

City Council Special Called Meeting Transcript (Joint Meeting with Travis County Commissioners Court) – 09/21/2021

Title: City of Austin

Channel: 6 - COAUS

Recorded On: 9/21/2021 6:00:00 AM

Original Air Date: 9/21/2021

Transcript Generated by SnapStream

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>> Judge Brown: This is Travis county judge Andy brown, the meeting of the Travis county commissioners, court. The date is September 21, 2021. It is 9:08 A.M. And meeting here at 700 Lavaca street and we have commissioners, Gómez and Shea and Howard here present. And I am going to hand it over to mayor pro tem Harper-Madison to call order of the city council meeting. >> Harper-Madison: Good evening, as the judge stated it is September 21st. It is 9:09 A.M.. I'm Natasha Harper-Madison, mayor pro tem, city of Austin. We have a quorum present. We are doing a hybrid dance. Some of us are virtual and some of us are in person, and I'm going to call this meeting to order at 9:09 A.M. Thank you, Judge Brown. >> Judge Brown: Thank you. So I'm going to call to order the joint meeting of the Travis county commissioners court and the Austin city council. First we'll take up item 1 to receive briefings on COVID-19 and related matters. I want to check -- it doesn't look like we have any callers,

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Morgan -- or Adam -- can you verify? >> We are verifying judge. We have no callers at this time. >> Judge Brown: Okay, thank you. So today we're going to be briefed on COVID-19 related matters, and I will pass it on over to Dr. Walkes to kick us off. >> Good morning, everyone. We have a joint statement that's going to be released today. If we could go to the first slide, please. That's going to be released by myself, representing APH and the chief medical officers of our hospital systems. And in brief it says that the capacity challenges that are impacting all of the hospitals across the central Texas region and we want to bring this to the

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public's attention. We want to continue to provide lifesaving care for patients who have a heart attack, a stroke, or injured in a car wreck that do need our help and to make sure that our hospitals have enough space to care for our community, including you and your loved ones who may unexpectedly need hospital care, we are urging our residents to get their covid vaccine, wear a mask, and practice social distancing when possible. We ask that everyone do their part to cut down on the number of covid cases in our community so that we can help care for them. And so I wanted to bring that to this body's attention so that you would have that information ahead of time. And if you go to the next slide, please.

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So this is the curve that we've been monitoring over the last 18 months, and it shows that our cases are starting to decline. We've had 531 cases reported to aph yesterday. Our positivity rate is going down, we're glad for that. We're not sure whether that is because we're seeing a decrease in the number of positive cases truly, or if some people are starting to use more of the antigen testing, because when we report these test numbers we're looking at the pcr tests, the confirmed test numbers. Overall it looks as though this is holding true. We've had reports from U.T. Where they've been doing large quantities of testing.

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7,000 reported over, what, the last week. And their positivity rates are also going down. So we're hopeful that this is truly a decrease in the positivity rate that is actually occurring in our community. The seven-day moving average is also declining. It's down to 52. We have 505 patients who are covid positive in our hospitals. 208 of them are in icu, 143 are on ventilators, 45 admissions and 46 discharges in the 24 hours prior to that. Unfortunately, we've had 1,055 deaths during this entire pandemic. And we're also seeing that during this phase of the pandemic that's been caused by the delta variant of sars-cov-2,

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that we're seeing longer stays in icu, and more people in icu, and more people requiring ventilators as you see on the Orange and the purple curves on this graph. So I'll get into more detail about that in subsequent slides. If you could go to the next slide, please. This slide is looking at the projections that have been made by the U.T. Modeling group and we see a continued slow decline with the projected line, the blue line, continuing to go downward over time. And as we've all been cautiously looking at this

optimistically, the after-effects of the labor day holiday and school reopening seem to have not impacted this too much. And we're still seeing that downward climb. So that is really good news.

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The next slide, please. I showed this weekly just to show that we are monitoring for what variants are in the offing. And right now, 99% of what we're seeing is the delta variant. And that has been shown to provide strong protection against covid-19. It helps protect from infection five times more. If you are vaccinated, you have that much more protection. You have much more protection against hospitalizations and deaths. So vaccines are still the answer. We still encourage everyone to get out there and to get vaccinated. And if you haven't gotten your second shot, please, go and get your second shot. Next slide, please. This is an interesting slide in that our school cases seem to have gone down this last week.

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You can remember that last week I was saying that I wasn't sure whether that decrease was because we were looking at a partial leap with that labor day holiday, but again this week we're down to 659 cases, 499 student cases, 77 staff cases. Masking has been employed in different ways in different school districts. We are now seeing a deployment of testing resources from the Texas education association agency. So that's going to be used by our local school districts and they will be able to monitor their students and staff in a much more robust way. So we've been in conversation

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with our school districts on the deployment of those tests and there will be more to come in the weeks to come, but it's encouraging that we're seeing some decrease in the numbers of school cases. There is still, however, a large percentage of these cases that are occurring in classroom settings. That's the gold part of the bars represented here with lesser amount happening in athletics and in after-school activities. The next slide, please. This slide is looking at hospital admissions based on age. And over time we've been seeing an increase in the 30 to 49-year-old age group. However, there's been a slow decrease in the numbers of cases as we talked about in the

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seven-day moving average and so on. There is still some concern as you would imagine with the number of pediatric admissions that we've had in this surge, like mostly due to the fact that we do not have consistent masking in all of our schools. And we have a segment of our population of less than 12-year-old population unable to be vaccinated. Currently we have 12 pediatric admissions in our hospital systems. Two in ICU, two on vents. None of the pediatric cases that are admitted currently are vaccinated. Over the course of this pandemic surge caused by the delta variant starting in the first part of July to present, there have been 139 admissions total, with 45 in ICU. And four that have been on

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vents. Next slide, please. This is a slide that gives some comparisons for us to look at, looking at the previous surge earlier in the year, just as vaccine was being deployed. And that as you will remember at that point in time we were most concerned about the older population, 70 plus population. And the effects of COVID-19 as population as they are more at risk because of their comorbidities and their decline in responsiveness, particularly from an immune standpoint. And that early on they were being vaccinated as well as the healthcare providers.

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This slide demonstrates to us that there's been a change in that pattern because of the vaccines offering protection. They are not being as impacted by this delta variant. You can see that they were at 35% in the 70 plus age group for hospitalizations and ICU admissions. And that's dropped down into the 20s. However, there's been a significant increase in the impact that's being seen in the age group of 30 to 49. Which has increased from 19% to 30% for hospitalizations, and 17% to 29% for ICU admissions. Also from this slide you will see that there's been a shift as Travis County's vaccine

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coalition that's comprised of the county and APH and all of the other providers that we've had and all of the efforts from our grassroots community-based organizations, we've been able to reach that milestone of 70% of our citizens being fully vaccinated. So take a minute to give an incredible congratulations to that magnificent work, and to the power of our people working together. As a result of that, we're starting to see a shift in the overall hospitalizations from Travis County. Travis County made up 57% of the hospitalizations in the previous surge. And during the course of this surge, that's dropped to 51% with non-Travis County residents

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now have gone from 43% to 49%. So vaccinations have had a good impact to protect our senior citizens, and also have helped our community overall. And our vaccine teams from all sections of our community have done an amazing job of getting us to the 70% fully vaccinated mark. And that is for those people that are eligible for vaccine. We still have a segment of our population, the under 12, who are not eligible for vaccinations, so we need to continue our efforts to vaccinate those who are eligible and for those -- everyone to wear masks to protect that segment of our population. Next slide, please. When we look at breakthrough cases, we're seeing the impact of vaccine breakthrough cases at

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1%. However, vaccines are giving us that level of protection that provides less severe disease, less hospitalizations and deaths. And the number of breakthrough cases here represents 6,680 breakthrough cases after a total of 765,319 fully vaccinated people. So that's times two. So that's -- that's a lot of vaccine, and a lot of protection that we're seeing from our vaccines. Next slide, please. When we look at our long-term care facilities in our next slide, the number of cases in our long-term care facilities has dropped in the last 14 days

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from 53 cases reported in 11 facilities, down to 37 cases. The 11 -- the cases were in residents who were fully vaccinated, however, the fully vaccinated individuals did not have severe disease requiring the admission and the staff that were vaccinated in this cohort were 11 of 26. And two of the staff members were partially vaccinated. If you look at the next slide, please. We look at the fatality statistics, the total number of deaths throughout this pandemic is 1,055. There's been 482 deaths since January of this year.

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Of the numbers of people who have died, 7.9% of them were fully vaccinated, and the racial impact and ethnic impact from deaths sits at 50.5% hispanic, and that should be on this slide -- I apologize. And the impact from the standpoint of 58.5% of the individuals who died were males. The question came last week as to whether anyone who had received their third dose because they were immunocompromised, whether or not any of those individuals had died, and from our reporting and investigation by the surveillance epidemiologists, no deaths were reported in anyone who had received that third dose. Next slide, please.

[9:26:13 AM]

This looks at our austin-travis county admissions by msa. And I put this slide in from last week and for this week to show, again, that because of the excellent work that's been done by our vaccination teams, the Travis county numbers are for in-patient admissions are decreasing. We had 52% last time around that were Travis county residents with the remaining admissions being -- coming in from other counties outside of the msa. And this week we're at 47% with 53% of the patients coming in from outside the msa. Last week we convened a meeting of our vaccine collaborative, and we invited the health

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authorities and emergency managers and vaccine providers from around the msa, austin-travis county, and also from surrounding counties so that we can collectively address the issues regarding vaccinations and vaccine hesitancy so that we can address this issue of that some of our surrounding counties and the challenges that they're having with vaccinations. If we could look at the next slide you will see that when we look at our icu admission rates in the -- on this heat map, they're much more prevalent icu admission rates are happening in those areas where there's lower vaccine rates. And that magenta is where we're getting a lot of admissions coming to our county.

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So we're seeing that we do need to look at this as a collective and be mindful of what is happening in our neighboring counties with regards to vaccinations as well. And if we could look at the subsequent slide, I want to thank austin-travis county residents. We've gotten to that 70% of eligible people being fully vaccinated, which is a milestone that we've been striving for. And it's a testament to how this community has worked together to help respond to this pandemic. Our daily numbers of cases and hospitalizations are declining, again, due to the effort of this community. And our positivity rate has dropped. So, thank you. And our next slide.

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The call to action today for us is to help us get everyone else vaccinated. For not only covid-19, but the flu. As you saw in that first slide with our curve, we are having sustained impacts and strain and stress on our icu admissions. We have more people admitted for icu care than we have icu beds. We have people in non-traditional icu spaces in our hospitals being cared for by non-icu nurses at times. So what we need to do is to reduce our case numbers even further and we can do it. We've done it. And I ask for

your continued efforts in that regard. Influenza can cause an impact on our hospital systems as we know where we have an equal amount of strain. So everyone getting their flu

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vaccine is going to be helping to decrease those case numbers. And everyone wearing masks is not only going to prevent the spread of covid-19, but the flu. We saw that last year. Our impact from the flu was much less because we were masking. We ask that we continue to support businesses that are helping us to reach our goals. We have many business people who are masking and encouraging social distancing and doing what it takes to keep our economy open. So we want to be mindful of the fact that that's happening and we ask everybody to support our businesses that are doing that. We ask that people continue to wear masks indoors and in places where you can't safely social distance and sometimes that's happening outdoors where you have to queue or line up for

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tickets or whatever. So, please, make sure that you're protecting yourselves and your loved ones with masking. And, finally, I'd ask that you stay home when you're sick, get tested if you've had symptoms, see a healthcare provider, see if you're eligible for treatment for covid-19, and if you are they can refer you to our regional infusion center for monoclonal antibody therapy. It has really been instrumental in decreasing our hospitalizations. We've deployed and given over 1,800 doses of monoclonal antibody therapy since the opening of the rec on August the 16th. And, again, I thank our community, in particular our health care providers, doctors, and nurses and nurse practitioners who have been sending people over for treatment with monoclonal antibodies. The therapy itself is for those who are at severe -- at risk for

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severe disease, hospitalization, icu admissions, and when given within 10 days of symptom onset, it decreases the likelihood of severe disease, hospitalizations and icu admissions. So with the use of that therapy and with our communities' amazing cooperation and boots on the ground, volunteerism, community advocacy, and the work of this body, city council and commissioners, we've reached our 70% goal of those who are eligible being fully vaccinated and I thank you for all of your hard work. And with that I'll end my report. >> Judge Brown: Thanks. Director Sturup. >> All right, all right, good

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morning, everyone. And I'm going to proceed to give you all an update on covid-19 operations. We'll start off with testing. Over the last operational period, we administered just over 2,000 tests. And, again, to reiterate what Dr. Walkes just shared, if you are sick, please get tested. If you are exposed to someone who tested positive, please get tested. When in doubt, please get tested. There are plenty of opportunities sponsored by aph. We're at the George morales dove springs rec and we're at St. John's and we offer in-home testing by calling 311 to access. We're providing testing to senior citizens, homeless shelters and other congregate facilities. And we also have mobile testing available for monday-friday, 8:00 to 4:00. And those appointments can be made by calling 512-972-5560.

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And in a pinch, you can get an at-home test at H-E-B and they're really easy to use. My son was nervous the other day, he has allergies, but I guess that living with this woman here he's like, mom, I need to know for sure. And we administered the test overred weekend and he was fine and good to go. So there are a lot of ways to just keep yourself and your loved ones safe. And when we look at our vaccine operations across the state, and, again, kudos to this community. We are at 80% first dosed and 70% fully vaccinated. State wide Texas is at 70% first dose, and 60% fully vaccinated. And when you look at us compared to the other major metros, el Paso is just knocking it out of the box, but, again, you can see, you know, we are really doing a good job as a community to get folks vaccinated.

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When we look at our vaccinations in Travis county week-over-week, we're -- for a total county we have administered -- and I think that this number is actually a little higher but I'm going to read it anyway -- we've administered over a million and a half doses. And you can see that we had that uptick in August, probably spurred on by everyone trying to get their kiddos vaccinated before going back to school. Last week there was a question about the number of residents who had not received their second dose. And if you look at this pie chart here, again, this big blue area that's just making me smile, this blue pacman, represents our 70% mark. There still is room to grow. We see the unvaccinated population is resting right at 20%, and that number is a little over 215,000 people.

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So that's down. A couple weeks back I reported that number to be upwards of 250,000. And so then the population that just has one dose makes up about 10%, slightly over 100,000. So, you know, kudos again to the folks at the county, the collaborative, and, of course, at aph and throughout the community who

are working to get those residents vaccinated. For Austin public health and community care, we administered over 1,300 doses last week. That's up from previous weeks. And so that's -- that's always good news when we can see that more people are getting vaccinated. When we look at distribution by provider, we still see that the number of doses administered by pharmacy is a lion's share and this number is actually up by

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105,000 doses since last week, when we reported out. And public health is at a close second doing its thing, and hospitals at a third. So people are accessing vaccines where available and that's good to see. This is a slide that we haven't shown in a few weeks and it breaks out the data for Travis county by race and ethnicity. And, you know, as excited as I am about us reaching the 70% fully vaccinated and the 80% first dose mark, the stats that give me pause on this slide are the rates that are lagging for our African-American and hispanic communities. And so we will continue to work with our partners across the county, investing in grassroots organizations, thinking about our communications and our focused outreach so that we can close the gap in those

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communities. Taking a look at it by zip code, this map hasn't changed too much from last week. But it just points out the areas of continued focus for both the collaborative and the aph teams. And so this past Sunday, we actually had an exciting event at Cota where we delivered over 128 vaccinations. The majority of those were first dose. There were a few third dose shots given, but that's just an example of ideas and ways that we're working with community. It was a family-fun event. There were ferris wheels and there was fried dough or funnel cakes -- I'm sorry, I'm from the east coast and we call it fried dough up there -- and vaccines. Then when we look at our second dose, again, those same areas that are popping up blue for the first dose are still yellow on our screen, but I am encouraged that there is no red. If you remember that the red were areas in our community that

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were underneath the 49% mark. And so vaccine operations for this week will be at our regular locations, southeast branch, little walnut creek. The Ana lark center. And then the pflugerville library. We also have stood up Delco, they're open today. The first day back in business and we'll be at the del valle opportunity center. In addition to these brick and mortar locations we'll be in over 15 places this week, including circuit of Americas. We were there on Sunday at the boys and girls club of Austin and the north Austin Muslim community center. So let's talk about boosters. We were ready on the 20th, but it seems

that we're waiting for the industry to catch up with us. So what we know so far is that the fda has approved a booster for folks who are 65 years and older, at higher risk of severe

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covid, and at higher risk due to occupational exposure. And so now the next steps that -- after receiving the fda authorization, we're waiting for the CDC's advisory committee on immunization practices to give further guidelines. The meeting is supposed to take place tomorrow. And so then once those guidelines are established, it will pass on to the state health department, and they'll give us additional guidance for local implementation. And then we can begin distributing booster vaccines. So we're not there yet. There's still some other steps that need to happen in the approval process. But Austin public health stands at the ready. And part of that being ready is working on our response to a recent resolution that was passed. And it calls for the department to really look on lessons learned around communications, equity and information

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technology. And so the first step in that work was for us to convene the vaccine coalition planning group that Dr. Walkes mentioned last week, Friday, where we gave the community the opportunity to hear what we knew so far about boosters, and then to share with us some of the pain points that the community experienced in the initial rollout process. We do know that the landscape is going to be a little bit different for the boosters. One, we're not a hub provider. Two, there's not a limited supply. And, three, pharmacies and doctors offices are online and giving out shots. Back in December, Austin public health was the only game in town for a much broader community. But that being said, we took all of that feedback into consideration. There will be additional opportunities for folks to give feedback through some community engagement sessions being hosted by our cpio office.

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There will also be opportunities for the community to give written feedback. And so the plan is never finished, it is truly a living document as the guidance changes and as the needs and the landscape in our local community changes, we will continue to update those plans. We've already started thinking about what the pediatric rollout will be when those vaccines for kiddos 12 and under finally come online. And now just to give you some updates on community outreach. You know, the staff put the goal of our outreach up there. Of course it's to create a safe comfortable space through trusted community sources to discuss covid-19 and encourage vaccinations. And so our health equity street outreach team, as well as the immunization outreach team conduct outreach locally. They reach out to businesses and they're involved with churches,

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they're involved with schools, and really just doing that good work of answering questions, pointing people to resources, and if you can see that picture there, they stand at the ready to help our community get whatever information they need to ensure that they can make a good decision for themselves and their family. The outreach team for Austin public health is comprised of community health workers, certified health education specialists and public health educators. So these are people, like, that's their whole job is to interact with community and promote health and wellness. When we look about our impact with media, these are just some examples of the different campaigns that we've undertaken since the beginning of this. All of our campaigns are available in a variety of languages. And our social media reads is an

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average of 600 impressions per campaign post. And so you see the strong arm there, the let's stick together campaign that we did in collaboration with central health and community care. Our vaccine facts are up and ready. You know, can I get vaccinated while I'm pregnant. Are there metals in the vaccine. And then helping people to understand the difference between fda approval and fda emergency use. Because, you know, what do those things mean? Can I get the shot or not. And something that I neglected to mention, though we're not at the point that we're giving out boosters, we are administering third doses and the process is the same for any of the other vaccines that you may have received from us. There's no registration required. The third dose is available at any of the sites that we are currently giving out covid-19 vaccines. And that third dose is for someone who is immunocompromised. You may be undergoing

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chemotherapy, you may have rheumatoid arthritis, you may have received a transplant. So all of those conditions that might make your body's immune system need a little help, those third doses are for you. And then last but not least, just to give an update on some of the other activities, we were at Turner Roberts again and we served over 415 families. We gave out food, and we gave out ppe, we gave out resource bags. And some of that included, like, household stuff like diapers and baby formula, because covid-19 also has an impact on our overall health and wellness. And we know that many pockets of our community have suffered from loss of wages or a loss of a job, so to be able to couple those two things together, supporting your family as a whole, those basic things that

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you need to keep yourself safe as well as providing you information about covid-19, and vaccines. We take advantage of those opportunities whenever we can. We were at lamexicano, and my mother would be upset about the pronunciation. At the dollar store, and at turner Roberts. So we'll continue to be in those spaces and places that we're trying to meet the needs of the community in totality. That basic need support. And that support to be protected from covid-19. And with that I will end my report. These are our teams out at the east Austin neighborhood center. And just I would like to take a moment to thank these everyday heroes. There was a sign that says every superhero doesn't wear a cape. But they do wear masks. And a lot of them wear an aph shirt. So thank you, guys, for

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everything that you do in community. And that is the end of my report. >> Judge Brown: Thanks, director Sturup. Chuck Brotherton. >> Good morning, judge, commissioners and councilmembers. Chuck Brotherton, county executive emergency services. I am here today with constable George morales from precinct four. We'd like to give you a quick update on the county collaborative. So I will quickly share my screen. And I will give you a summary of our strike team efforts over the past week. You can see on this first slide that total Travis county doses are 30,536. That's from inception to date, inception being back in late February. And the doses in the past week, total doses as of September

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13-19th, we did 1,005. And looking at past week activities we are holding fairly steady since our high of August 23 through 29. So that's encouraging. And our numbers are showing more second doses than first doses at this point. Just a very small handful of third doses given out. Strike team events -- we did 126 so far in September. 115 total through the month of August. So our strike team effort continues, continues growing and continues being a success. So just to show you where we have been over the past several days, on September 13, we were at 77824, and that was a Monday. And you can see as we go through the week that we are continuing to be present in those highly

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impacted and under vaccinated zip codes. It's Wednesday, Thursday, Friday, and then Saturday. And then Sunday just at the county expo center where we continue doing drive-thru vaccinations on Saturdays and Sundays. I would like to quickly show you as I do how we -- and provide how our residents can quickly access vaccine information, vaccine location information, where to obtain a vaccine.

Whether from our county collaborative, from Austin public health, or from a private provider. On the county's website, on our landing page, you get a quick link that takes you to a calendar. It shows where all of our strike team activities are happening day-by-day, today is Tuesday, September 21, and as you go

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through the week, Wednesday, September 22 and so on. All that anyone needs to do is to click on one of these links and you'll see the location, the schedule -- >> It's not showing. It's not showing. >> I apologize. All right, you should be able to see that. On Austin public health's website, and please confirm that you can see -- >> Judge Brown: Yeah, we can see it. >> The city of Austin landing page, the same information here. You can find locations. And then for those who are looking for private provider, at

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vaccines.gov -- and this is instructive, actually, I wanted to show you all this. Find covid vaccines near you and you click that link and you type in a zip code and I will use 78617, for example, and so within five miles look for a don't need an appointment and search for vaccines. And so you can see, again, in our underserved zip codes it is important that we maintain our public efforts, both Austin public health and the collaborative. Just because there's very little available as far as commercial pharmacies to residents in those -- in those areas. So we do plan to continue with our strike team efforts. We're scaling up. We're continuing at our expo center, of course, and we're continuing to find new ways to get vaccine into the community.

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So at this time I'll turn it over to constable morales for his update. >> Thank. Good morning, commissioners, judge, councilmembers and mayor. We continue to focus on our outreach and education doing the work to ensure that our strike teams are successful. Our mobile vaccine collaborative teams are able to combine a shot total of 1,005 shot this is past week, and 3,040 shots given total. We handed out a total of 3,100 fliers with an additional 943 phone calls to the targeted areas. We're going to continue to focus in those high covid zip codes which is the 77858, 54, del valle communities, along with Austin colony and the 7784, and 41 areas. And interesting fact about our outreach is that for every three households we hit we usually get one shot out of it, so that's exciting for us. We are working with aid to serve high covid areas.

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We do about two elementary schools a week. This week we'll be doing Bettis elementary and Thompson elementary. A quick shout out, we had a great weekend this weekend at the expo, did really good for us. And also I got to go out to Cota and participate with councilmember Lafuente and commissioner gómez, and all of the elected officials out there with the trustees, del valle trustees, and along with our exciting and very active county judge Andy brown, and we were out there and we got to go out and have a great time and see our community come together and work out there to get those shots. It's exciting for us because, you know, 74 of those shots that were given -- the numbers that were given earlier were first-time doses. So we're going to continue to push in those areas. And I want to thank everybody. What we've got going this week, you heard Bettis elementary, and we are working

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with the pipefitters' union and St. Mary's, Austin, and we are excited this week, the excitement is because we're at 70% and 80% first doses. One thing that I want to reflect on I think that Dr. Walkes made it earlier, take that in, folks. It's a lot of hard work. Our outreach teams, our mobile vaccine team, Austin public health, our additional providers out there, along with the teams from H-E-B and Walgreens, everybody is doing their part. It's exciting news. Do not slow down. Continue to push on. And that's my request this week. Congratulations to all of y'all. I will pass it over. >> Judge, that concludes our report. We're ready for questions. >> Judge Brown: Awesome, thanks, chuck, and thank you director Sturup and Dr. Walkes as well and constable morales. So we'll do the same thing we do every week, go through the questions from commissioners and

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then the judge and then councilmembers and then the mayor pro tem. And the only thing that we've got today is Jessica Rio from our budget department told us that we do not vote on our tax rate at precisely 11:00, she's going to tackle us all. So we really do, if possible, to keep it to one question today. To help us to get through our meeting today. And with that I'll see if commissioner gómez, do you have any questions? >> Gómez: I don't have any huge questions. I do want to congratulate us all for reaching the 70% herd immunity. And so -- but that's due to all of the hard work that -- that everyone has done in order to reach as many people as we have. But, constable, you're right -- let's keep it up. Don't let up. And we still have a little ways to go. But I'm really truly happy with the results. Thanks. >> Judge Brown: Thank you.

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Commissioner Shea. >> Shea: Thanks to all of the health workers and all of the staff that continue to do really heroic work. It was not clear to me -- because there was a lot of different data and I couldn't really tease this out -- but can you please give us just a specific update on if the trends of the spread of covid within the schools seems to be tapering off, and with some explanation if that's the case? It wasn't clear to me. It's just been so alarming that so many people in the schools have gotten covid and they've had this chaotic shutdown and this ridiculous fight with the governor and the attorney general over whether or not schools could require that masks be worn. But can you just help us understand what's happening with that trend? And do we understand why? >> We don't have a clear picture as

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have a clear picture as to whether it is actually slowing down. Sorry to be vague about that. There's no contact tracing that's really happening consistently. There are people that are utilizing home tests that may or may not be reporting their positive results. So, for that reason, I can't confidently tell you that that decline that was shown on that slide is actual, because there are a lot of unknowns and it's for the reasons that you've just articulated, actually. >> Shea: Thank you. >> Thank you. >> Judge Brown: Commissioner Travillion. >> Travillion: Once again, I would like to thank the team for their significant efforts. I think that it is clear that

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progress is being made and that a lot of the right things are happening. I just want to continue to point out that we have to redouble our efforts in those areas where we see low numbers -- the African American community is one of them, where we're still hovering around the 40% level. We really have to take -- we really have to work through our community institutions and through our trusted communities to make progress. So I just want to recommend one of those groups that worked really well in organizing the community through the -- not only the pandemic, but also through the weather experience that we had through uri is the black leaders collective. It speaks to a number of institutions, and institutional leaders. It has been providing resources for a long period of time. Just want to make sure that we're communicating through their network so that those

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parts of the community that they are connected to that are trusted will work with us specifically and continuously. So if we need information to reach out to the black leaders collective, I'll provide that information. My primary contact there is Sharonda Robinson. But my question is, as it relates to the monoclonal antibodies, I'm interested in understanding -- having a demographic analysis of who's been served by that treatment, kind of location and race just to get an idea of who's being served, where

they're being served and how we're communicating to the larger community about the opportunity. So, I know that's not something that can be answered right now, but if I could get that demographic sketch I would be interested in evaluating that. >> Sure. I'll get that for next week and

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if I get it before then, I'll share it with the group. Thank you, sir. >> Travillion: Thank you. >> Judge Brown: Thank you. Commissioner Howard? >> Howard: No questions. Thank you. >> Judge Brown: Thanks. So, just want to give a shoutout about the event on Sunday. It was great. I took my kids, five and six years old, got to ride some carnival rides. Thank you, councilmember Fuentes, for the invite to that and hope that we can all work together to do more of those. That really was a great family experience. It looked like the people that came are the people that we're trying to get vaccinated. So I just want to say thank you for doing that. My question, Dr. Walkes, would be for you. On the alternate care site, my understanding is we've asked the state to help fund the staffing at the alternate care site that would in turn help relieve pressure at our hospitals. And one of the charts that you put up, it looks to me, I think you said that we have somewhere

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around half of the people who are entering the hospitals or in our icus locally are from other counties. And so my question is, have we been successful in getting the state to help fund that increased staffing need to help our hospitals? Are they trying to say that Travis county should be funding increased staffing needs not just for our increased needs from Travis county folks, but also for folks from -- I think the 19 or so counties that actually feed into our hospital system? >> So, the way it is right now, sir, is that Travis county stands alone in that funding. And at this juncture, there hasn't been a positive response from our request for staffing.

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And it's always, you know, constraints with money. So we are working together to try to amass coalition of support for acs that we are embarking on standing up so that we can get some funding. We realize that right now even though our numbers are going down, and that's largely due to the fact that we're starting to get that protection that we need in our community, we're still not at 70% "Herd immunity" because when we say 70% of eligible people being vaccinated, that just includes those that are over 12, which is why we continue to say wear your mask to protect those little kids. However, we're hoping that with the coalition and the support of our surrounding counties that

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we'll be able to, you know, get the support of our legislative delegation who are now looking at appropriating additional funds coming in from the federal government. And with that support and the appropriate appropriation of funding we'll be able to make a request and have -- and then the state would have the ability to send the staffing that we need for acs and for our hospitals and long-term care facilities and skilled nursing facilities that are all working to respond. As I mentioned, we have covid, but we're also anticipating flu to build and numbers to rise unless people consistently wear their mask and do get their flu shots as well as their covid-19 shots. >> Judge Brown: Thank you, Dr. Walkes. With that I'll pass it over to you, mayor pro tem

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harper-madison. >> Harper-madison: Thank you very much, judge brown. This week we are going to start with council district number 10. So, councilmember alter. >> Alter: Thank you. Congratulations to everyone here on reaching those milestones, and also just I know we're not posted for it but I wanted to thank Travis county for deciding to devote \$110 million of their arpa to help those experiencing homelessness and to build housing in our community. I think that's really, really important and thank you for your leadership on that. I wanted to build on what judge brown just brought up and have a better understanding of the opportunities and the possibilities, either for regional collaboration, or help from the state to address the challenges of the hospital system with so much of the pressure coming from beyond Travis county. So can you speak to that a little bit more, about what steps we're taking and what

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options there are? >> At aph we are convening and working with our county counterparts to talk to them about where we're seeing the stress points, as it were. There are several people that are sitting in our hospitals waiting for admission to icu, not only for covid, but for things like heart attacks and strokes, and just general medical care. And so we're talking about that on an ongoing basis and trying to have our counterparts talk to their policy-makers about the situation to garner their support.

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And as far as what's happening legislatively in this third session I'm told there is a large sum of money that's going to be discussed and apportioned for covid response. And we would ask that our policy-makers would take whatever means they need to, or steps they need to to make the case that we need

that help to continue to provide staff for our hospitals, for our skilled nursing facilities that are taking on discharged patients who still require lengthy stays of care for recovery from covid-19, and also for staffing at our acs, where we're looking to provide care for people that

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still require high-flow oxygen and recuperative time after they've been discharged or transferred from a hospital setting. That will help offload the stress from the hospitals themselves to open up more beds so that we can do regular medical care and icu care. And we also are anticipating, as I was mentioning, that if the flu is more prevalent this year because we're not consistently masking and/or because people are not getting their flu shot, that we may have a con combinant surging of what's left of those people who are not vaccinated getting covid, and those who are also succumbing to the flu. So that's the situation that

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we're prepping for, and we need your help with it, frankly. Thank you for the question. >> Alter: Thank you. And I appreciate you being very specific about the concrete ways that our state government could be supporting the situation through the various staffing efforts. I would ask acm hayden-howard to make sure we mobilize the intergovernmental relations team. If there's any way I or my colleagues can support that advocacy, please reach out to us to engage us in that process. I think it's -- I do hope that our governor chooses to spend the money on helping the health of our community rather than on tax relief. So, thank you.>> Harper-madison: Councilmemb er tovo. >> Tovo: Thank you. Thanks to all of our staff at the county and the city, and all of our partners across the region who are working hard to

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get vaccines to people who need them. You know, as the headlines continue to say, we're inching towards stage four and approaching stage four. It's so critical to remember that there are families whose lives are being just irreparably and horribly changed by this disease. So I appreciate the continuing emphasis on how serious the disease is and the necessity of both masking and vaccines. And I don't have a question for today. Thank you. >> I see the mayor pro tem moving around. I think I'll just jump in. Could you go into a little more detail about the difference between third doses and boosters, and if there is any more information you can share about the timeline of boosters being available for folks? >> So, third doses are for,

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again, anyone who is immunocompromised. So you have a medical condition that is suppressing your immune response. And so after -- and Dr. Walkes, help me out with this -- I believe it's 28 days after you finish your course, you can get that third dose to give your immune system that boost that it needs to protect yourself from covid. And so that has been approved. We have the guidance from the advisory commission on immunization practices. We're able to give folks that third dose. It doesn't require a doctor's note. We do ask that clients self-attest that they are in fact immunocompromised when they show up to one of our locations to get that dose. The booster shot is what the pharmaceutical companies are saying is necessary because the

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protection that one might receive from the vaccine wanes over a period of time. And so pfizer, for example, is saying that the protection of their -- the two doses that you receive is shown to wane after that 6-nine-month period. And so for people who feel the need that they want to keep that protection up, you would get a booster shot. And that is what was recently approved, but only for folks that fit those three categories that I mentioned earlier. You're 65 or older, you are at high risk for severe disease from covid, or you work in an occupation that makes your risk for covid higher. So anyone that falls in that category would be eligible for a booster shot. What we're waiting on is for the advisory committee on immunization practices to give

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out the guidelines for how that shot will be given now that the fda has approved pfizer and only pfizer for a booster shot. Are -- did I answer your question? Any residual or new questions? >> That's really helpful. We've got questions about clarifying that and making sure that we can provide that information for folks who maybe haven't talked to their doctor yet, but still want to know the information. So that was helpful and thank you for all the work you're doing. >> Harper-madison: Thank you, councilmember Ellis, for jumping right on in. I was moving around. My apologies. We are at district 7. Oh, councilmember pool had to step away. She had another meeting and she wanted to express her gratitude to the team for the work that you all put into providing this information to us during the course of our joint meetings. So we'll move to council district 6. I don't see councilmember Kelly.

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If you are present . . . I don't see anybody on the phone, in which case we'll move to council district number 5. Councilmember kitchen. >> Kitchen: Yes, thank you. And I echo what my colleagues have

said. And thank you, councilmember alter, for recognizing the county for their action related to addressing homelessness. I'm very excited about that. And I think that what the county has done in that regard is going to be unique and very helpful to this effort. So, thank you all for that. I have two questions. And again, thank you to everyone for all the efforts that you are pursuing, particularly to try to reach folks in communities that are lagging in vaccines. So, I have two questions.

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The first one is -- and I'll ask them together because they're related. But the first one, do you see any changes in our approach or any ability to leverage the recent actions by the federal government related to vaccines? Do you see any aspects of those actions that will help us locally, or any of those requirements or incentives that we can use to leverage to increase our vaccination rate? So that's one question. And then the second question is, we mentioned vaccination rates in neighboring counties. Are we taking any specific actions to assist those counties? >> So, I'll start. If you're talking about the announcement from the white house about the different requirements for employers -- >> Kitchen: Yes. >> So, again, it's one of those things where the plan is laid

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out and we're waiting for the details on implementation. And so to my knowledge, we are looking for information from osha about how that -- those mandates will impact employers. Also from my understanding that the language kind of rolls back a little bit and there is no requirement, but a lot of recommendations. And those things that are in that plan are things that we've already been seeing locally. It's my hope as a city that we will model the way for other employers. This council took very decisive action to offer benefits to its employees with respect to getting vaccination and covid leave if you're vaccinated and then happen to contract covid. And so those are all the ideas that we share with our business partners and with our community. But once we get an idea of, you know, the granular details of

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the expectations of the rollout, I'll be able to speak about that more intelligently. And, oh, my mom brain forgot the second part of your question. Please refresh my memory, what was that? >> Kitchen: That's fine. I know that we want to be supportive to our surrounding counties. >> Oh, that part. Yes. >> Kitchen: We work with them now on many initiatives, and so I'm just curious if there are ways at this point where we can be or have been helpful to them as they, you know -- with their efforts to raise their vaccination rates. >> I think -- and I see Dr. Walkes moving her hand towards the mute button, so I'll say a few words and then allow her to speak, or give her the floor, rather. I think this conversation that she's

pulling together about the combined leverage that we can have on our electeds for the advocacy with the state to get additional resources for the ac is a first step. I know that as a public health

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department, we've shared vaccine with folks. We have the ability to transfer to smaller organizations that are in need of doses. And so when we have additional supply, like weekly Dr. Walkes and I are signing transfer orders to support agencies in giving out vaccines. And so if that's a thing as the conversations develop with our neighboring counties, we can continue to make that happen. But I think this conversation that she's having is the first step of how we can look at this more collaboratively. And Dr. Walkes, I don't know if you have anything to add to that? >> I just wanted to add that the judge and the constable and chuck have always been very much about collaboration, and so we've got that five-county collaborative that's been doing vaccinations and there's surely going to be an opportunity to expand that as well. And the other thing that we're

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doing is reaching out with our Pio and talking to stakeholders out in our rural communities, the first of which is the cattleman's association, just to see about ways that we can reach out to community members in our surrounding counties and address some of the vaccine hesitancy that might be out in those areas as well. So, it's kind of a multi-pronged approach. And we're hopeful it's going to work, because it worked here. We've done some good things here with just getting out there and incorporating thoughts and ideas and will of the people, so. >> Harper-madison: Thank you. It looks like councilmember Casar may have stepped off, in which case we'll move over to council district number 3.

[10:20:27 AM]

I don't see his box. So, councilmember Renteria. I believe you're still muted, councilmember. >> Renteria: Can you hear me? >> Harper-madison: Yes, sir. >> Renteria: Thank you. And I also want to echo what my colleagues in the county have been saying, commissioners. Thank y'all. You are the heroes out there, who went out there on the weekend and every day making sure that our population is getting vaccinated. And I have a message to the people that are out there that don't want to get vaccinated. I have family -- cousins, not immediate family, but cousins and compadres that didn't believe in that. And the suffering they went through is just horrible. You know. And one person that her husband

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took four months to recover from this. So they've been out of work -- he's been out of work for four months. And you can imagine how that's going to affect you and your family. And what if your child gets sick and you see them suffering there in the hospital? Especially in an intensive care unit. You don't want to go through that, so please, please go out there and get vaccinated. I got my booster and I'm 71. And I had a preexisting condition. And when I was there I also got my flu shot. It's very important. Here soon the cold weather is coming. People are going to be inside. And if you're not vaccinated, you will catch the flu. And I've had it twice in my lifetime and you don't want to go through it. It's horrible. For ten days you're at home if not longer feeling like you're going to die.

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So please, you know, common sense. Go out there and get vaccinated. That's all I ask. Thank you. >> Harper-madison: Thank you, councilmember. Councilwoman Fuentes. >> Fuentes: Thank you for that message, councilmember Renteria. I really appreciate it and echo the sentiments that you are sharing. You know, I think it's good news today to see that we are at 70% fully vaccinated in Travis county, but the reality is that there's still many in our community who are still -- who are unvaccinated and are still waiting to get their first dose. And we saw that just yesterday at the event that we hosted at circuit of the Americas where a majority of individual who ISS who got the vaccine were first-dose vaccines, and predominantly many of them were spanish-speakers. And so knowing that the percentage change vaccination rates between our African American and hispanic communities are lagging and very

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slow, I want to ask, you know, what more can we be doing? What more are we doing to have bicultural, effective communication and outreach to help vaccinate our vulnerable communities? >> I'll start. I mean -- [chuckling] And I laugh because this is probably the work that requires the most effort on our parts, but it is going to have huge reward. And it takes a lot of stamina when you are dealing with populations that have been historically marginalized because you're trying to basically slap a band-aid on a cut to your carotid artery. So with that being said, I mentioned in the slide about the outreach. We're making sure that we are

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having things available in multiple languages. We're making sure that we're spending money in the right place, especially for spanish-speaking media. We're contracting out some of our communication services so that we can get some of that specialized communications planning that's based in behavior change

theory to help us. You know, once we've identified what are the barriers that people -- the barriers that are rooted in that ideology that we need to address. And so once we finish that procurement process we hope to have someone who specializes in that work that can help us craft more focused efforts. And then we're going to continue to do the things that we see that are working but just not at the pace that we would like. More events like you sponsored this weekend. People using their personal capital to encourage people to do something is going to be

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important. And each of you have a platform. And it doesn't have to be bound to the area that you represent. We could all lock arms and because we care about the city as a whole, and making sure that we're supporting those efforts in the parts of our county that are still struggling. And so it will be -- I feel like a broken record, but it is the truth. When I talk to my colleagues across the state or in the region who are doing this work, this is where we are. It's the slow and painful process of trying to interject some good into systems and communities that were already broken. And so, you know, I'm glad that you gave the caveat. I, too, am glad that we are at the 70%. And I won't say but. I'll say and, because someone told me when you say but, you negate what you just said. So that 70% is good and we have to keep going until all of our communities reach that goal. It's not enough that, you know, we reach the overall goal and we

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pat ourselves on the back and high five and go home. And I know that the county and the collaborative and Austin public health are committed to making sure that we employ whatever methods that we can to get to that point. So it's a lot of what we're doing and then bringing new minds and new ideas to the process as well through that contract. >> Fuentes: Thank you, director. I really appreciate that and I look forward to hearing more about what else we can be doing. I agree with you on that front that just keeping the focus and the dedication of efforts towards getting our unvaccinated vaccinated is still very timely and needed and should remain our focus. I also want to send my gratitude to aph for being out there on Sunday at Cota to do the vaccines and give a special thank you to my team, Jessica, Christian, Jesse and Alicia for all of their hard work and

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dedication in helping host that community event for our del valle community. Thank you. >> Harper-madison: Thank you, councilwoman. It looks like councilmember Casar has rejoined us, so we'll go to you and then we'll go over to -- or come to me. Councilmember Casar. >> Casar: Thank you, mayor pro tem. I want to reemphasize what I had mentioned last week and what councilmember kitchen

mentioned that I think we're at the point where I think also these requirements going into effect will be really important and I just want our city to be -- and county to be as prepared as possible that if we can help osha enforce that requirement I want us to be ready on day one to do that, because I know their resources are always spread thin. And if there's any ability for us to locally make sure our employers are following those rules, I would hope that we do so. My one question is for Dr. Walkes. At each of the surges we've seen a similar shape of the cases

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going up and coming down in a certain shape, hospitalizations going up and coming down, but looking at this chart from today, it looks like the downward slope is kind of bumpy. Is there anything to understand or draw from that, or are we still learning about it? It just looks different than the other two surges. >> That's because it has the impact of school reopening and the labor day weekend cases that we normally see when we've had events that cause more congregated scenarios and the impact of having that mix of people in close contact and the increase in cases that we see after that. This surge is different also in that the other -- if you look at the date range on the -- when I did the comparison between the

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early surge of this year and this one, what took ten weeks to evolve in the previous surge took about 2.5 to 3 weeks for us to surge up in the number of cases because of the increased transmissibility and severity of disease from this delta variant. So, this surge is different because of the variant of covid-19 that's causing the disease. >> Casar: Thank you. >> Thank you, sir. >> Harper-madison: Thank you. And I actually don't have any questions. The two that I did have, my colleagues addressed. I'd like to just say -- well, repeat the sentiment of my colleagues who have the deepest appreciation for the amount of time, effort, and true dedication that goes into doing this work. I recognize that it is

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multifaceted and complex, and nuanced, and there's so much to it. And just really appreciate all the effort that goes into all the work that gets done. I'm not a sausage-maker, so I don't know how it happens, but y'all get it done and we really appreciate the end result. And that said, judge brown, I'll turn it back over to you. >> Judge Brown: Thank you, mayor pro tem. Thank you to everybody for the continuing efforts on this. Clearly it's not over. It sounds like tough times could be coming again with the seasonal flu and if we have another surge of covid in December. So don't get too comfortable. Keep getting vaccines and together we'll all get through this. I will go ahead and adjourn the meeting of the Travis county commissioners court and we're going to come back about 10:40 we'll come back and then

I'll pass it right now over to you, mayor pro tem, to adjourn your meeting as well. >> Harper-madison:
Thank you,

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judge brown. Hopefully y'all have a good rest of your day. With that, I'm going to adjourn the joint council meeting with Travis county, Tuesday, September 21st at 10:31 A.M. Have a great day, everybody. Stay safe. >> Shea: Thank you. >> Judge Brown: Thanks.