or another. I think that's pretty clear for our families, maybe less clear for others. I guess all the council appointees to the joint subcommittee may be one place where we want to think about facilitating a broader conversation that includes health professionals, district representation, and in a format that would be

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really aimed at community. So perhaps we can talk offline about the possibility of doing that. And I appreciate, of course, all the works Dr. Escott, you're doing working individually with those -- with the district leadership, and I appreciate the district leadership's solicitation of feedback. I know we've gotten surveys and things. I'm just thinking, pulling it all together into one community-based presentation might be -- might be of use here pretty quickly as people are actively trying to make that decision. >> Mayor Adler: Council member tovo, I would join in that. I think that would be a really good idea. I asked Dr. Myers to present that slide today, just because I didn't hear the conversation happening out in the community. And wasn't exactly sure how to daylight it. Dr. Escott has made herself available to area

schools so they have the data. But having that form I think is a really good idea. If you would take the lead on trying to help set that up, working with

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that I'm sure that she would participate, and I would appreciate that as well. >> Tovo: Yeah. Thank you, mayor. I'll likely need some help from some of my cohorts on this, but would definitely do that. I think it would be of value. >> Mayor Adler: I'm ready to help. Council member articulated, then we'll go to Dr. Hayden. >> Alter: I'm happy to help with that as well, and I think that one of the things that I've been hearing lately from my kids is a desire to go back to school and a desire for everyone in the city to wear their masks so kids can go back to school. We've been talking a lot about the hospital capacity, but the reality is, if everyone wears their masks, our kids have a better chance of getting back into schools quicker and more safe, and I'd be remiss if I didn't communicate that desire that I've been hearing really strongly in my own household, you know, as we're thinking about the responsibilities we have with wearing the masks

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and I hope we can maybe add that to some of our messaging of how we are thinking about what the individual steps we take right now can do for where we can be as a city in the coming months. >> Mayor Adler: And I think one more coming from Dr. Myers is, if we're going to prioritize, the schools may actually want to go farther than we might have otherwise have gone, if our goal is to try to put schools in the best shape possible. Dr. Hayden, are you still with us? >> Good morning. Good afternoon, I'm sorry. >> Mayor Adler: It is afternoon already. We still want to hear from you, and then we have the people who have signed up to speak, so let's continue to move through this. We want to make sure that -- I will probably encroach a little bit --into the 1:00 hour to finish this meeting, to get a break before the public safety meeting.

[12:03:20 PM]

Dr. Hayden, how is it from where you're sitting? Sitting? >> Thank you. Thank you very much. Our sales system update is working really well. Our team users are using the system from the epidemiologists area. As you all know, that system has been accessed since the 26th. We are emphasizing the availability of the isoflex to clients that test positive because we want to make sure individuals waiting for those test results, who have been notified that they are positive, to utilize the isoflex facility. Yes, we are continuing to hire contact tracers, so I wanted to let you all know that as well. And so individuals can -- probably be just easier, just send me an email, and so if you know anyone, just connect them to me, and I will work

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with them from there. We also wanted to let everyone know that we continue to have two shifts, they're working to complete data entry. Over the holiday fourth of July weekend, we had a skeleton crew working, but we wanted to ensure we continue our reports for the public. Our team is working until 11:00 P.M. At night, and our goal is to make sure that we log those reports within 24 hours. Some of those reports do come in after our team leaves, and so the morning staff are able to get to those. And our emergency operations center, our testing group is reviewing additional test sites. As you all know, we have stood up this week, our walk sites begin at dove

[12:05:21 PM]

springs and walnut creek in rundberg. And then Monday, the 13th, we will be at givens in the park. Because the park really needed some additional support, we had to start that site a little later. We are looking at other zip codes. We have sent staff out to look at some facilities for feasibility, and so we will continue to look at other community sites in several zip codes, so their work is still underway. We have been using vendors to assist us with testing in those communities, and we're going to continue to use those vendors to help us to be able to expand out more. With our nursing home and long-term care facilities, we are continuing to provide the testing at our nursing

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homes and long-term care facilities and provide that support. Our team continues to meet with them weekly and provide guidance and assistance. We are working with Williamson and hays county on a couple of sides that would be able to send patients to -- from our nursing home and long-term cares, and that will help our hospitalizations and just assist to be able to move patients as we need. We've deployed four strike teams this week. Two are at nursing homes and two are at long-term care facilities, so when we have those collision those clusters as we continue to do that testing, we are operationalizing and sending the strike teams as we need them. So they will be in our community at least ten more days. With homelessness, all four of our lodges are full. We had a 270 capacity.

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We are working with all of our partners throughout the community to continue to provide behavioral health services, but we're also working to move our -- our homeless individuals from that site into

permanent housing. And so we are working on that, about seven individuals are getting them housed into permanent housing. In addition to that, with our testing of homeless people that are in shelters and encampments, over 500 individuals have been tested, and we're going to continue to use that process. If they are positive, we are referring them to the isoflex. With our child care facilities, what we are really starting to see now is we are starting to see an increase in -- with everyone returning back to work and the increased need for child care, we are going to

[12:08:24 PM]

move forward and set up a small incident command structure for that area. We've done that for homelessness and nursing homes and long-term care. And so we're going to set up a mailbox for that area, as well as have epidemiologists that will work with the child care areas. So as changes happen at the state and local level, we will be able to provide those recommendations and give that training as we need it. We'll work with individuals at the state level to ensure they are receiving the guidance that they need. And as we move through the summer for our after-school programs, staff are providing that assistance to them. On the 29th, the department provided the council an update on what, as a city, we have been providing as far as

[12:09:24 PM]

services to the Latin X community. In that memo, we informed mayor and council that Marian Sanchez is the identified individual that is going to be our representative. On June 13th, Mario led a Facebook live event. And based on the analytics from that event, over 50,000 people and 847 interactions were noted with that meeting. Since the beginning of our outreach efforts, the small and minority business resource department has ongoing communications with 800 vendors. So as new information is developed, they are sending that information out to their mailbox to ensure that the individuals that have a contract with us or

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individuals that have signed up to be on their email address, they are sending that information out. Staff have met with leaders from several organizations, from the Latin X community, to request support for us and looking at ways of how we can work together. With our prioritization, we have continued to prioritize Spanish translation. 41% of our staff, that are either our contact tracers and our nurses, as well as our staff that are providing services in our wick centers, our neighborhood centers, 41% of those are Spanish speakers. So we are really committed to ensuring that the service that we are providing, that we are able to communicate and provide those services. And our -- we go kind of back and forth because

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we're still closing out number one. At this point 60% of those clients are received rise funding, has gone to our Latin X population. 18% of individuals that have stayed at the pro lodges have identified as hispanic or Latino. 50% have identified as hispanic or Latino. We have provided some masks and hand sanitizer. Other personal protective equipment, to some of our providers in the community. We definitely know we want to do more of that. And so looking at how our system is set up and making improvements to that. On yesterday, you received a document we sent out for review. We sent that document out

[12:12:26 PM]

to some -- some of our community leaders over the weekend, July 3rd, but we also sent that out for you yesterday, along with a press release, and forward that survey out. U.T. Dell med worked with a team of Austin public health, the equity office, and community care, and in that document, as you can see, they addressed four areas of outreach prevention and communication, testing, contact tracing, access to quality clinical resources, economic and employment support. In this plan, we have 15 goals and 53 strategies. Of the 53 strategies, 29 have been implemented. So, basically, what we go back to, once we initially mobilize and set up the L.C.S from March moving forward, 29 of these have already been implemented.

[12:13:26 PM]

Now, there are 24 of them that need more planning and follow-up, and we also know, when you put a plan in place, you need to go back and make some quality improvements. Within the strike team's recommendation, they recommended an advisory board to represent the Latin X population to assist. During this process, we have typically established task force and strike teams throughout this response for various objects and goals. For example, we still have our nursing home task force, for example. And we have set those up. They have established goals and objectives, and they have helped us throughout this process. For example, last night, our medical officials, experts met last night. They continue to meet. And so the department will move forward to send

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up what we are calling a covid-19 task force, under the emergency operations center, and this is the same way we have set up, it will not be a board or a commission, so it's not subject to those rules, but the overall task force will have members of our community from the city and the county to work with our committee on overall covid-19 strategy for communities of color that are used during and after this response has ended. We would add three strike teams, Latin X, African American, and Asian. Each strike team will develop strategies to submit to the overall plan to the full task force. And so how we are envisioning this is, is that we will pull together the information that we've put out in the community for all of the communities of colors, but we want to

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immediately begin to stand up these task force. And so we will assign a staff colleague to work with the community member to be the chair with a community member and a south Austin person. And then from there, due to the urgency of the response, we know that there's parts of the plan that we're going to implement as soon as we can. And then we know that there's other areas that would continue to -- that we need to refine and continue to work on. We will reach out to leaders as soon as possible to start up this process.

[12:16:28 PM]

That concludes my presentation. Oh, one other thing for Council Member alter, just wanted to let you know, I actually have a meeting this afternoon at 3:00 p.m. with AFSCME. I've had one meeting with them thus far during the response, and they reached out to me for a follow up meeting, and I will be meeting with them this afternoon at 3:00 p.m. So I am available for questions. Thank you very much.

>>Cronk: To that end, director Hayden, we also have director Hays on the line. Would you just mind expanding on the last point that director Hayden made? >> Sure. Can y'all hear me? >> Cronk: We can. >> I just want to clarify that our website has continued to stay updated, in our employee only section, we reach out to the Health Department on a biweekly basis to ensure

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that the directions we provided relative to sanitation protocols for employees remains updated. During our reintegration plan last month, all departments were responsible for creating sanitation protocols to ensure the safety of employees that return to work. Those protocols were sent out by June 29th, so I just want to speak directly to Council Member alter and Council Member Kitchen's concerns about sanitation protocols. They are in place. And even though when the numbers went back up, we went back to a full telecommute only for essential workers that come to work, those sanitation protocols are

still in place and if there are any departments for which you would like to see, we can provide those to you.

[12:18:26 PM]

Related to your direct questions of the library department, we were at AFSCME yesterday, I met with Carol and discussed the concerns. We walked her through what our protocols were. We explained that anytime we do receive a case of an employee getting it, we do reach out to APH, and if both employees are workplace, we work with APH for notification. I think talking to Carol yesterday, many employees don't want to just know about the employees they've come in contact with, they want to be notified for any employees, in the space, in their building, so I think we have to clarify to employees that our notification is based on engagement and contact to minimize a fear to employees who have not come in contact with those employees.

[12:19:27 PM]

If we have spaces that we feel we've had more employee that may engage, we have been shutting down those spaces, doing full sanitation protocols and not bringing those employees back. We've received very minimal complaints from employees. We have emphasized to all to keep as many people home as possible. We've had less employees at work than they've had in four months we have been going through this process. So only those employees engaged in direct programs are at work right now. We are pushing telecommute as much as possible. In the library, we have received very few concerns, they've been very consistent, they contact us, and the ASME group, and probably you all, but those employees are really concerned about the reality

[12:20:26 PM]

that we are continuing business in minimal spaces. And even with those sanitation protocols, there is spaces where people may get the positive test, and we have to continue to be responsive as possible to minimize the impact to those employees at work. >> Mayor Adler: Thank you, director Hays. Breck Hayden, we'll now open you up for questions from council. I want to say that I'm appreciative of the report that you issued. It's the strategic plan. It is it is comprehensive, and it touches lots of different areas. I emphasize that because you now open that up for the community to be able to weigh in and make suggested changes or additions or whatever, and I appreciate that. I'd posted, it's online, it's backup for this meeting in case anybody wants to be able to weigh in. I appreciate what you said about the urgency in that some things are just going to continue to move forward.

[12:21:27 PM]

Obviously, many of the things are already, and I appreciate that work as well. Obviously, this community is one that we're dealing with significant challenges as are cities across the country in similar positions. There's an urgency associated with this, and I appreciate the scope and breadth of the response. After you get comments from everybody on it, if we can get a feel for timelines and who's doing what or prioritizations, that would be helpful, too. Thank you for this work. Questions for director Hayden? Council Member Harper Madison. >> Harper-Madison: You'll have to forgive me, they're mowing the lawn. I'm going to try to turn the volume up as much as possible. I really appreciated that presentation. Thank you, director Hayden.

[12:22:25 PM]

Along the lines of the conversation around strike teams and Task Forces, I really appreciate there's that community quarterback sort of component. I think it's super important. So like with the Asian American community, really got together and were able to help translate COVID related documents in over a dozen dialects. And that was the community who did that. I'd like to see if we can take that a step further. You said the African American communities, Latin X community and Asian community are represented by the strike teams. I wonder if it's possible to also have a representative to a strike team or Task Force to address immigrant communities and offer a similar opportunity amongst themselves, if we're talking about there's so many languages,

[12:23:27 PM]

so many dialects, but if we allow the community to take the opportunity to, you know, address the linguistic challenges there, I really see that I really see that as an oversight, maybe by language or related fears, being in the immigrant or refugee populations. So yeah. That was the one thing I wanted to add to that. >> Okay. I have noted your request. >> Mayor Adler: Other questions? Council Member Pool. >> Pool: Thanks. Dr. Hayden, two questions real fast. As far as the input from the community, did the Austin Latino coalition help provide some input and recommendations for the draft that you circulated to council yesterday and the weekend? What role did they play? >> The department met with the Austin Latino coalition on June 2nd, and during that

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conversation there were several recommendations that they initially provided to mayor and council, and they shared that with us that night those are things they're doing. We identified that night that Mario

would be the individual to continue to assist them. She had great relationships with them. We had not identified that publicly. And we reemphasized that with the memo that came out in June. There were some additional recommendations that they did provide to us, and we had Austin public health staff that did take that to the convening that was held by U.T. Dell Med. So yes, they provided some information and those things are considered in the plan. >> That's great. There were four things they focused on, access to resources, outreach and communications.

[12:25:26 PM]

I think the leaders from the community I have a list here of about 25 and a list of the coalition oranges of about 13, which is a significant span throughout our city that we would continue to ask for input and leadership, which I think they are willing to provide. Maybe the rest of the dais can help with that as well. We got some information from Hispanic contractors association with some videos to get out into the community. Then it occurred to me, my last point or my last question, as far as doing the testing and so forth and I know that the tests are hard to come by, but are we in the case of the essential workers who are doing construction, are we going to the construction sites to do the testing, or are we asking those workers to take themselves to a testing site? >> We have done a combination of both.

[12:26:27 PM]

We've sent our staff and a team of folks out to construction sites, and we have also worked in collaboration with the Latino coalition, as well as I'm blocking on this last name I'm going to call him Mr. Frank because yes, Fuentes? >> Pool: Yes. >> With Mr. Fuentes, as on a we set up a testing that they really helped us to facilitate. Austin public health just made sure that we were able to do the two steps of testing, the antibody testing and the PCR testing were available that day. And that was actually a very successful event, so we really thank our partners. Because, really, honestly, we need our partners. We cannot do this work alone. So for Austin public health, that's really how we operate.

[12:27:24 PM]

We always reach out to partners. We always ask them, you know, how can you help us? Because they have relationships that we may not have. And so we also know that it is really important for us because we are the government. And so it is important for us to partner with community organizations because individuals may not want to receive assistance from the City of Austin, but we will receive that assistance from a partner. So we will continue to work with them, and we will be reaching out to the individuals that have sent you that information so we can let them know and hope they will be able to participate with us. >> Pool: That's great. And then let's make sure that all of our staff who have helping

with liaison efforts are empowered sufficiently and actually have some authority to help with decision making as

[12:28:28 PM]

they carry the messages back and forth and help with the interpretation. I am really proud of this community for everything that everybody is doing, going to bat to try to keep us safe and healthy, in particular our essential workers really do need every bit of help that we can provide because they have to be out there on the job doing work. That's both for the community and folks on our staffs, so thank you so much. >> Mayor Adler: Thank you. Anything else for Dr. Hayden? Mayor Pro Tem, Council Member Casar, Council Member Kitchen. >> Garza: Thank you, director Hayden. It is definitely a community wide effort, trying to meet trying to get to these communities. That, you know, was the thinking, was to work with partners who can reach the communities.

[12:29:24 PM]

And so I'm grateful for all the community organizations, including the Latino coalition for the work they've been doing to spread the message, and also I know that my office has been in touch with public health and deputy city manager, and assistance city manager Chris Shorter, on a pretty consistent basis, you know, making sure that we're addressing these incredibly important issues for the Latino community. Really quickly, about the strike teams, just I wanted to be clear, those are community members, and how how many are there and how will they be chosen? >> Well, we will have a conversation I will have a conversation with Marian Sanchez to get her thoughts about how we need to pull it together. We want to be as flexible as we can be.

[12:30:26 PM]

We do understand you know, that there will be several individuals that would like to assist us. And so we're going to do everything we can, even if we have a larger group, if we have to split them up and say, okay, can your group work on testing, and your group work on contract tracing, and be able to make assignments. But we want to move as quickly as we can. The Latino we're working on scheduling a meeting next week to also hear from them as well, and what they've talked about is maybe a subset from that group, you know, would participate and assist them. And so we're just having different discussions, but we are going to move we're going to move pretty quickly. >> Mayor Adler: Okay. Thank you. We're 90 minutes away from the public safety meeting.

[12:31:24 PM]

Council Member Casar? We still have speakers. Apparently they're getting a little restless on the phones. >> Casar: Thank you, director Hayden, and I appreciate that you're going to be moving quickly forward with a lot of what's in the report, like the sick worker center and other things like that that I think are really important. My question was, I know that the you've done a lot of tech upgrades. How long are people having to wait now if they have symptoms or are vulnerable, if they sign up for a test with us, and what, if anything, can we do to get that down to the level that we need? >> Well, I will tell you, you know, we've made some adjustments to the system, but we've also we are really, really emphasizing for those community sites that individuals that don't have insurance, we're wanting them to contact their provider and go there.

[12:32:26 PM]

And so that leaves us still a couple of days out. Currently we're still only providing a day's worth of testing at the community at our community site. So as we're looking at standing up other community sites, that was one of the reasons why we stood up the other the other three locations on Monday, because that is not a day that we're currently testing at St. Johns. So we're continuing to work through that it's just going to take us a little time, but that is our priority, to be able to get folks in as soon as possible because we did make that change with on you are system. >> Casar: So it's currently you currently can get an appointment within two days. Is that what you said? >> Yeah. >> Casar: Then how long does it take for the test to get back? >> Typically it's about three to five days. Asks and if we want to bring that number down,

[12:33:28 PM]

we need to keep emphasizing, if you have insurance, get the free test from the private clinic. These testing sites are best for people who don't have insurance. >> Yes. >> Casar: That's the most useful thing we can do. Okay. Thank you >> Uh huh. >> Mayor Adler: Council Member Kitchen. >> Kitchen: I have one quick question and three quick comments. Dr. Hayden, in terms of what is happening with the nursing home testing, are we continuing to increase the testing at assisted living facilities? Are we making progress in testing all of the assisted living facilities? I know we had to prioritize, and I think at our last report there were nine of them tested. Are we continuing to make progress there?

[12:34:26 PM]

>> We are continuing to test at the long term care assisted living facilities. What we have decided to do is kind of slow that process down and look at based upon our testing plan, because we need to repeat,

whenever there's a cluster of 3, we're needing to repeat those. That's how we're operating off of the plan. We went through and did all of the sites, all at once, we don't have the ability to do that. >> I think we may have lost you. >> That's what we've been able to do by adding additional strike teams that are out there now. So that process is working better for us. >> Kitchen: Okay. Well, I'll follow up with you afterwards. I'd like to talk to you more in detail. I continue to be concerned that we haven't reached out to all the assisted living centers.

[12:35:26 PM]

I hear what you're saying. We'd like to have a further conversation about that and we'll get that set up. So then just a couple of quick comments, I think I heard you mention that you're continuing to look at other sites for testing. I want to continue to mention 78745. There are portions of 78745 that are high risk, portions where you have greater Latin X population, and so I'm hoping that's on that's in line to be considered very quickly, and so I will follow up with you afterwards on that one. I also would encourage, as you put together the Task Force, that you think in terms of a real of a real decision making kind of input for for these groups so that they can actually engage more in the process.

[12:36:27 PM]

I think engaging in decision making is important. And then finally, this may be something for a later conversation, mayor, but we had some we had a recommendation earlier or thought earlier from Dr. Escott about potentially moving back to phase I. And so at some point I want to talk about the impact that that may have on our small businesses and what we might be able to if that is the route that the City is going to go, how we might address that input impact with the resources that we have and the funds that we've been working with. So I don't mayor, is that a later conversation, or is there an appropriate time to have that conversation? >> Mayor Adler: We've been talking about items 2 and 3. Going back to phase I, taking restaurants and retail right now to 25%.

[12:37:24 PM]

>> Kitchen: Okay. >> Mayor Adler: That's the operative change. >> Kitchen: Okay. I just wanted we can have this conversation later. I wanted to have a conversation about the impact on restaurants doing that, and if and the extent 20 which we can help that out with the impact. Thank you. >> Mayor Adler: Thank you. Council Member alter? Did you have something? You're on mute. >> Alter: I wanted to ask director Hayden when she has her meeting this afternoon, asked me to make sure she clarifies some of the details about what happens, about what's been going on at the library, as well as helping to facilitate our guidelines about waiting for a test or as well as the situation with you know, if you've been exposed and what those rules are, as they've changed since April.

[12:38:27 PM]

And then I did want to ask director Hays if she could please speak to what mechanisms an employee may have if there are concerns that masks are not being enforced in your workplace. >> Thank you for that question. Can you all hear me? If an employee feels like someone is not wearing masks, they can report it immediately to their supervisor. All employees are required to wear masks in spaces of office spaces and areas where they have to come into work. Managers are required to address any employee who is not wearing masks. In the cases that have been reported to us, we have been working with the managers, and ASME, because some of those employees are also represented by them, to work together to ensure we are making sure employees are wearing their masks. We are establishing protocols for disciplines if employees fail to wear their masks.

[12:39:24 PM]

>> Alter: Just regarding Task Force, I want to make sure we need to act now, we need to be moving forward and prioritizing, so I just wanted to underscore that, that I hope that we will not get derailed from actions that need to happen now. Anything else? Council Member Flannigan. >> Flannigan: I haven't said anything because I really want to get to the rest of the stuff we have to do today. This situation, I'm very proud of what the staff is doing, and mayor, what you are doing to try to lead this city through a very challenging situation. I mean, we don't even have the words anymore to describe this thing that we are going through. Manager, I really hope that the staff is or can find a way to be more proactive with council offices to engage us in how to reach out to our communities.

[12:40:26 PM]

Normally when we're making policy, it's the other way around. We come to the staff, we say this is what we're thinking, it's just not good enough for this situation. Everything is upside down. And I have all the faith in the world in Mayor Adler, in representing the unified perspective of this council that we need to take every precaution and every measure required in order to protect this community and keep people alive. And so I need to hear from staff, and not right now, but, you know, on a regular basis, should I be calling my faith leaders in my district? Should I be talking to small groups of business owners? Should I be convening town halls in my business district? How can I help? Because you all are going to know where the hot spots are.

[12:41:27 PM]

I don't know where the hot spots are. You all are going to know where education is useful or where education is screaming into nothingness. My boyfriend works for H E B. He's on the front line of this. We talk about medical workers but there's also essential workers that help keep food on the table. They are not equipped to enforce a mask order. It is not the job they signed up for. And it is it is painful for me to hear the play by play about what's being experienced by our essential workers who are not in a situation to be enforcing orders. So, manager, I want to see the staffing more proactive with my office at least and hopefully with all of us and not wait for council to tell you what needs to happen.

[12:42:28 PM]

I think we know what needs to happen. Again, I trust Mayor Adler to respect and to reflect those wishes. >> Thank you for opening that door, Council Member. We will jump on that and we appreciate the way councilmembers are amplified the message we're trying to put out there, but as you mentioned, now is the time to get that further and we will be following up with each of your offices in ways that make sense for you. >> Mayor Adler: All right. >> Tovo: Mayor? >> Mayor Adler: Yes. >> Tovo: This is Kathie Tovo. I wanted to talk about our schedule a little bit. I think you said earlier we had 30 speakers at two minutes each, that's an hour. We have another meeting scheduled to start at 2:00 and it wasn't clear to me if we have an executive session scheduled too.

[12:43:26 PM]

I think we need to take stock of where we are and whether it's feeble to have a public safety meeting today, given time and given the public still hasn't given input >> Mayor Adler: We only have about half the number of the public signed up to speak, so I think we're about 30 minutes maybe into that. So I think we can start on that it would take us till after 1:00. I don't know how much discussion there is on items 2 and 3. Basically, those are intended to set up a framework, to support the existing orders that we have. My hope is we would be able to move through those relatively quickly. But I think that what's going to be compromised here is the break for lunch. I would continue to kind of push us through the speakers and try to preserve that as best we can. That's something [indiscernible] Mayor Pro Tem Garza.

[12:44:28 PM]

>> Garza: Just two second comment, touching on something that Council Member Kitchen said about two of the zip codes. We mentioned this at the last meeting, 45 and 48 touch each other, so if public health can give us an update on a location for that assessing a location for that area. >> Mayor Adler: Okay. Thank you. Staff, again, thank you very much. Manager, Dr. Escott, Dr. Hayden, thank you. Let's move to items 2 and 3. We have some people that have signed up to speak. I'm going to call them. >>

Mayor? This is Jeanette. If we can give us one second so we can move them into the audio for chambers.
>> Mayor Adler: Okay. >> It'll take about one minute. >> Mayor Adler: All right.

[12:45:26 PM]

It's my intent to call items 2 and 3 up at the same time >> Welcome to the audio conferencing center. Please interest a conference >> Mayor Adler: Because of the commercial services, we don't have >> You are now joining the meeting. >> Mayor, we should be ready now. Thank you. >> Mayor Adler: Okay. Let me go ahead and call the speakers. Everybody gets two minutes to speak on both items 2 and 3, called up at the same time. Is Patrick McGowan here? >> Yes. >> Mayor Adler: Go ahead, sir. Two minutes. >> Thank you, council and Mayor Adler. I just want to make a few quick points and I appreciate y'all [indiscernible]. Just a quick little update from July 8th from the American Medical Association, and then a PBS article following that 35 states have an

[12:46:24 PM]

increased rate [indiscernible] during the pandemic, appointed related. There's statistics to the unintended cost of the lockdown, in regards to suicide, and mental health that further lockdowns will have. Model versus shown on this article that there can be a 5,000 to 7,000 more suicides this year alone due to the lockdowns and the toll that takes on the mental health of individuals that experience prior conditions. At first those are unintended consequences. In March and April we didn't really know what this was, but as we continue looking at further lockdowns, those will no longer be unintended due to the fact we know these are on the rise. And without having anybody speak to any of that today, I just want to >> Give support to mental health. >> Absolutely.

[12:47:27 PM]

I want to point out the mental health component of this hasn't been mentioned at all, nor has the substance abuse. I think I heard Escott say that the general public death rate is about 1.7%, nursing homes is about 22% in the City of Austin. And so slamming on the brakes and forcing an entire city lockdown, I'm not even talking the economics it's going to take, it doesn't make actual sense to do so. And those questions I don't have to agree with a lot of what we do in the city, but it does not make sense to me that if something something that is 1.7% of the people affected, and that could be lower, due to the fact that if I'm asymptomatic and have never been test, which we think there's a high likelihood, it could be a lower percent of people who actually die. [Buzzer sounding]

[12:48:26 PM]

So I want to end with the idea of trying to think that if this is a pandemic and a disease that is only with a mortality rate that could potentially be under 1%, is it worth wrecking our community economically

>> Mayor Adler: Thank you very much. Your two minutes are up. [Overlapping speakers.] >> Mayor Adler: Is [indiscernible] here? 1st yes, I'm here. >> Mayor Adler: Go ahead. You have two minutes. >> Okay. This is the first time I've spoken to council in quite some time, and I haven't spoken to the 10 new council. We had hoped that there would be representation of a diverse political background at that time. We also hoped that there would be representation of different views when it comes to health.

[12:49:27 PM]

And as many of you know, in Austin there's a very strong population of natural health advocates, holistic health folks, and many of us feel that the response to the COVID epidemic is, in large part, backwards. One of the biggest things is the insistence on staying at home and closing the parks, which I think frankly is one of the worst things that you could do. There's so many studies now showing that people are likely to have worse outcomes from COVID if they have a vitamin D deficiency [indiscernible]

[Overlapping speakers.] >> Mayor Adler: Excuse me. Just one moment. Hang on. If people could turn off and mute their phones everybody that's on the line needs to mute their phone. Go ahead, Mr. Bush, and finish.

[12:50:26 PM]

>> Okay. On top of that, I'm definitely not finished, there's a compulsion to washing hands, really disrupting the [indiscernible] in our relationship with the Biome in our immune system as well, disinfecting the home, it's only natural people get sick when they're able to leave their house. I find it offensive, there's no debate on the masks, obviously there is when people are not wearing them, opposing them, when protests are taking place, it's bad public policy to insist on shutting down any discourse. Death, there's an obvious decline there's a massive increase in cases, there's also a big increase in testing, but there's a massive decline in deaths. When it's estimated that the mortality rate in Austin is 1%, the CDC believes there's 10 times more people infected that

[12:51:24 PM]

we haven't tested, so when you use those numbers, the case fatality rate comes out closer to .12, which is in line with other random antibody tests across the country, in Miami, L.A. County, and North Carolina. [Buzzer sounding] I feel the response is not in line with the issue. >> Mayor Adler: Thank you. Very much for participating. Next speaker is Gabe Coleman. Mr. Coleman here? >> Yes. Steve see I'm

appalled how you're recurring people by these questions. The prior speaker was on point. Are you more concerned with cases or death rate? You're trying to coordinate these things where they're the same thing. They have nothing to do with each other. Cases and casualty rate.

[12:52:27 PM]

All you all are doing is spreading fear, fear, fear, that's all you're doing, and you're actually providing fear, if you get it, you're going to die. And, Steve, y'all are just lying. You're just liars. I'm not calling you all liars, but you are, because you're a liar, and you're destroying our economy. Into all these eyes wide shut, fantasy facemask thing, red cloak, Steve, that's ridiculous. Shut it down, wear the mask, it's a lie. You know and I know it's a lie and you're doing it because it's a political year, you hate this guy that's in office, you're wrecking our city, it's a mess. I need to run for mayor, oh, my God. I'd probably get Barrientos, Ellen Troxclair you've made this city a wreck. You've destroyed it.

[12:53:27 PM]

Now we've got to sit and wait two years till you're out of here? I tell you what, man, this thing has got to stop it really is. The first thing I would do is kick you out of the W. Second thing, out of the city. Give police a raise. Fourth thing, get our education system back in order. As a matter of fact, I think I'm going to run for mayor. It would be very easy, all you have to do is get the homeless behind me, give them an Obama phone, get me an office. I'm going to clean up the city, get you out of there, let everybody know this is a lie, it's fake, it's dumb, we need to stop it, open things back up, keep them open, get back to business. Pretty simple. Pretty simple. Your eyes wide shut claim, you don't want to do it.

[12:54:24 PM]

You know? You have this fantasy about [Buzzer sounding] >> Mayor Adler: Mr. Coleman, thank you very much for your participation. Is Jacob Pearce here? Jacob Pearce? Okay. What about ISA >> Yes. I'm here. >> Mayor Adler: You have two minutes. >> Good morning, Mayor Steve Adler, Mayor Pro Tem Delia Garza, Council Member Harper Madison, Jimmy Flannigan thank you Dr. Myers, Dr. Escott, Dr. Hayden, Dr. Joyce and others in attendance today. My name is Isa. When I signed up to speak on number 3, to discuss on accordance authorizing health authorities to help individuals against COVID 19, declaring an emergency, I initially put down against.

[12:55:28 PM]

I wish to clarify I am for agenda 3 if the recommendation by Austin public health based on Dr. Myers and other health leaders are in the best interest of all citizens. I also want to add that after the updated data from what we received yesterday, if it points to a recommendation of 35 day shutdown, if Dr. Escott in health authority recommends 35 day shutdown, I am for that recommendation. I'm parents of two school age kids, 13 and six year old. My 13 year old had a fever last week, we took him to get tested for COVID 19, while his fever broke, we still do not have test results back. After a conversation Mayor Adler had with AISD superintendent Dr. Cruz, there was a discussion of using a 35 day shutdown to lower the COVID 19 numbers per U.T. model.

[12:56:24 PM]

If we were to go to a mandatory shutdown 35 days, it would be enough to justify potentially opening schools till August 28th for in person teaching on campuses. I'm afraid it will provide a false sense of safety in reopening schools. I stand in solidarity, demanding we do not return to campus for the first nine weeks of the school year until we have a sense that the COVID 19 rates maintains itself without a shutdown. Texans made the mistake of opening too quickly after the first stay home order. Masks are not mandatory. As we compete [indiscernible] [Buzzer sounding] >> Mayor Adler: Thank you very much. Thank you for participating. Next speaker is Barbara buckland. Is Ms. Buckland here? What about Owen Shroyer? When I call your name, don't forget to unmute.

[12:57:24 PM]

Owen Shroyer? >> Yes, I'm here. >> Mayor Adler: Go ahead. You have two minutes. >> I hope you all are having fun playing [indiscernible] up here. The disregard this City Council has for its citizens is obvious and concerning. At least one of you authoritarian, Mr. Escott and his totalitarian [indiscernible] is offensive. But this mask mandate, which is not legal [indiscernible] told not to wear masks, told by Fauci not to wear masks, by CDC, what happened to that? The mask does not even stop COVID, that science, why are you telling us to wear it? The boxes that the masks come in say it does not stop COVID. Why are you telling us to wear it? In fact, the mask has negative health effects. Bacteria grows on the mask. You breathe in toxic levels of carbon dioxide.

[12:58:27 PM]

For the sake of time, I'll spare you the details, but you can find this, it's very well known. First, when we had to shut down and stay home, we were told, oh, this is a deadly virus, we need to stay home. We now know it's less deadly by the numbers than the seasonal flu. And how is Escott saying we just ignore the mask? Oh, the mask doesn't matter, what is this, 1984? No, the mask does matter. This is not that deadly, the numbers are wrong, this is as bad as the seasonal flu, everything we're talking about should

be null and void right now. You should be shutting down and treating life this way for the flu every single year? Is this the new normal? This whole thing about cases being up, why are cases up? Because everyone is getting tested. This is common sense.

[12:59:24 PM]

You can test everyone in the city for herpes and herpes cases would be going up as well. Would you have a national shutdown and tell people to stop kissing and going out? By the way, the tests are not even 100% accurate. That is also known. So who knows what the real numbers really are? [Buzzer sounding] >> Mayor Adler: Thank you very much. Is James Sciba here? If I call your name, you may have to unmute. Is Mary Moore here? What about Gary Moore? What about Carol midbow? Carol midbow? Nicole >> Hello? >> Mayor Adler: Yes. >> This is Gary Moore. >> Mayor Adler: Mr. Mean, go ahead, you have two minutes. >> Okay. Thank you. My name is Gary Moore P. I reside in Austin. I own [indiscernible] in Austin.

[1:00:27 PM]

I'm against agenda item number 3. Deviating from City Council's own regulating ordinances, exclusions in part 3C of the proposed ordinance seeks [indiscernible] voice to challenge this ordinance. It seeks to remove the city clerk's accountability to post challenges. It seeks enforcement due to the city manager's decision to respond to an appeal. Oh, wait a minute, we could respond. It seeks to remove the city manager's responsibility to justify a ruling. It also seeks to remove the city manager's accountability to act on an appeal. These are your rules of City Council for making ordinances. Your platform for accountability to the public. Your platform for our voices to be heard. According to the CDC website and I invite you to go there there were ten times

[1:01:24 PM]

more deaths last year last year's flu season in Texas than in COVID 19 today. In Travis County the chances of dying from COVID 19 is with one in 10,000. That's from the CDC website. 151 cases in 1.29 million in population. And this is for Travis County. And you want to destroy Austin businesses and take away our voice based upon these CDC facts. Something is going on and I'm here to call this out. I urge City Council to drop the agenda item 3 and press Governor Abbott to press Washington for immediate availability of enough doses of medicines and therapeutics. >> Mayor Adler: Is Nicole Laurndrigan? Donald Avina? >> COVID and your extended unconstitutional >> Mayor Adler: What's your name, sir? >> My name is Donald [indiscernible]

[1:02:27 PM]

>> Mayor Adler: You have two minutes. >> COVID and your extended unconstitutional August 16th stay at home order has created a high level of confusion and fear in people. The media has done a great job forwarding these messages as well, as usual. These factors have destroyed my four small businesses in Austin and my family's finances. We have five children. 40 million Americans have lost their jobs. Not one government job has been lost or a pay cut reported. Very interesting. You talk a lot about projections and models, your doctors and your council. The projections and the models have been laughable, laughably wrong since day one and continue to be all over the place. You continue, you and your doctors continue to say follow the science.

[1:03:24 PM]

Outside of that, this question is for everyone and the doctors as well, what are your projections, what are your so called models saying and what data have you, your doctors and your counsel collected that show how many deaths there have been, and there will be from missed cancer screenings, suicides, alcohol and drug abuse, the domestic abuse, psychosis, missed wellness checkups, et cetera, et cetera, according to the stay at home order? And the loss of our God given liberties. We all know these examples and sad truths have skyrocketed it. You haven't mentioned it on the call once, one person mentioned for one mental after two and a half hours of demagoguery about anything to do with economics or anything to do about all of these deaths

[1:04:26 PM]

that are caused by your tyrannical, unconstitutional, extended August 15th stay at home order. [Buzzer sounding] >> Mayor Adler: Thank you very much for your time. Is Peter Morales here? >> [indiscernible] chance to speak. >> Mayor Adler: I'm sorry, is this Mr. Morales? >> Yes. >> Mayor Adler: Mr. Morales, you have two minutes. >> Yes, sir. I'm calling in regarding the item 3. I'm against it. Unless it's enforced. So you guys are going to get a lot of information from callers on a bunch of data, the media and what everybody else is doing and saying. I'm calling in because of what COVID is doing to the city. To APD, to the Health Department, to [indiscernible] center, fire department, Austin Energy.

[1:05:24 PM]

Everybody thinks COVID, COVID, COVID. We're not operating correctly because of COVID. Everybody is using the COVID excuse. So people have been going home, working from home. And nobody is holding accountability here, checks and balances on who's doing what, working from home, or when they're

actually working. So I understand that we're inside a situation in our city, in our state, and in our country, and in the whole world, that's difficult. You've got to make some difficult decisions, but unless you enforce the decisions that you make, unless you close west Austin parts, along with east Austin parts, unless you enforce [indiscernible], it's going to affect a lot of us. And we're business owners. My wife owns a number of businesses inside the City of Austin, restaurants and a number of other stuff. And we're completely fine with shutting down, if everybody shuts down. If everybody goes home and does nothing. At this point, you know, we don't know what to think about COVID. Personally, we've had people, family

[1:06:27 PM]

members, we had a family member die here in Austin, my wife, two days ago, from COVID. So the decision is going to be on you guys, the City Council, that's why you're there. On the mayor. The city manager. Whatever you decide to do is going to affect all of us. Make sure it's enforced all the way to Westlake [Buzzer sounding] >> Mayor Adler: Thank you very much, Mr. Morales. Did I hear Mary Moore wanting to speak? >> Yes. This is Mary Moore. Can you hear me? >> Mayor Adler: Yes. Go ahead. You have two minutes. >> Hello, councilmembers. My name is Mary Moore and I am against agenda item 3 for the following reasons. I'm a citizen of Austin, not a prisoner. Punitive offense schedule and fine amount implies you're trying to profit off this emergency, quote unquote, instead of changing behavior, not fair. We are not the enemy. COVID 19 is the enemy. Stop trying to threaten, scare, punish Austin citizens to include Austin children. Nothing in agenda item 3 frames the dismantling and of use of any institutionaliz

[1:07:24 PM]

ed rules, once COVID 19 is reduced from a pandemic to an epidemic to a nothing Demic by guidelines. Hydroxychloroquine Are available. This is Austin. We are Texas. Bring in viable resources instead of making us prisoners, running Austin businesses and families into the ground. I urge City Council to draw up agenda item 3 and press Governor Abbott to press Washington for the immediate availability of enough doses of hydroxychloroquine and any useful therapeutics. I yield my time. >> Mayor Adler: Thank you very much. Is Michael [indiscernible] here? >> My name is Barbara Buckley. You called my name but you didn't give me an opportunity to speak before. >> Mayor Adler: What's your name, sir? >> Barbara Buckley. >> Mayor Adler: Okay, Ms. Buckley, go ahead. You have two minutes. >> I am Barbara Buckley, I'm glad to be speaking before you today. I'm against the Austin policy because it brings death rather than life. The facts show that suicide, abuse, and addiction are skyrocketing. One family had more suicides tha

[1:08:24 PM]

n all the virus deaths in the state. A doctor told ABC 7 news, there's been a year's worth of suicide in one week. And why is that? Because people are locked down, they're [indiscernible] and isolated. Two Texas

doctors [indiscernible] hundreds of COVID 19 patients as outpatients. The total cost was \$300 a patient, no one hospitalized, no death, the recovery was quick, one woman who had cancer who came in sick on Friday after no treatment in a hospital was back at work on Monday. Those doctors say that no vaccine will be necessary as this virus will die out. The people of Austin need to hear that in Taiwan, with 25 million people, only seven have died. In Japan, less than a thousand dead in a nation of 121 million. No masks, no distancing, no lockdown. I would speak to the City of Austin and to the council, did you hear that? The statistics you gave were all about mutations, nothing about the death rate because it's low. Just as people have stated already, 1%. And these facts are questions every voter should

[1:09:27 PM]

be asking is why you would put them at risk until the economy of their city, keeping small businesses shut down and children out of school. My question is what the council is doing, and you, Mayor Adler, and who you're really working for. [indiscernible] >> Mayor Adler: Thank you very much. Thank you for your time. Is Michael [indiscernible] here? [no audio] >>delete part 7, civil enforcement, replace with part 4 from the adopted administrative rules ordinance. If an injunction is granted for public nuisance, it may lead to a judge finding a person in contempt of court, that means a fine and incarceration. The city has no control over what a judge may impose. We do not imprison the homeless just because they are public nuisance. Do we really want to have a case like the hairdresser in Fort Worth sentenced to jail and thousands of dollars in fines just because she opened her salon? This is unfair and stupid just because you want to fine and incarcerate her. >> Mayor Adler: Thank you very much for participating.

[1:10:24 PM]<<Mayor Adler: and Thank you. Is Martin Harry here? (Harry: Yes. I am Martin Harry and I reside in District 8. I speak today to encounter on what appears to be an effort by local officials to mislead the public. There has been discussion about at thirty-five day shut down by the City.

The fact is no new shut-down by the city of Austin would be legal without authorization by governor Abbott. Right now governor Abbott's orders allow the public to go to work. Patronize businesses and participate in gatherings of 10 or less indoors and outdoors, religious services and some other activities are not limited. In short, Texans are allowed to live, work and socialize outside of their homes. A stay at home requirement by the mayor would be unlawful, nevertheless the city is trying its best to intimidate and confuse city residents into thinking otherwise. All residents should know that any stay at home order by the city, inconsistent with the governor's current orders, will be voluntary, not mandatory. Regarding masks, governor Abbott and the city require them. No one is authorized to detain anyone, not wearing a mask, however. Although not wearing a mask is a misdemeanor, if cited, no person can be detained, to be cited.

[1:11:25 PM]

That is the law. This is not a recommendation against wearing a mask. But residents deserve to know what the law allows, anyone who is cited should seek legal advice. There are lawyers with whom you can consult at no cost. Thank you. >> Thank you, is Steve [indiscernible] Here. >> Yes, sir. >> Mayor Adler: Two minutes. >> Good afternoon, mayor and councilmembers, my name is Steve Sibles, a resident of council district 7. Our company has two construction projects in councilmember Renteria's district 3. Both projects, pathways and Chammers Court [indiscernible] Affordable housing projects which upon completion will add 400 -- [loss of audio]] >> Mayor Adler: I think we lost you.

[1:12:31 PM]

We lost you. Will the clerk let us know if Mr. Sibles calls back in? [Indiscernible] Park here? >> I think we are having some technical difficulties. We need to reconnect our bridge. Give me one second, sir. >> Mayor Adler: Okay. [Static]. >> Mayor, in the interest of time, do you want to take up some of the resolutions so we can vote. >> Mayor Adler: I didn't know if it was going to be fast. I was going to go there and just have the clerk let us know if Mr. Sibles calls back in, unless it was an immediate thing. Doesn't sound like it's an immediate thing. Why don't you continue to work on that. If Mr. Sibles calls back in, please interrupt us so we can address that. That gets us to items 2 and 3. And -- and is there a

[1:13:32 PM]

motion, number two is the one that -- that describes existing orders to -- to define a nuisance situation. Councilmember Casar makes the motion, is there a second to the motion? Councilmember Harper-Madison seconds. Is there a discussion on this resolution? Councilmember Kitchen? >> Kitchen: I just have a quick question. I'm wanting to make sure that I'm understanding the applicability. When you read it, I thought it said it was applying to -- to sites where there are 10 or more people at any one time. And then -- then it says that -- that there's a list of criteria to -- to comply with. Which includes wearing of masks, and there's a reference in that list to 10 or fewer. So -- so I -- I was a bit

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confused. I wasn't sure if it was saying -- I guess the bottom line is that -- is that -- that you wouldn't be able to -- under our current orders is that you can't gather more than 10 people at a time in one location. Is that the -- is that the -- >> Mayor Adler: In a group. You can have a site that has more than 10 people on the property. >> Kitchen: Okay. >> Mayor Adler: They are grouped in groups smaller than 10. >> Kitchen: Okay. >> Mayor Adler: That's allowed right now under the orders with respect to

restaurants, for example. >> Okay. >> Mayor Adler: You can't have a table for more man -- you can have a [indiscernible] >> Kitchen: Mask wearing applies to -- to everyone, whether it's more or less than 10? >> Mayor Adler: Correct. It's just -- with the existing rules. >> Kitchen: Okay. Thank you. >> Mayor Adler: Councilmember pool?

[1:15:34 PM]

>> Mayor Adler: You are muted. >> Pool: We are changing the fine from -- >> Mayor Adler: In this one the remedy is an injunction. If someone is found to have a nuisance that would require a court action and gives the ability of the city to enjoin or to -- to [indiscernible] The behavior. The fine is associated with item no. 3. >> Mayor -- [multiple voices] We have the last speaker back on the line now. >> Okay. >> Pool: Just real quick, was that lowered from 1,000 to 500? >> Mayor Adler: Certain -- under the governor's order, there's a certain limit of fines associated with masking and a limit of what we can do under the law with respect to enforcing an order under chapter 418, but there is not a similar limit under chapter 122, which is [indiscernible]. No fine in item no. 2, it's

[1:16:35 PM]

an injunctive action that will require us to go to court. >> Pool: Okay, thank you. >> Mayor Adler: Who is the speaker? Did the speaker join us again? >> Mr. Sibles, are you there? Do you need to unmute, Mr. Sibles? Okay. Bring him back. If he comes back again, please. We apologize for the -- for the inconvenience here. Councilmember alter? >> Alter: Thank you. I just wanted to understand the rationale from the legal perspective of including properties maintained by a governmental entity. Is that because we can't impose these things on other

[1:17:37 PM]

governmental entities. Seems like we are striving to do all of these things ourselves within our own facilities. But what was the rationale for that? >> That's exactly right. We can't regulate the state government. But we obviously are doing all of these things within the city of Austin. [Indiscernible] Entities. >> Can we regulate -- school properties or county properties, either is that something that we are allowed to do? >> Did you have something that you wanted to add? >> You are muted, Trish. >> Assistant city attorney. For item 2, the nuisance ordinance applies to sites and it does -- it does take out governmental entities from the definition of the site. Also along with medical providers. And two other - two other things that would qualify at the site. The concern is -- in terms

[1:18:43 PM]

of regulating these sites they may not be in a position in the sense of -- of being accident to -- to -- to influence the same will cos because if you think about the wide variety of -- of governmental properties within our city, they may not be able to fit in those same boxes, also on top of that, it doesn't excuse us from not being a nuisance. We are still subject to state law when it comes to a nuisance. This is simply a mechanism for us to address this at the city level using our home rule authority. >> Mayor Adler: Okay, any further questions on this item before we vote. Let's take a vote -- those in favor -- >> Casar: Mayor, are we voting on both or just one? >> Mayor Adler: Just one. >> Casar: Before the second one, I think it might be useful for you to lay out the governor's letter in support of what it is that we're doing. Maybe we can take that up next time. >> Mayor Adler: I think it

[1:19:43 PM]

is significant that the governor sent us a letter yesterday, posted in the backup, where the governor supporting what we are doing today, recognizing our action, encouraging us to take additional measures we can take in order to be able to enforce. So that was a welcome letter to get. Let's take a vote on item no. 2. Those in favor of item 2 please raise your hand. Those opposed? I see it as being unanimous on the dais. Let's willing then to item no. 3. Is there a motion to approve item no. 3? Councilmember Casar makes a motion. Is there a second to that in ?mayor pro tem seconds that. It enables the orders of our health director to have the force of law so that they can be enforced. Discussion?

[1:20:44 PM]

Councilmember alter? >> Alter: Thank you. I'm trying to -- I have -- I am dealing with some concerns that I am hearing from my constituents. I think they might relate to what could be a potential order. But I first need to get some clarity, mayor, from you on whether our existing orders cover the situation. So specifically, we are hearing a lot of reports from constituents about concerns regarding door to door solicitations from businesses, like landscaping, pest extermination and others. There -- they are consistently happening without the folks wearing face masks. And they are concerned because -- because folks are being fairly aggressive about reaching out when they knock. My initial read is that our current public health orders don't require those who are soliciting door to door to wear masks because they are outside. Is that accurate, mayor? To your knowledge? >> Mayor Adler: The truth is, I've never been asked that question before. And I haven't been involved

[1:21:45 PM]

in any conversations with regards to solicitation. But now that you have raised that issue, it's something that I would bring up with Dr. Escott and with the city attorney. >> Okay. So I guess -- >> Mayor Adler: We don't want to let a loophole like that exist. If it does, I am sure we will all take efforts to fix that. >> Alter: I guess what I would ask would just be sort of that direction then. It could be considered as one of the health orders or whatever the appropriate way is to provide some guidance so that if -- if we are -- I believe we have to allow the solicitation under -- for legal reasons, but if we can make sure that we -- that we are -- communicating that those masks need to be worn in that situation, I think that would -- that would be particularly helpful to change as we clarify things. >> Mayor Adler: I think the point is taken. Ann, would you please look at solicitation, that issue. >> Yes, I think that's already required because if

[1:22:45 PM]

people are not in the same household, they need to be wearing a mask near each other. So I would say the person needs to be wearing a mask right now under the governor's orders and the mayor's order. >> Mayor Adler: The only exception right now is if you are involved in physical activity and that's the only specific exception for outdoors other than the other exceptions, where someone has to wear a mask. I think that that's section [indiscernible] Of that part. >> Alter: Maybe we can work on communication on that so there's greater clarity there. For the public and particularly people doing that solicitation. Any other comments on this, councilmember kitchen? >> Kitchen: This is just for clarity. This is just for clarity. Some constituents were thinking what we were doing today is voting on a stay at home order. So I just want to clarify what we're working on, what we're voting on now is not a

[1:23:48 PM]

new order. It's just ability for existing orders, I think that I heard you say that earlier, I want to clarify that. Also to understand the appropriate time to talk about the question that I raised earlier which was the potential to move to Dr. Escott's approach of going back to phase 1 and how -- the extent to which the city could be helpful to restaurants. Is that a conversation that we're going to have after this vote or is that a conversation that needs to happen now. >> Mayor Adler: Let's have it now. After the vote then we don't have anything on the floor. With respect to the first point. You are absolutely right. What we are doing today doesn't go beyond any existing orders in place. Just gives us additional enforcement means and mechanisms. That we would then have. With respect to moving back to phase 1 from -- I judge

[1:24:52 PM]

Biscoe has indicated an intent to reach out to the governor to ask him to go back to phase 1. I'm going to join in that, I think there will be other cities and counties around the state that are doing that. And -- and thus far, the governor -- the governor has been willing here to consider those types of moves and if the science and data supports that, I hope and trust he's seeing the same science and data that we are seeing here ourselves. I think that's the appropriate first [background noise] To try to [background noise]. So that will have to happen. With respect to helping restaurants [indiscernible] The situation, that would require us to address the issues with how we are using the cares funding. So little bit different discussion. Probably part of budget discussion with the manager or I don't know where you are with the cares framework on that. But obviously we -- we pull

[1:25:55 PM]

back -- it's going to increase the hardships in that -- in that area. And last I just say if anybody is listening, that irrespective of the orders, as a community, we have the ability to be able to act and certainly the stated recommendation from our [indiscernible] Is for people to stay home as much as you can. And I think that's true with respect to all activities out of the house. It's the safest place for people to be. Er urging everybody to do that. Manager do you want to ask the question with respect to support for restaurants. >> Thanks, mayor, councilmember. Certainly as we have the framework established by the council's leadership around how we would utilize that cares funding, we are still in the process of looking at the programs that were enacted, so those are ongoing. To your exact point, we will continue to evaluate and get information as we look at dialing things back. And how that impacts our

[1:26:57 PM]

business and individual community members. So we'll continue to provide updates. Some of that will be part of the budget discussion. But really it's an ongoing piece of -- piece of conversation that we are having. But when we get more information around these programs, we will be able to feed that to you. >> Mayor Adler: The other avenue, councilmember kitchen, would be at the federal level, to engage brie and our office on that as congress is coming up with an additional package and targeting the package to -- to communities and industries that are hardest hit given the realities that we are dealing with. I think that's also a place we should raise [indiscernible] >> Kitchen: Yeah that, you know, it impacts small business owners, but it also impacts the workers, so when I'm talking about impacting businesses like restaurants, I mean that the total -- the total components of that business. >> Mayor Adler: Anything else on that item no. 3?

[1:27:59 PM]

Councilmember Casar? >> Casar: Manager, I just wants to raise when we are passing this, I think we intend to use it. You know, of course, by far the biggest public health protection that we can have is if everybody just individually does the right thing. But I hope that as we have people doing health inspections or [indiscernible] Inspections and our city staff are out in the community, that we use the resources that we can to identify when people aren't following the orders and I think mayor and council taking this up now and having a letter from the governor urging us to enforce the orders, I think very clearly should mean that our goal, if it's just issuing fines, our goal should really be to get compliance across the community because it really is a life or death matter. So I hope that you bring together members of the executive team to think about all of the places where city employees are and how we can proactively be making sure people are following the orders along with taking [background noise]

[1:28:59 PM]

>> Mayor Adler: Councilmember Flannigan? [Multiple voices] >> Flannigan: I want to reiterate what councilmember Casar said. To the extent that at 2:00 we're going to be engaging in a conversation about a lot of alternative models. Of how to provide response to community needs. And in this case, city manager, I have emailed you already about this. But to bring it up in a public meeting, you know, if we're mostly concerned about educating and getting compliance with these public health measures, then I don't know that -- that an officer is -- always has to be the first entity to respond. Because an officer is maybe the only one authorized to write the citation, shouldn't be a reason we don't engage fire stations or ems or code enforcement or other departments that can show up and try to get compliance without a citation being required. This is one example of a lot of things that we are discussing as a council and that we will continue discussing at 2:00 at the public safety committee

[1:29:59 PM]

meeting. .>> Mayor Adler: Councilmember Flannigan, a corollary of what you said, had which I think was absolutely right, we passed the emergency operations command to see if we can get masks for our police officers so handing somebody a -- [indiscernible] So instead of handing somebody a citation they can hand them a mask. Mayor pro tem? >> Garza: This wasn't planned by Jimmy and I. I have made this recommendation before. We have vehicles equipped with megaphones, someone asked if she could go around with a megaphone and telling people to wear their masks. We asked code you know if that was a noise violation, but we have fire trucks, police cars, ems with the ability to just say at an intersection, wear your mask, people. I will make that suggestion again. I think it's something that we can do to help educate

[1:31:02 PM]

our community. >> Mayor Adler: Okay. Anybody else want to address this before we vote? Those in favor of item 3 please raise your hands. Those opposed? It is unanimous on the dais, item 3. Those are all of the items that we have. It is 1:31, unless there's something else, final reminder to the community, we've done better over the last two weeks. We are on the edge. You heard from the modelers today, not only do we need to maintain what we are doing, we have to do a better job of it. We are now being approached by other cities around us, especially heading towards the valley, to take people from them. And frankly we were just looking at modeling involving really our existing need here. If we're going to be asked to also help pick up things around the state, that presses us even more, requires us to do even more. And finally, what was very clear from the testimony

[1:32:03 PM]

here today from Dr. Myers, is that we need state assistance with respect to staff. And I will follow up with -- with judge Biscoe to the governor's office to try and see what kind of certainty we can get with respect to knowing that our staffing needs will [indiscernible] Something. 1:31 P.M. -- This meeting -- >> Thank [indiscernible] For a tremendous amount of work over the weekend to get these tools drafted and out here. Thank you. >> Mayor Adler: Not just those tools and not just this weekend, Ann, but the entire legal staff, every one of these orders, seems like every one of them needs to be done the day before we start. As events are changing. And you guys have done just an absolutely incredible job. So -- so Andy as well, everybody. Thank you Deborah.

[1:33:06 PM]

You guys are doing great. With that said, 1:31, this meeting is adjourned.