

City Council Special Called Meeting Transcript – 04/28/2020

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[9:02:34 AM]

>> Mayor Adler: Okay. We're going to go ahead and convene this special called work session of the city council. Today is April 28th, 2020. We're doing this meeting virtually. The time is 9:02. Colleagues, the purpose of today's called work session is to discuss what the governor has done yesterday in terms of his new orders to increase the amount of economic and social interaction that happens in

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the city. I wanted to get in front of you three people to speak to the science or the health aspects of issues related to what the governor has done. Now that the governor has issued new orders we're going to be working -- I'll be working together with the county judge about the subsequent orders that we do. There are a lot of legal issues associated with those those. We're going to do this meeting until 11:30 or earlier depending on how this meeting goes. And then go into executive session, and then to end by noon. I think we lose at least one councilmember a few minutes before noon, so we'll work

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as quickly as we can. We're going to start this morning with Dr. Myers who has been the person that has done the modeling for us, the university of Texas. She's also been doing a pandemic and epidemic model for a long time and advises Seton as well as the white house and others on modeling. And frankly, has

been really the go-to person for us in this region to tell us what to anticipate, and her work has informed a lot of what what -- she will be the first person that speaks. Before we take any questions from her, we're then going to go to Dean Johnston, who will also speak to how we

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are actually tracking information and data that comes in. And we'll talk about his thoughts on Dr. Myers' work and how that applied to where we are. And then after the two of them have had a chance to speak and before we take any questions, we're going to questions, we're going to let

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Dr. Escott talk to us as our public health director on what lessons or information or aspects of the first two presentations he thinks are important for us to make sure of that. We're then going to take the time and divide up and give everybody equal time and you can ask a question, make a comment directed toward the three people who have spoken or otherwise. That's the process we're going to follow. Dr. Myers put together literally in a few hours, thank you for that, a presentation for us.

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It's at a really high level of illustrations. It is not a detailed analysis and modeling that we would ask Dr. Myers to do, actually give us triggers, exact triggers, but it's helping us understand the concepts involved. And in the posting that I posted yesterday, it was this work that I was referring to. She's going to present it visually and will answer questions about that. I have run that by the clerk, it's posted to the message board so it's available there. We didn't ask for that to happen, but it's posted to the message board so it's available there. And the I.T. People here, Dr. Mayors and Dee Johnston will pull up on to the screen so you don't have to

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worry about it. When you're talking to Gus it has a one page chart that's also posted that's important. Also something that we'll have move to council colleagues. And then I think Dr. Escott has his own charts. I don't know if you will pull those up, but anything you have, Dr. Escott, we'll post later. Before I turn it over to Dr. Myers, let me just say to my colleagues, generally speaking, I've talked to other mayors now around the state and everyone is trying to figure out how to react. I think the

overwhelming impression of most of the mayors is they wish the governor would have waited another couple of weeks to do this so we would have had a better place to do this and been at a better place so that we would have that space better established. The governor has acted.

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No one knows what is going to be the result of the virus making or peak of what's happened. We know it's going to increase, it has to by definition because interactions are present. We don't know whether that's going to put us in a position for that or not. Models don't model behavior, they just model incomes. So once we see what's happening, we'll be able to see those data points and then the scientists and the doctors will be able to tell us based on those data points yes, you're headed to a spike or no, you're not headed to a spike. Our community has done an incredible job. When we were looking at this in the middle of March, we had no idea if the community here in Austin or anywhere in the United States had actually made the decision overnight to set a decrease

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in infections. When we modeled it and saw where that's where it needed to be. We saw that maybe we could get to 75% what we've learned is that we can do that. What we learn is that if we go above 95% we know what it takes to get back to a flat curve. We know we have that ability. And that's probably one of the most important things that we have learned as a community. Unfortunately we don't know if we get there because people are staying in their homes or because people are wearing masks or people are

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disciplined in six feet distancing. We don't know, which makes it hard to then set up the behavioral protocol that keeps us where we need to be going forward. But we do have peace of mind that as we track the numbers that if we start heading for a new yorklike spike we have had within our power to be able to mitigate that and flatten that. I'm concerned personally that the work the -- the governor has done this a little bit early. I am concerned that he may have gone too far, but the numbers will show us whether or not that's true. I am really concerned when the governor suggests that we'll know in a couple of weeks how the new policies work because we won't. If there's one thing I've learned it's that this is a trailing thing and it will be probably four weeks until you know. What we're seeing today in terms of new cases is the

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result of the policies that we had in place two weeks ago. And in two weeks when the governor and all of us look at what we're seeing happening, it's going to be a result of what we're doing today, not what we're doing over the next two. So that timing issue I am real concerned about. And then the last thing is and we can talk about this as a group, regardless of what the governor says, we have the ability as a community to establish our own norms, things that we want done in our community P and a lot of what we've done so far hasn't been because the sheriff has been arresting people and putting people in jail. It's because we have a community that's wanted to join together in order to protect others. We're still in that place. So there are a lot of behaviors that I think culturally and in our city we expect of one another. And I think we should consider establishing still those go guidances and those norms of our city and then

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recognizing businesses or places that are living to our community standards and then recognizing them, maybe creating an Austin a, a big sign that somebody could put in front of their business or in front of their establishment. Saying not only are we doing what the gernor required, but we're doing what the local committee wants done so that anyone walking down the street or a consumer can know who it is that's helping us and who it is that even if the conduct is legal, might be something that we believe is reckless. And then the last thing I want to touch on real fast I think is a real important thing for Dr. Myers to speak to is the importance of cocooning susceptible and vulnerable populations. The real dangers for us in terms evidence Austin lives is an inability for people to cocoon and really detect people in nursing homes, to cocoon and protect people

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that are experiencing homelessness in our community, but it goes beyond that. And too, it's protecting everybody that's over 65, especially if they have an associated illness or disease, but it's also figuring out how to protect everybody in our community that has diabetes regardless of their age, pulmonary, cardiovascular diseases. How do we protect those people? The unfortunate run we have already seen is that some of the people that through a history of not having health access, a history of not having [indiscernible] Are more susceptible today are the people that sometimes are least able on their own to protect themselves because they have to show up for a job. But as a community and as a council we're going to have to address it because that's the weakness in any

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community. That said, I hope I don't talk very much the whole rest of the time. Dr. Myers, can you please talk to us about the modeling? >> Yes, I'm happy to. Good morning, everyone. Thank you for everything you do to keep our city safe and healthy and protect all of our livelihoods. I really appreciate it. And I'm really happy to be here. And I look forward to questions. I'm happy to try to explain anything that's unclear. Can I assume that everybody has this document in front of them or should I share my screen? What would the best way to visualize what I'm about to say? >> >> Mayor Adler: I think that the I.T. People can pull up anything you tell them to pull up. >> Okay. They have your documents. >> They have my document. Okay. So I'm just going to walk you through the figures basically and explain them to you very slowly. So as you may or may not

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know, we've been building models to project the spread of this pandemic very also around the world. And since really early January when you first heard about the new virus in Wuhan -- that is a different graph. That is clay's graph. >> That's Dr. Johnson's graph. It's the multi-page document and page 5. >> It's the top graph on page 5 and I'm happy to share my screen if that would be easier. Let me know. So one thing we've been doing over the last couple of months is looking at a daily basis on the hospitalization data from the five county -- that's it, perfect. From the five county msa. And using that hospitalization data, the first hospitalization was around March 13th to first of all estimate how quickly was the virus spreading in Austin before we close

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schools and how quickly was it spreading in Austin between the day we closed schools and the day of the stay at homework measure on March 24th. And since that order how much -- how quickly is it spreading? And what our analysis confirmed very early on and has reconfirmed everyday we look at the data is that under the stay homework safe measure we have radically reduced transmission. Our estimate is that compared to the baseline of how it would have spread had we continued to go about our life as normal as we were in early March, we've probably routed transmission by -- reduced transmission by over 90% and that's why we're not seeing gigantic jumps and the way unfortunately other cities have seen this thing transpire. So this set of graphs are pretty -- they're pretty complicated. They're not our typical -- if you looked at any of our reports over the last few weeks they're not simple projections. It's a combination of both

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projecting what might happen if we relax social distancing and we increase the risk of transmission in Austin. And coming up with an optimal strategy under the following scenario. We imagine perhaps

because of the governor's order, perhaps because of changing policy locally, program just because of public weariness, we don't do as good a job at preventing transmission? And what will prevent that? Social distancing, people taking precautions. When they come in contact with each other to minimize the spread, face coverings, distance. If you have the mildest of symptoms and not going out. As well as efforts to really ramp up our capacity to not just test and contact trace, but then to isolate. What happens when you find a potential cluster of cases? How do you ensure that those individuals are not potentially exposing other people and spreading to other people? And as a side note I just want to mention when we looked at countries like

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Singapore or cities like Hong Kong and we say look how successful they have been to going back to life as normal, yet still suppressing transmission, one of the key things that they are doing at least in those two examples is as soon as somebody tests positive they are put in a hospital, they are fully isolated so there's no chance of transmission. So we're talking about to really get to the point where we're really mitigating transmission we're talking about a lot of different pieces in play. Today we don't have those pieces place. It looks like we're are really on the verge of stopping social distancing. So here is what would happen under different scenarios where our policies allow us to be more lax and allow the disease to spread a little more wildly. And based on the snows, we're assuming the only thing we know we have for sure in our toolkit for how we can contain this is we could go back down to the more strict stay homework safe order. If things get too lax we could say, do you know what? This is looking like it's going to threaten our hospital capacity and we are

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going to -- we're going to institute a stay homework safe order hopefully for not too long, but we want to at least do it for the minimum amount time so that we don't exceed our local hospital capacity. This is what these graphs will demonstrate, what will happen if we reduce social distancing and what sort of an optimized strategy for kind of targeted heavy social distancing would result in. Okay. So the first graph at the very top, these first two graphs are sort of extreme scenarios. Where there's no optimized strategy. We're either the top one is we're either going to maintain our very strict social distancing. We're going to maintain the strictest stay homework safe measure all the way through September 2021. We're going to live under the thumb, in other words. If we do that, and I'm going to orient you to this graph. If we do that, we project a few things. So first of all, the red line is the line that goes

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through that big red area, is the accepted number of hospitalizations each day in Austin. So how many -- what are sometimes referred to as heads in beds. How many people are today hospitalized for covid-19 in any one of our msa area hospitals. So what we would expect to happen is if we maintain social distancing, so we're going to relax a little bit. We're going to go from the 95% social distancing we have now to sort of a 90% social distancing, but what is still enough to ensure that we don't have a huge wave of transmission. We would expect to see hospitalizations and cases climb a little bit more, but peak in -- actually, no. I'm sorry. We were already -- that peak is happening right now. That's sort of mid April. We would expect that we've already peaked at maintaining this heavy social distancing will successfully repress transmission from here on out. So the current peak we have in hospitalizations is the worst we'll see.

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It subsides. Those red arrow bars are showing the uncertainty. We don't know exactly what's going to happen tomorrow or next week, but given that we understand about the virus we think it will be somewhere in that red area. So worst case scenario we may see a peak number of hospitalizations of somewhere around 250 and that would happen right away away. And that is probably unlikely because we're almost at that peak and we're almost seeing roughly 70 to 80 hospitalizations a day. So that's what would happen. It would subside. And at the end of the day, at the end of -- in September of 2021, if we maintain strict social distancing we would have probably kept total deaths from covid-19 under 200 with an expected value of 80. So -- >> Mayor Adl: Hold on a second, Dr. Myers. Is there a way, I.T., that you can zoom in on that page? >> Yes. It's the top graph I'm talking about right now.

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>> Mayor Adler: Dr. Myers, can you consume zoom in on it if you share your screen. >> And each of you can manually zoom in. I'm zooming in on what I.T. Is showing me. There's a left bar and magnifying with a plus. Are you able to do that and do it on the top graph? >> Mayor Adler: That works, thank you. >> So we're still looking at the top graph. The red line and the black line is the deaths. So if you look at the band along the bottom of the graph, that's time going from now until the end of September 2021. Wherever you see that pinkish purple that is a time period where our schools have to be closed. So this is a very -- this is an economically very costly policy potentially. We're talking about 550 days, over a year of a lock down, probably entailing schools remaining closed and -- yeah. That's what we're seeing. The yellow is when schools are actually open.

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Schools are actually open in that scenario prior to March 14th. So that's assuming it takes a total lock down in order to achieve 90%, 90% reduction in translation. We may find ourselves surprised that people are actually able to take precautions and we're actually able to ramp up testing, tracing isolation so that we can actually maintain this much of a reduction while still returning to economic life a bit. But that's -- that's a pretty heavy lift to get to that point. We're assuming that during this time or when people begin to relax that our daily activities, our behaviors, our lack of precautions, our lack of testing, whatever it is, the combination of what we can and can't do, leads us to a

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situation where transmission is reduced slightly relative to baseline if we were fully going back normal life. It's going to be reduced by 40% from baseline, but that's a lot less effective than assuming the prior graph that it was 90%. Now we're in a world where we're taking some precautions, but it's only succeeding in reducing transmission by about 45%. So maybe people are wearing facemasks. We're not doing the south by southwest and mass gatherings, but we're not doing enough to suppress transmission completely. So you could also -- another way to think about this is for every two people you would have infected maybe you're only infecting one person. It's approximately half as much infection or something like that. So that's this scenario. So now we're going to assume that is the world we're entering now and we're not going to do anything about it. We're just going to let this, the pandemic run its course, the second wave. The second wave that you will see here in red, it is so large that you don't even

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see our first wave. That little blip over there to the left around April is what we're experiencing right now. And you can't even see it because of what will happen because of what would happen or what will happen in the coming months if we just let this thing transmit under semi normal conditions. So what we would project is that those hospitalizations in red would fairly quickly pass our hospital surge capacity. That's the red there that's horizontal. Across it it says hospital capacity. Area hospitals have estimated that collectively in the msa they can surge to approximately about 3200, 3300 beds for covid-19 patients. So that's how much excess capacity beyond other people in the hospital. One thing to note is this does not incorporate possibly reduced capacity during flu season when we're going to need beds for people who are also being infected with flu. But assuming a flat surge capacity, we see that if we

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go back to kind of a situation where transmission is only 40% reduced relative to baseline, we will exceed hospital capacity somewhere in mid summer and we will remain above capacity,

catastrophically, from what looks like the end of June through sort of mid September. Septemberish, octoberish. And then it would subside. And that would be it. It would be a catastrophic second wave and then we would essentially -- you may have heard of it. We would reach herd immunity. By the time we reach the end of the second wave most people or enough people will have been infected and assuming this disease is immunetizing, that our population would not sustain a third wave of transmission. But in this scenario -- and in this scenario you can see that 38 days of lock down that we didn't go into another stay homework safe period, those 38 days are 38 days that we've already experienced up through

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may 1st. And this kind of surge is exactly what we want to prevent. That is -- those are the horrible pictures and stories you've been hearing from Italy and New York, etcetera. Now I want to mention something about these two graphs. One of the things I'm assuming optimistically in both of these graphs is although we are going back to life as normal a little bit at least in the second graph, we are doing a very good job of what we call cocooning our high risk population. So even though some of us are going back to work and some of us are going shopping and to shopping centers, etcetera. People over 65, everybody over 65 and those with a high known risk of morbidity, like chronic lung disease are maintaining

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sheltering. They are still personally sheltering in a way that reduces their own individual risk of transmission by 95%. So we're assuming that like this is sort of a -- a best case/worst case scenario. People go back to life and we see a ton of transmission, but even though that transmission is happening we are managing to sequester, to shelter, to cocoon our high risk populations. We'll see in a minute how much those deaths actually increase if we are not successful at cocooning our high risk population populations. So those are the kind of extreme cases where we either lock down indefinitely or rerelease indefinitely. And now I'm going to move on to the second and final set of figures. So if you bring up the next page in the document, please please. So the figures I'm about to show you are based on an analysis that was done by my

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team at UT in collaboration with the team at northwestern university who -- it's actually a professor there who used to be at UT and I worked with for many years in building pandemic preparedness tools for the state of Texas. He since has left Texas for Chicago and she's really an expert in what we call stotocsustic populations. Think of a million different ways we could trigger lock downs. We could have hospitalization data and exceed it when hospitalizations exceed 50 or 60 per day. They've done an

analysis where they've said let's find the best possible strategy for initiating lock downs and relaxing lockdowns and how do we define best strategy. These are the two best objectives we have in doing this analysis. The first is that we absolutely do not want hospitalizations to ever exceed capacity. So that is a firm constraint. We never want to see -- we

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never want to be in that situation that New York and Italy found themselves. So that is a. That is the reason we're going to lock down if we lock down because we want to ensure that we don't exceed capacity. And the second thing we want to do is we want to minimize the amount of days or weeks that we are under this very strict social distancing orders that I'm calling a lockdown here. It's the stay homework safe kind of order. And lock down is sort of a pejorative term for it, but that's what it is. When you see lockdown, it's a stay home, work safe. It's a policy that we know will reduce transmission by we know 90%. So one thing we're not optimizing for here is not to say we're trying to minimize lives lost or

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minimize the total number of hospitalizations, the reason I'm not showing you that here is because if you do that, if you say our goal is to minimize deaths and minimize hospitalizations, the answer will be that very first graph I showed you, just stay fully locked down or as locked down as you can for the longest period of time. This is the way my colleague likes to talk about it is it's how to gamble if you must. If we are in a situation where because of people's behavior, because of policies that are coming from higher authorities, etcetera, are leading us to a situation where this thing is going to spread more than we want it to spread and the only tool in our toolkit is for very short periods of time we can reenact the social distancing order but we can't do it for a prolonged amount of time because otherwise will tell us we can't or the public will stop at hearing. They'll grow weary of it. The only tool we have it really let's go back to a

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lockdown period. Here is the solution we used our models to figure out. We said what can we monitor to know whether we're getting into a situation where hospitalization might soon exceed capacity? We can monitor hospitalization. Fortunately in Austin where we have amazing collaboration between city leaders and the hospital system and the academic researchers, we're able to see on a daily basis how many people are in hospitals periphery in the msa. And so what this does is we're going to be monitoring two different things. We're going to be monitoring how many people were just admitted today into the hospital and how many people total are we caring for in the hospital with covid-19. And

what we've done is optimize a trigger. There is going to be a value. It's approximately 100 hospitalizations, new hospitalizations in a day. When we get to the point where maybe there was 10 new hospitalizations one day and then there was 15 and then there was 20 and we see the number of new hospitalizations climbing, when we get to that day,

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when we say oh my gosh, today there were 100 new hospitalizations we're going to say we've gotten to the point where we know if we don't do something we are very soon going to see an overwhelming surge in hospitalization that we can't handle and we need to initiate another stay home, work stave safe order. And we're going to do that and we're going to keep monitoring it and the hospitalizations are going to continue to increase. It will take us awhile for that order to take its effect, but eventually the hospitalizations will subside and when we get back down below that threshold we will say okay, we've achieved what we've wanted, we've curbed transmission to the point that the outbreak is receding and we've avoided a catastrophic surge in hospitalizations. And when we get down to that threshold of number of hospitalizations per day, we'll relax that order. And the value of that and this particular graph I'm going to show you is 100 but you have to take it with a grain of salt.

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It depends on what amount of social distancing is actually happening in this situation. That is guaranteed if we use the optimal value that is guaranteed to prevent an unmanageable surge in hospitalizations while also minimizing the number of times that we have to be under the stay home, work safe order. So I'm going to show you two solutions. So the first graph, this is the best solution under the scenario that again when we relax social distancing starting may 1st we'll go into a state where Austin is only reducing transmission about 40% as opposed to 90%. And what we're going to see as we look at this graph, that is going to happen on may 1st, is that we're going going to see it, because when outbreaks spread because of the exponential nature of epidemic spread, it starts very slow and then it starts to grow exponentially. So we may be lulled into a false sense of wow, this is working all through may we don't see much happening,

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however it is sowing the seeds for what is going to be exponential growth that will come on our radar in maybe early mid June. In early-mid June those new hospitalizations are going to at some point -- where you see the beginning of that lock down period, that is the day where our new hospital admissions congratulated that 100 threshold and we have to lock down. We have to lock down so that is what prevents the last graph that. Is what makes it go way up. And that successfully reduced our hospital --

our slowed transmission with hospitalizations naturally were curbed, tailing off. They peaked at 2500 in July and August and then they started to subside. And then you can see that in September, sort of late September, the new hospitalizations passed back below that threshold and we

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felt comfortable and we relaxed the stay home, stay safe order. And people went back to life where they were only reducing transmission by 40%. Where you see dark gray that's 90%. And late gray is the kind of more relaxed life. And what happens after that is because we're going back to relaxed life we actually see that once again, transmission picks up, we see hospitalizations pick up, but we don't actually have to initiate another lock down to curb that third wave because by that time enough people had been immunized by prior infection in the city is that third wave is self limiting. It will go down on its own because we reached herd immunity in our population. One thing we notice in the graph is that -- one thing is that we end up in this best case scenario, best optimal solution, we actually end up with about the same number of deaths that we end up if we just let it blow through and

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exceed our hospital capacity. So we don't actually save more lives by doing this. We actually just prevent an excess -- we prevent a catastrophic surge in hospitalizations. What you'll notice also along the bottom where you see the yellow and the purple, so what this particular best scenario entails is, we closed schools on March 14th. We would have liked to open schools on August 18th, which is the scheduled opening of the aisd school year, but we're still under a lock down at that point in time so we can't safely open schools yet. So we postpone school openings by about a month, but we're able to open schools late September and the rest of it is the normal school schedule. We have schools until end of may, 2021. We have summer break and we go back to school in the fall of 2021. So the last graph I want to show you is the -- it's the exact same setup, but in this case instead of assuming that we have been

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95% successful in protecting our high risk population, so the graph we just talked about, I'm assuming the whole time that when we are going into relaxed mode we are still very strictly cocooning our high risk populations. We are reducing their risk of infection by 95% through this entire period, through the end of 2021 or through mid 2021. In this case, in this last graph, we're going to do the same kind of optimization, but under the pessimistic scenario that we just can't protect our high risk populations, our vulnerable populations that well. We're still going to assume we're achieving 80% effective cocooning. Their risk is -- their risk of infection is basically half the rest of our risk of infection. We're reducing our

risk of infection by 40%. If you're in the high risk group you're reducing our risk of infection by 80%. So we're doing about twice as well at protecting them as we are protecting the lower risk part of our population. And the -- when we optimize,

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when we come up with the best strategy for triggering, we have to trigger much earlier in this scenario. And we have to trigger much more often, triggering the lockdown, because by not protecting the vulnerable populations, we are just going to see -- we're going to see probably twice as many hospitalizations and more than twice as many deaths as you can see over there on the far right. So what that means is in order to not have catastrophic surges in health care, we have to initiate lockdowns in this case it looks like in this particular solution after may 1st it looks like they're preventing a catastrophic surge in hospitalizations is going to entail another sheltering order from beginning to June through almost end of October. That's this first wide lockdown period. And then we get to relax for a few weeks and we go back and do another it looks like almost three month lockdown and we lax for awhile and then two more

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months, we lax for awhile and one more month and then it's finally out of our system. But that's essentially a continuous lockdown. It's almost a year of sheltering in place basically. So that's -- and you can see schools can hardly be open during that period. So those are the graphs. That's the scenario. I want to like emphasize something that the mayor mentioned earlier. These are meant really to be illustrations of plausible scenarios. They are not forecasts by any means. We really don't know what level of social distancing, what level of transmission reduction we are going to be able to achieve in the months ahead. If we -- if we continue to sort of project into the future and think about like our options for interventions in this framework, then what we would want to do is on a daily basis be looking at all of the available data. Not just hospitalization data, but if we really ramp up testing, have better

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testing information, even looking at cell phone geo location data to look at how people are social distancing, whatever data we can we want to owe a realtime basis be able to estimate how much transmission is happening and come up with an adaptive strategy. Maybe it doesn't have to be a hammer. This is a hammer. The only thing we can do is lock down. Maybe in the months ahead as we learn more about people's behavior and consequences we can take a more nuanced approach but that will require much more data and much more time to plan. And the -- in a prior analysis that we posted and we shared with city leaders, I think just last week or maybe it was the week before, we looked at a

simple question of what happens if we waited to relax rather than waiting for June 1st, maybe it's July 1st, what we find is that waiting doesn't really change the shapes of these curves or the number of people that will die.

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You will just postpone that. However what waiting does is buys us precious time to ramp up testing capacity, to ensure that we have measures in place to cocoon our vulnerable population, including protecting residents of long-term care facilities like nursing homes. And messaging people and encouraging employers to provide either accommodations so their employees who have high risk conditions can work from home or are provided with paid leave if they just can't. I mean, there's so many things we can do to protect vulnerable populations. We can't do all those things by May 1st. So I think -- and I don't know if I think I just said this, but really ramping up testing tracing and thinking about if people keep talking about the success and the importance of testing and tracing, but if you can't then enforce or resource isolation of people if they're infectious, it doesn't do us good. All those things take time and resources and that's what a slow relaxation gives

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us. It buys us time to do some of this playing. With that I'll hand off the mic. >> You are muted. >> Mayor Adler: Really, those were my best words of the whole day. Dr. Myers, thank you very much for walking through that. If you could stay with us, we'll have Dean talk and then Dr. Escott talk. We're going to lose some of the experts by 10:30 so we're going to try to keep pushing with the experts as best we can here. Dean, do you want to give us your thoughts? >> Sure. Thank you, mayor and thank you for having us today and thank you for the great work that you're doing. This is obviously been a challenge for all of us, one that we didn't necessarily sign up for, but I'm glad we're all working together on it. First I want to acknowledge

[9:46:36 AM]

where we've gotten. Mayor, you mentioned this a bit. You know the very beginning, we had no idea what could happen to us. We're looking at New York thinking that was our future future. And able to bring testing available here early on and that helped us to identify in the community that there were already cases in the community and that geared us up to make a lot of good decisions about good decisions about social distancing and risk. It hasn't been easy and I'll tell you on the hospital and public health side it's been a struggle. A struggle to get adequate testing, a struggle to get coordination across our system although that has come around incredibly well, I would say. And also coordination with Austin public health. And then the whole -- the

[9:47:37 AM]

same issues that every other city is dealing with have been major issues for us. You know, the access to ppe and is it going to be enough and do we have enough personnel and now personnel, hospital personnel are getting sick and how are we going to deal with that? This has been quite a rollercoaster. And that has been with a relatively small number of hospitalized cases as Lauren showed you on her chart. So inc. The remarkable thing about this is how quickly we shut this down. I think it shows how engaged our public is and listening to what they should and should not do and taking their own initiative to behave in ways that dramatically reduced transmission here. And so our numbers don't look like other cities. They certainly don't look like New York, but they also don't look like Houston. And again, testing in some

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of the other public health things we've done have helped, but it's really the behavior of the public in response to the policies that you all and the county have put forth as well as to get things under control. If you could slow my slide, which was the one that you had shown initially before starting Lauren's. It's great to know that the behaviors we saw over the last few weeks and remarkably slowed block transmission and reduced hospitalizations. As we were watching the hospitalizations grow and grow, we were concerned that we wouldn't be able to turn it around, but we really have. >> Mayor Adler: Is I.T. Here to put on Dr. Johnson's slide?

[9:49:38 AM]

Was it was the single chart, single graph. Is I.T. With us? >> We're trying to get it up now. >> Mayor Adler: Okay. >> I can keep going while that's coming up. In order for us to have a response that worked, we needed to have all the hospital systems working together and working with Austin public health. And that has been done masterfully. We have now a meeting three times a week that includes some of the leaders from UT Dell med, leaders from ascension Seton, Baylor Scott & white, St. David's, as well as Austin public health, the county judge and the mayor.

[9:50:40 AM]

So that group has stayed nice and coordinated. One of our realizations is that we couldn't really track new cases and understand our control of the disease. And the problem was we knew we didn't have

perfect testing penetration, we're probably way off in terms of getting everyone tested who is symptomatic and that was also evolving, changing over time. So although we might get some sense of control based on new cases, that wasn't going to be as reliable as following the numbers who are hospitalized. And that made even more important the data that we got back from the hospitals. We've been aggregating that data and then had the ability to line that up with projections that come from Lauren's models. So this is -- gives you the data as of yesterday and I'll just quickly talk you through it. The top line is cumulative cases. And again it's going to keep going up, it's cumulative.

[9:51:41 AM]

But you can see that this is on log rhythmic scale. It's going up at a less rapid rate. That's nice, this is for the whole metropolitan area. That suggests that we are slowing what would be the viral exponential growth over time. The real key curve we follow is this gray line and this is the number of hospitalizations, number of people deposited in our hospitals in the five-county msa. On any given day. And you can see that number has stayed relatively flat actually for the past couple of weeks and has started to trend down just a touch. It was up a bit yesterday, probably just within [indiscernible]. And below that is the number of people on ventilators and that's come down. And then again for some other places people on ventilators the vast majority of them will die, that hasn't been our experience thus far, but

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certainly they are the ones at greatest risk for dying. So the nice thing about this as you can see, we now are tracking really nicely along this line here and this is-- we're at like 80 hospitalizations at this point. Lauren's graphs were showing, they were not log rhythmic and that's a big deep here on an exponential scale. We're well below that peak. And also we're well below what the optimization schedules said we would be on slowing down which would be closer to the models on somewhere close to a thousand hospitalizations. I wanted to put that into context so you understand what the context is. First let's start with the 80 that we have today and the thousand and then an overwhelming system so you all have a sense to make that real because it is real

[9:53:45 AM]

for us. It's real for the doctors and nurses and all those people that are working in those places and caring for these people. So the number of cases we have has dramatically impacted in the city. First of all people are avoiding hospitals so the hospitals are way down third quarter struggling. They're less than half full in general, close to less than half full, around there. That's creating economic pressures to furlough, lay off folks. And for some of the other practices that have not even just elective procedures,

but things that can be delayed, they're struggling financially quite a bit. Even so, when hospitals do have these cases, it's totally throwing them into stress and difficulties. They're consuming ppe at a much more rapid rate than they normally would and they're at risk of running out, and we've heard those stories over and over again.

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And they're having to reorganize these -- the way they deliver care in these places. Even for the care of the 80 cases that we have today. And we're getting better and better at it so people are more comfortable. We're starting to aggregate these patients in wards so they can be cared for together. We're creating negative pressure rooms so that makes their care safer. We're training more docs and nurses to be comfortable with getting adequate ppe for frontline workers. All of that has improved over time. It's not as though this 80 that we talk about, it's not as though it has stress on our system. This has had major stress on our hospital system today. When we go over about -- it will be about 1500 cases, then every bed in the hospital is taken. Every single bed that we have in the city is taken because we have other patients who need care. We have a total of about 2400 beds in the city and metro area.

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And so if we get over that threshold of covid cases of every single bed in the hospital. When Lauren talks about surge capacity, that's doubling up beds, that's leaving people in the emergency rooms, that's using hallways to some extent when we get to that surge capacity. Opening upwards that are shuttered today because they're unfinished, those sorts of things. So that already, getting the surge is a major issue for our hospital system. When we go from all beds filled to surge, Lauren's mortality rates stay flat, but that won't be the case. When we get to that point the rates of death in the hospital will be much higher because we just can't provide that same high level of care that patients are getting today. And as soon as you exceed that then you need other buildings. You've got people at the convention center, the Erwin center. They're evaluating a bunch of different places for that. And then your mortality

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rates go sky high and that's not really reflected in the models. Just to be clear, that threshold -- those thresholds are critical for how we can care for people and there are things that we on health care delivery side lose sleep over because we do not want to be anywhere close to in those positions. So that's going to make us a little nervous about some projections and relying too heavily on that as we start to see hospitalizations go up. And we've gotten nervous at 80. We're going to be really nervous at 500. So whether we can actually stomach a curve like Lauren showed in other optimizations or not is uncertain. And I think we'll have to watch carefully and consider and think and see and -- but the issue

of preparedness is absolutely critical. So now I want to move to a different topic and what Lauren talked about being prepared for. So currently we are not

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fully utilizing our testing in the city right now. And multiple places people who get tested, people who need to be tested are not getting tested so there's a disconnect between the availability and who is getting tested. And we do contact tracing for that group. Our contact tracing has been okay, but it needs to be better. So for some of the contact, it's an extremely complex task and requires us really understanding where the cases and clusters are coming from. That should be data that we're sharing. We're not quite to that level yet. We need to be up to that and elevate the bar for how that's done. With that we can understand where we're failing and where we're succeeding in terms of controlling the disease. We don't have a good sense of that today, as good a sense as we need. And then I want to move to the cocooning notion. Lauren and the mayor both made points about this. We have incredibly vulnerable populations. The nursing home population in particular is shockingly

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vulnerable. So at about two-thirds of our deaths are from people who have -- who have lived in nursing homes. Two-thirds. That's just unbelievable at how vulnerable that population is. In every country, every city across the world, the same has been the case. No one seems to have figured out how to do this. Certainly what we're doing today is completely inadequate. And probably what would appear to be obvious or reasonable incremental things are going to be inadequate in that population. How much do we really need to invest? We don't know but we need to invest a lot more if we want to reduce our deaths. And reduce our deaths and also allow for capacity when we're going to need it for all the different folks who are going to need hospitalizations versus the need for -- another

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important population is the homeless. We've had an outbreak in town that happened at the Salvation Army, quickly moved in, we dealt with that. So far that's okay. We've had some cases around there, but no major outbreak. That group is at extreme risk and that needs to be addressed. And then the other group that's important to think about are the working poor. So >> So we have forced -- not forced, but economic conditions have pressured folks to continue to work in places where social distancing was not possible. And that can include things like construction, but also in the workers in the nursing homes. Also the workers in other Flint front line industries. We know that that group is particularly vulnerable and has been affected.

[10:01:00 AM]

For that count, again, looking at hospitalizations, knowing we don't have all the data from testing, we know that about 44% of our hospitalizations are hispanic versus about 26% of our population. For African-Americans, 10% hospitalized versus 8% in our population. Then just to put that in perspective, a third of the hospitalizations are non-hispanic white versus 46% in our population. So we're already starting to see race ethnic disparities documented across the U.S. You know, we're going to need to track that and think about how to deal with these through policies that protect not necessarily cocoon for the populations, but protect these populations and the settings in which they work, because they have certainly helped us

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at a societal level, some of them, in being out in front and continuing to get the job done for us. So those are -- I have to say to finish up. This has brought out some of the best in our community, the way in which folks are working together to address this has been really remarkable, and in how quickly we have moved through what used to be horrible policy issues, legal concerns in order to work together has been remarkable. There is still more opportunity to move faster in that area. One area we're frustrated -- even though we're getting a ton more data than we could have hoped for before. We're not getting data at a multicounty, in particular, to be able to respond, look at high-risk groups, to be able to respond to the data quickly and to change course as we go. That's it for my comments. >> Mayor Adler: Thank you very much.

[10:03:01 AM]

Dr. Escot, you want to give us any final thoughts as well. I want the council to have time to ask questions of you and the others. >> Yes, I will. I will ask the I.T. Folks to pull up my slides. I will go through some of those very quickly. Some of the points were already made. While they pull that up, I want to pick on a few points. I would like to thank clay and Lauren and the other healthcare professionals that are working closely with us. I think we have a spirit of cooperation that has helped make informed decisions, and they've all done a great job. I certainly appreciate their partnership. You know, a few things. As Lauren's model described, we really do want to avoid that surge past capacity in the hospitals. And not only is that going to result in excess deaths from covid-19, but there is going to be a mortality impact on other things like strokes and

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heart attacks and accidents. So we have to be cognizant of the fact that we really must avoid that surge capacity. There are some other elements that we're also looking into to better inform those models. And one of those is the normal surge that we see during flu season. We are waiting on some data from our hospital systems, but there are excess normal hospitalizations, normal surge as a result of flu and other things during the fall and winter months. Bad flu seasons at one hospital system that might be 7 or 800 hospitalizations on a weekly basis. On lighter flu seasons, in a hospital region it is 150 to 200. That is a factor we're looking at. As Lauren said, we have to fight this battle at some stage. We want to be best prepared and informed on what stage to

[10:05:04 AM]

fight that battle is. Other things to be informed on how to deal with this is how to identify effective treatment and vaccine. These two things can substantially impact things like closures and hospital surge and something that we just don't have a great time line on now, but maybe substantial factors. The other big thing to help us this season are flu vaccinations, we'll have to be aggressive when it comes to vaccinating people for the flu to mitigate that flu surge in the midst of this covid-19 battle. Can you pull up the next slide for me, please? I.T.? There we go. All right. So this is our regular dashboard, I will skip past this -- >> There seems to be a slight delay in what you are viewing.

[10:06:05 AM]

Sorry. >> Ok. That's ok. You can go to the next slide. >> We see the two pie charts. >> Ok. Beautiful. As clay mentioned, the question has come, is this the right timing? And as clay described, we are seeing this is some data based on hospitalizations and discharge up through April 22. We see that particularly on the graph on the left, the hispanic population is overrepresented. On the graph on the right, we see that our black community, who is 8% of the population is overrepresented on hospitalizations. We're going to update this, this week and expect these numbers to substantially increase as we look at current hospitalizations. So, you know, as was discussed

[10:07:06 AM]

by clay, we really, really are not at the stage where we have control and have appropriate outreach to the higher-risk communities to really turn on the switch effectively at this stage. Next slide, please. >> Mayor Adler: We can now see the line chart. >> Beautiful. You are seeing the graph of two thing, red is cumulative, yellow is changing by day the green is the percent change compared to the previous day. This is on a logarithmic scale we have had a positive trend in terms of percentage increase per day. The

doubling rate go from two days to a little more than 15 days right now. This is a positive trend. We're pleased with this. Next slide, please. On the next slide, you will see that when we look at cases

[10:08:08 AM]

by week, and I showed this last week, the one on the far right is from the week that ended on Saturday of this week. So we see that we do have the first week of decreasing number of cases in our pandemic here in Austin. Which again, is also positive. Particularly as we have been increasing testing. I will say that with our public enrollment process we're testing 800 people in the next seven days. This is about equivalent to what Austin public health tested in the previous 30 days. So this is one component of the overall testing that is happening across our community. We have partners at community care, we have partners at Dale medical school at a number of different establishments across the city and county that are also doing testing. We are refreshed that the bay areas are coming down for testing and people have improved access to get those

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tests done in a record manner. Next slide, please. As we look at the comparison of Travis county versus the was metropolitan counties in the state of Texas, we again, this week, see that Travis county is doing well, per capita, when it comes to testing. 8.1 per 1,000 based on the cv-19 lab testing dashboard as of yesterday. When we look at the past seven days, Travis county is doing well as compared to the other metropolitan counties at 1 per 1,000 in the past seven days. Again, we want to increase this substantially so that we can have better surveillance, better timely surveillance when it comes to testing in our community. Next slide, please. One of the things that is a bit more confusing is the percent positive. We refer to this before. The federal government and state government has referred to this as a benchmark for how

[10:10:08 AM]

we're doing. And you know, we're still at 9.6% according to the same data source as compared to other counties like Bexar county and Harris county which have a lower percentage. Despite the fact that we have a higher per capita rate of testing. So again, you know, this is how you want it to be. We want this to be closer to 5% positive, which will give us an indication that we are testing enough people to effectively identify new cases, do the contact tracing and isolate those individuals. Next slide, please. Finally, I want to touch on what clay also mentioned. That is our issue in relation to not only nursing homes, but also long-term care facilities and other institutional settings, like shelters. You can see from this graph, we have de-identified the particular facility involved. You can see here that we have a total of 280 individuals in

[10:11:10 AM]

these facility settings that are covid-19 positive. When you look at residents that is almost 200. You look at staff, that is 88. Again, as clay mentioned, this represents 2/3 of our deaths in the nursing homes and assisted living facilities alone. This really does reinforce the message that we have to do better. We have deployed strike teams that the state has funded. To facilities in Travis county. The fourth is redirected to Williamson count to reinforcement the outbound we're seeing. We have additional needs to better protecting the facilities that have out of bounds -- outbreaks and those that don't have outbreaks. We believe that we need across the board increasing in staffing, improvement in practices at the really vulnerable populations so we can substantially impact the

[10:12:10 AM]

death curve associated with our covid-19 pandemic. I will stop there so I can take questions and turn it back over to you, mayor. >> Mayor Adler: Dr. Escot, you said you have to leave at 10:30 to head over the commissioners' court? >> Yes. >> Dr. Meyers, Dr. Johnson, how much time do you have? >> I can stay as long as you need. >> Mayor Adler: I'm sorry? >> I can stay as long as you would like. >> Mayor Adler: Great. Thank you. >> I need to leave at 10:30. Sorry. >> Mayor Adler: Sounds good. Thank you. Colleagues. Going to open it up now for questions that you might have and you want to ask. Ann, you want to start us off? >> Kitchen: I have a lot of questions, but I will be short given that there are many of us and not a lot of time. Dr. Escot I will ask you questions. I would like to talk with you more later. I know we have a social

[10:13:11 AM]

service cabinet meeting this afternoon. Perhaps I can talk to Stephanie, too. I have a lot of questions about the nursing facilities. I will ask two of them. The first one is: Are we testing all the workers in the facilities where there are clusters? Have we completed testing -- two questions, have we tested all of the workers? And where are we in terms of completion? I appreciate the order you issued about a week ago, it was really helpful. I want to know the status of that. Have we completed testing in any of these facilities? >> That's a great question, councilmember. We have completed testing at one follow. This week, we're in the process of rolling out testing at the other facilities that have outbreaks. Again, up until last week, we're really not in a position with availability of testing to do widespread testing of staff and residents. As that capacity is improving, we're going to continue to

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improve our ability to test both the staff and residents of these facilities. This will be one of the functions of the strike teams deployed is to do more aggressive testing at these facilities. >> Kitchen: Ok. So one follow-up question then, when completed testing in only one facility, that's only testing of the workers, right? Not the residents? >> That's correct. >> Kitchen: Ok. And I have a lot of questions. I would like to see the -- thank you very much for providing the data that you did. That is very helpful in that chart to help us have an understanding of the level of the problem and the risk. Can you please provide that data? I assume that that data is a point in time data as opposed to cumulative, is that correct? >> That data was as of Sunday.

[10:15:12 AM]

>> Kitchen: Cumulative as of Sunday, I assume? >> That's correct. >> Kitchen: I would like to ask for data that shows us the trend. You don't have to answer that now, but I would like to see the trend so I can understand the degree to which it may be getting worse in particular facilities. I will ask one more question and then let me colleagues ask questions. Um ... Let's see. Um ... Oh, if I'm understanding correctly, the status of the strike force teams -- these are the teams that you had described to us before. We had those in place in three of the facilities, can I assume they're on the chart that you listed for us? >> Again, the numbers I showed are cumulative, some of the facilities don't have active spread at this stage. >> Kitchen: Ok. >> Yeah. We would like to deploy more

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teams so all the facilities with active spread and active clusters have the availability of the strike team. One thing to point out is up until this stage in the support for the state, one of the challenges has been because of the staff impact, these facilities end up understaffed and that just perpetuates the exponential growth of cases within the facilities. >> Mayor Adler: More if we can. >> Kitchen: Sorry guys. >> Mayor Adler: Tasha, Greg, Jimmy. >> Harper-madison: Thank you, Ann. You said we need to increase outreach in our communities. I want to gauge from you what exactly it is you think we should be doing differently to ensure that communities that

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are at higher risk are informed? My office, for example, is working on a pilot where we're attempting to distribute educational information and information about resources. But to the degree that we're able to do it on the ground as opposed to exclusively digitally. What can we do to extend that outreach information, communication, to the populations of people you made reference to? >> That's a great

question, councilmember. Let me say that community care as well as our social services branch are probably the better ones to coordinate those outreach efforts. They can better identify where the current gaps are and those needs are. You know, I think that as a result of the governor's actions we'll say I agree with the mayor that this is a bit too soon for us. As we're still preparing the contact tracing. As we're still ramping up

[10:18:16 AM]

testing. As we're working to protect the most vulnerable populations. As we're advancing our initiatives to reach out to those vulnerable populations now is not the time to flip on the light switch. So, you know, I think reaching out -- I know community care is doing door hangers, they're doing mailouts, phone calls for those who may not be as digitally included as -- inclined as others. I think the critical thing is folks need to understand the symptoms. We've moved past the cough and shortness of breath. We have moved into a phase where we want to be concerned about sore throats, concerned about changes in smell and taste, be concerned about chills and rigors and the shakes. These are symptoms consistent with covid-19. And the moment people develop those symptoms, the same day, we want them to sign up for testing, signed up in 24

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hours. Ideally, we want to test them the same day and get the results let same day. The better we achieve that goal the better result we get over this particular issue. I will say the other big thing, as was mentioned earlier, is that the same population that is more vulnerable is the same population that we're sending back to work. They're the low-wage earners, they're the ones that will have a large number of person-to-person contacts, which is at the heart of the modelling. We have to make sure those employees are not just doing a job to create revenue but they're protected also at the same time. You know, I really can't stress this enough, that it is irresponsible for us as a community to send folks to front lines -- we had this conversation about healthcare workers. The same is true for cashiers, the same is true for registration clerks, the same is true for all of those that have a public-facing role that we have to provide them protection. Their employer have to provide

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them protection. If they can't provide it right now, they should not be opening their doors. >> Mayor Adler: Ok. Thank you. Greg, Jimmy, then Alison. >> Casar: I have two really short questions and my third point goes to Dr. Escot's last point here. The first is to Dr. Meyers, thank you for everything throughout this. When you have the two graphs that show 2900 deaths, one with the hospitals being cat stropheically -- cat -- cat stoughically overrun. Is that because it is the same number of covid deaths but

counting other deaths because of the hospital being overrun? I know you mentioned it briefly during your remarks but can you clarify that? >> Your intuition is right, in the first with the hospital overrun, we expect more

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covid-19 deaths and from other causes because people cannot get effective treatment during the overrun period. We have not explicitly accounted for that in the model. The model assumes anyone that ends up in a hospital at any time, whether under or over capacity has the same chance of dying of covid-19. That is underestimating the catastrophic impact of exceeding capacity. >> Casar: If we don't want an overrun of the hospitals and the over-2900 deaths, a second lockdown would be necessary and I would support it. My second quick question is around the word "Cocooning" vulnerable people. That means, for example, somebody with a serious respiratory issue, not going to a front line job even if they have a mask. Not being a cashier and going into work every day, that cocooning? Meaning that person not being

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a cashier every single day? >> Yes. I mean, it can mean a lot of things. I think Dr. Escot and Dr. Johnson both spoke to some of these. It is basically everything you can do to keep people who are over 65 or people who are younger with known high-risk conditions from coming in contact with other people. If that means having them stay home from work. If they're employed in a way that requires direct contact with people. I mean, it means actually first and foremost taking care of the very high-risk explosive situation we have in our nursing homes. We have already spoken a lot about this. In my opinion, the strike forces are absolutely essential to contain transmission once you have an outbound, but equally important is putting resources in place now, including increased in different kinds of staffing so we prevent the disease from arriving in the nursing homes in the first place. The problem is once it gets to nursing homes, the transmission is amplified so

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much because of the nature of the daily contacts between the caregivers and the residents. And in fact, my very first paper I ever published in infectious disease epidemiology was a paper written with the CDC in 2000 is how do you contain out of bounds -- outbreaks of silently spreading respiratory diseases in facilities like nursing homes. The answer is people that work there that may not be able to afford to stay home from work and relatively healthy and may not know they're infected. That come to work and interacting with maybe a dozen or more residents in one nursing home, but moonlighting in a second nursing home. We have a situation where by the time a strike force gets to a nursing home, it is

probably too late to stop at least, you be, a big part of the transmission. So, you know -- this is what buying us time does, how do we

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resource nursing homes right now preventively and not just reacting to outbreaks. >> Casar: It seems like the model anticipates that we will have to do a second lockdown and facing 2900 deaths, potentially, even in the situation where we do a lot. But what you are saying is the difference potentially between two lockdowns and five lockdowns are the difference between 2900 deaths and 6500 deaths is how well we do cocoon that vulnerable population. I know we are working hard in homelessness, it sounds like there is a lot of important work to be done in nursing homes. My third and last point is, all of the other folks that have underlying conditions or are older that are being called into work, I think we need to really accelerate the conversation about what we do to protect those people and those workers' rights to have the opportunity to stay home. I'm going to throw up a message board post with some sets of ideas for the council and manager and folks to start responding to. But, you know, if you are

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called into work to work at a cash register and you have one of the underlying positions you are put in the impossible choice of do you quit or do you put yourself at risk, and even though there is special pandemic unemployment insurance in some of those cases, that requires that you get a special doctor's notes. We have lots of these folks that don't have a doctor, don't have healthcare. Of course lots of immigrant communities are left out of that special pandemic unemployment insurance. I think there is a situation -- we are in a situation where there are thousands of people trying to cocoon, but if they don't have the ability to stand up to their employer and exercise their right or don't have a doctor to get that letter from, we need to think about how we retrain those people for telework and keep that cocoon. >> Mayor Adler: When the experts leave, we'll have a chance to talk to each other. Let's keep questions for these people. >> I would like to explain one

[10:26:26 AM]

more thing, if you don't mind. You talk about these scenarios with that many deaths or this many deaths. I showed two scenarios. To be clear, I don't think -- it is -- we can't necessarily forecast that we're going to have this many deaths. There is always the plausible scenario with the relaxation of social distancing we reduce by 80% instead of 40% and somewhere in between. These are plausible futures but not the only plausible futures. >> Casar: That is helpful, thank you. >> Mayor Adler: Thank you. It was Jimmy and Alison. >> Flannigan: Those were some I had too, it speaks to the difference of 40 and 80%. What does it look like? Some businesses decide to reopen, how much information do we have

about the effectiveness of techniques businesses can use if they open either under what the governor has defined or in any condition? I'm already seeing some business owners on social

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media talking about opening next week, restaurants, for example. Do we know -- is there data that shows if the employees wear masks but the customers don't, if the customers wear masks but the employees don't, what percentage of people are wearing masks? Is there data that shows what are the most critical pieces? Or not? >> Mayor Adler: Dr. Escot. >> Yeah. That is a great question, councilmember. You know, all we have as far as data for this outbreak is what we have collected to this stage. We see a lot of different policy experimentation going on and we may have better answers to those questions in the next month, two months, as more data happens. As different cities and jurisdictions do different things. I will say as Lauren and clay both mentioned, with grocery stores, hardware stores, other places open at this stage, we have still been able to maintain 90 to 95 effective

[10:28:28 AM]

social distancing. That indicates some interventions are working, they are successful. We look at things like decreasing the capacity of the occupancy in the building. We look at spacing out customers. We have seen lines at HEB, target, other stores where people should stand. We look at some of the interventions some have done by putting up plexiglas between cashier and customer. I think the data indicates to us that some of those things may in fact be effective. You know, these are some of the conversations that are happening -- that we're having with the Austin chamber and the task force is to adapt some of the things that we have seen working to businesses that are now starting to look at opening up. >> Mayor Adler: So far, we don't have good studies, we don't know, we have anecdotal stuff. We're not going to know what the governor orders. We don't know what that will do until we actually see it.

[10:29:29 AM]

That is why we have to watch it and test for it. >> To be clear, the governor's order doesn't require businesses open unless it also threatens the ability to access resources through the cares act or threatens the ability to access unemployment. Those are more questions we will have to begin to look at. >> Mayor Adler: Absolutely. Alison. >> Alter: Thank you, good morning. I have questions that are for Johnson and Dr. Escot. I'm concerned about what we're doing for contact tracing and you talked a little about how we're increasing testing. I'm hearing from a lot of constituents in the medical profession who have thoughts and ideas about how we account be bootstrapping up our contact tracing with artificial

intelligence or doing our testing differently using saliva and there is a lot of different ideas that are circulating. It seems like solving that

[10:30:32 AM]

problem of how to really improve our contact tracing or to improve our detection whether it's saliva testing, whether it is temperature testing, other kinds of stuff. We haven't talked about that a lot. If you could speak to that, I would appreciate it. >> Sure. I'll start then I'll have Dr. Johnson come on, if he's still available. So first of all, the -- we're seeing lots of new technologies come out in relation to testing and contact tracing. That means that we will have to continue to change strategies, based on the new technology. Saliva testing is recently F.D.A. Approved out of the lab at Rutgers, I believe. We expect that that is going to transition to a primary source of testing, because it is likely to be cheaper and easier. It is likely to allow us to do batch testing, which we have seen to some extent with the

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current pcr testing with the nasopharyngeal swabs which give faster results if you can group people together. That is important where you have low prevalence or active disease and allows you to quickly screen people. Regarding the current contact tracing efforts. Last weekend, we introduced this sales -- sales force platform to not only schedule people for testing, but also to semiautomate the contact tracing piece. If somebody gets a positive result they get a questionnaire, get asked where they have been, who they have had contact with. So that takes out some of the person hours to call on some of those. We have to use people to fill in the gaps, but that is a positive method for us to build upon. In fact, part of the state's plan is to utilize the same platform statewide after discussions with them. So that we have a seamless

[10:32:34 AM]

contact tracing across the state. In addition to that, the state is ramping up the personnel I think, the number I saw is 4,000 personnel to support that contact tracing or semiautomated tracing contacts. We have that relationship with Austin health to track more people and the partners at Dale medical school and community care are involved in the contact tracing piece already and have the ability to expand. There are a number of technologies which are available which we are looking into. There is a product by apple and Google to ping phones to give us proximity to identify folks that were in close proximity to those that have a confirmed case to alert them. There is a project out of M.I.T. And Harvard which does something similar. We're looking at all the technologies to see if they're

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effective, and also to understand the civil liberties issues that may be associated. When we look at Singapore who has utilized some of this technology, about -- you know, somewhere between 12 and 20% of folks signed up for the app to allow the pinging process to happen. In their estimations they need 80% of people with phones to utilize that app. So the technology is there, it is building, but the applicability is still yet to be seen. Obviously, if we can't get to it -- in Singapore's circumstance, 80%. You can do a the loof pinging, you can -- lot of pinging, you can invest the resources, but if it won't result in a successful impact, you have to evaluate other issues. We are looking into that and certainly want to continue to hear about new technology to get in that process. >> Mayor Adler: Thank you, Dr. Johnson. Dean. >> I can stay on a few more minutes, I moved my next

[10:34:37 AM]

meeting. As mark mentioned, there are a bunch of approaches to be thinking about. We definitely need to ramp up the testing and contact tracing to effectively control what will be clusters that will happen over the next few weeks to months. The approaches, the electronic approaches that we're describing, we're definitely talking to those people, talking to people at high level and M.I.T., that is the platform that sits on top of the Google, apple platform. This will be an opt-in thing, and how effective that will be we're not certain. Human touch is really critical for this. Understanding the connections between people and talking to people and also using that as a basis to tell them, no, you need to be isolated. And finding ways to isolate them. That human aspect is really, really important. We think that will require more personnel and more attention to this. We also need to set common standards.

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So we're on the UT side, we have traced something like a quarter, maybe a few more of the total contacts that have occurred in the city. We have set standards so that we as much as possible try to reach them within two hours always within 24 hours. We have reached 95% contact tracing, which is very high. It is really hard to find people and all of that. And that requires shifts and people working on weekends and then we have to gather that data and actually represent that so people can act on it. One of the key pieces is not just individuals affected, but also what that means in terms of, you know, construction workers being a high-risk area or restaurants being high risk or religious institutions being high risk. That is something they'll -- they've done effectively in Singapore that we can do here. The hope is to continue to work with Austin public health

[10:36:37 AM]

to build the platform for this, but really set the high standards and achieve them on the local level for you all as policymakers to stop risks in the targeted groups. >> One of the questions I had is we heard obviously about the unfortunate clusters in the nursing homes and with respect to the deaths and with respect to the cases. Can you tell us more, either Dr. Escot or Dean Johnson, about the population we're seeing testing positive and are these people who were overly exposed or people that went to the grocery store and got infected? What do we know about where the risks are lying in the cases that are newly positive and beyond the hospitalization or the deaths in the nursing home? >> I'm not sure if we still have mark on. I can start. Initially, it was more in

[10:37:38 AM]

travelers, people connected to many people. We saw that for the UT clusters. There were two of them, actually, you know, from the president's office and then for the Cabo spring breakers, two giant clusters. But then more recently we're seeing -- we need better data but we're seeing construction workers or families that live in close proximity. A lot of family clusters. We had at one point three people from the same family hospitalized. A family that lived in east Austin where one was a construction worker. So those are the kinds of things that we have today. We're not yet aggregating this in a way to make it actionable. And so, that's a critical part right now. Mark, you should add to that.

[10:38:39 AM]

>> I agree with what you are saying, part of moving through this new platform is to better be able to aggregate that data. Not only for Austin and Travis county and medical school, but Williamson and surrounding counties. One of the things we mentioned earlier is there are jurisdictional boundaries. I'm only entitled to the information for people hospitalized in Travis county. We know 30% of our workforce comes from another county, which makes the contact tracing challenges, which makes us more challenge-controlled in the tracing. We encourage a statewide platform to make it easier to do the contact tracing and piece together the elements. Again, as things start to open up, contact tracing is more difficult.

[10:39:39 AM]

As clay mentioned early on in the process, we had some cases with hundreds of contacts, other dozens of contacts that traveled to multiple businesses over the past several weeks. The contact tracing involved one or two people because primarily people were still staying home, there weren't businesses to go to other than grocery stores or hardware stores. As we start to reopen things, that contact tracing

will become more challenging, take more hours more people to do that because of the increased number of contacts that are going to happen I agree, we have to aggregate the data better. We're hopeful that this statewide platform that is expected to launch next week will help us do that. >> Can I add one thing for Dr. Escot. I think it is important. You mentioned something in your remarks that I haven't heard before. You wanted people to get

[10:40:39 AM]

testing as soon as they have a symptom. To date we were hearing, you had to cluster, you know that you were sick. I think that is a shift in messaging. I hope that you will work with the Pio to help us amplify that because we didn't have the testing before to do more. But I don't think people know -- like I have a sore throat I need to call about testing. I'm not sure that that message is out there properly. So if you can try to underscore that with Pio to get that information, that is an important change due to the increased capacity. >> Mayor Adler: Thank you, councilmember alter. Councilmember Ellis and mayor pro tem Garza. >> Ellis: Thank you, that dovetails nicely into what question I had. Dean Johnson said we're not fully utilizing capacity and Dr. Escot said our testing is high per capita. So I wanted more clarification on is it that we have testing capacity that we're still

[10:41:39 AM]

trying to manage the procedural process for that, so we make sure we have enough for healthcare workers and first responders? Or is it a matter of not knowing when the next groups of tests are coming or what type of tests will be available? Can you talk more about that? >> So I'll start and then the Dean can jump in after me. Again, our ability to test all symptomatic patients, you know, starting a few weeks ago. Before that we were more restricted because we weren't sure we had enough for healthcare workers or first responder. Now we're transitioning into the phase where we want to lower the bar further because we have more capacity. Having said that, there is still not plentiful enough capacity to be really comfortable with our testing strategy. In a conversation with our expert panel last night, our hospital CEOs we don't have enough capacity to test everybody that is admitted to

[10:42:40 AM]

the hospital. We don't have enough capacity to test every resident of every nursing home that comes into the hospital. So we have a long ways to go. I'm happy that per capita, we're doing better than other metro jurisdictions, but we're not even close to where we need to be. We're talking about 2000 tests a week. We need 2000 tests a day to really be in that position to be more confident in our ability to detect disease quickly. Again, we are expecting that as test availability improves, the technology will also change. Will likely move to quicker testing, which will give us more timely results. But obviously, the

shorter duration that we can get between when the person first developed symptoms and when they get tested, when they get a result. The better ability we will have to control this disease here. >> Mayor Adler: -- >> Yeah, just to clarify.

[10:43:42 AM]

The way he said it was perfect. We have more capacity to test more today, but that is not to say we are testing all we want to test. We're not getting everyone into the testing setting we need to. Aph has done a great job in getting that message out. It always lacks. It is not perfectly convenient. Some places where it should be obvious to get testing you can't. You can't from the primary care doc, you can't get it. Many emergency rooms, you can't get it. So the -- as we got to make sure that conduits, easy conduits are available for testing and make sure the message is out that the right people are tested and then we can start to expand the breadth that we really need to for those that are >> That's extremely helpful. I really appreciate that. How is the portal doing? Do we have a number of

[10:44:42 AM]

people who have qualified for testing versus the people who have applied for testing? I'm excited to see that's up and running. >> So I don't have the number of people accessed in front of me. I know that we've scheduled 800 for testing between when we started this Saturday and over the next week. You know, again, this is a constant process of reminding folks when we've had outreach from the health care community, outreach from churches and other groups, what can they do, part of that answer is encourage people to access this site. Encourage communities to go and at least fill out a questionnaire. Some folks who have gone to site have just been curious and want to see what it's about, but right now everybody who is symptom attic is getting tested and we're pleased with that. This is about a four fold improvement on daily testing as compared to when we had the process where folks had to go through a physician to

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schedule that testing. So we're very pleased. We'd like to see it improved even more. Even if people just have a slight sore throat or a temperature of 98.6, we want them test and tested early and sometimes it starts early and progresses to a more serious illness. If we can monitor early we can monitor that individual, give them advice if they're getting worse, which is what of what this semi-automatic system does is you're getting work, you need to go to the hospital and be seen and treated there, the better control we can get control of of this situation here. >> I appreciate that and I appreciate the news flash that came out regarding that site because I think a lot mfi colleagues and I all tried to get the word out

as soon as possible. So when so I want to extend my thanks to you on that and to the city manager. >> Mayor Adler: Thank you. Mayor pro tem Garza?

[10:46:48 AM]

You're muted. Still muted. >> Garza: I have a question for professor Myers, but first I wanted to point everyone to the daily Piv emails that we get. They have been trying to get that information out. They have links to the press releases they've put out as well as what else they've put out. And they've actually asked us to help with that, supporting of that message including links for Facebook and Twitter, etcetera. They are really trying to get the information out there about the new testing regulations. For professor -- was it Myers? Professor Myers? >> Myers. >> The first graph you showed shows the -- like if we were to stay the course that we're on right now, and it looks worse only because it's a magnified. So when I first looked at it I was kind of [indiscernible], but when you look at the other three

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graphs it's actually -- if the other graphs are doing this, it would actually be way down. Is there a way or could you provide that graph with both of those that show -- as we try to -- each of us have newsletters and I think in the beginning it was your graph to show the different scenarios. And I got a lot of great feedback from people giving them the visual of understanding the different scenarios. Would you be able to provide a graph that shows the if we were to stay the course here and the same graph showing when we put in these different -- when we loosen regulations and a lot of flexibility how that changes? Could you do that? >> So you're saying in addition to these graphs you want to see one that is to scale so you can see how much lower that curve really is on the top one versus the bottom one. >> Garza: Yes.

[10:48:48 AM]

>> That is something that we can update this report so it's maybe clear as an inset or magnification of a graph to make it clear to your constituents. Sure. >> Garza: Thank you. And then just lastly, the mayor mentioned that, I guess, you are advising even the white house and the state, so I just want to be clear that they have this information and this data -- >> [Indiscernible]. >> Garza: Okay. >> We've been doing a lot of modeling. If you go to the UT covid-19 modeling consortium website you will see we have reports, we have papers on it. And we're doing sort of modeling by request and we are absolutely most closely with Austin more than any of the other -- any of the other policymakers at any scale. So these kinds of reports are really grounded in Austin data and in kind of daily, weekly dialogue with the decision makers and you

[10:49:52 AM]

guys. So but however, last week or two weeks ago we got a request from the CDC that is basically asking the exact same kinds of questions that city leadership in Austin are asking. So we will probably very soon make a national version or projection based on this and share that with the CDC. With respect to the state of Texas, we have not had that much direct interaction with them, although we have provided -- at least early on we were providing similar projections for 22 cities around Texas, one of which was Austin. But we have not been engaged on a regular basis in the same way that we are engaged with the city of Austin. And they, for example, have not seen the graphs that I showed you today. >> Garza: Okay. And then unequivocally we know that -- is that correct, that 14 days is not enough to really show if there is a trend of some sort, any regulations? >> Yes, that is unequivocally correct. Particularly now with the

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kind of data we have at this point. You know, we are -- the best data we have, the really most reliable data we have are hospitalizations and we do have unprecedented access to local hospitalizations. My colleagues around the country are -- there's similar things, different scales and they are not able to see the same quality of data that we are able to see here in Austin. But if you look at -- there's a couple of reasons why we won't know for several weeks whether transportation has really ramped up. One is that just the nature of epidemic growth it takes awhile. There's a sort of flat period before it starts steeply increasing. You can see in some of the graphs if you see the top figure in figure two you can see we've relaxed things at the end of the stay home, work safe period, but there's a good month before we start seeing an uptick. But on top of that, there's this delay between we want to know how many people are being infected today, but we won't see a signal of that until those people who are

[10:51:54 AM]

infected today, those who are going to end up being hospitalized actually end up in hospitals. So that's probably a week and a half, two weeks. Then you actually need several days of the people to see has the trend changed from down to flat to up? So it's really -- I think it's really to get a good signal, it's three, maybe four weeks given the data we have access to today. >> Garza: Okay. Thank you so much. >> I agree with that. And that's one of the elements that the mayor and I have discussed. You really need two weeks to start to see that change and another two weeks to see the trend and understand the impacts. I'll be clear that the strategy of going from 25 to 50% is something we've been discussing for months now in the expert panel for the strategy for reopening. But the time we're starting is too soon and the time for reassessment of those phases is too quick. We really need to stretch it

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out as much as we can. We've been preempted from some extent from the governor on some of those discussions, but effectively as a community, we have to still embrace Lauren's models as well as the advice that we need to continue to stretch this out as much as we can. >> Mayor Adler: Thank you. Councilmember Tovo. >> Tovo: Thank you. These models are very, very helpful, if grim. And so I just -- I wanted to drill down on some of the things that you were just discussing in your response to the last question and because of the governor's decision we're really looking at scenario three is

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our best scenario and that choice about social distancing, relaxation has been made for us. But we're doing everything as a community we can to make it as safe as possible for those who are out in those public spaces. And so I wonder if you could -- and just to be clear, that -- in terms of the models that it responds to, those are the ones that look at page 5 that appear on page 5 in figure 1, the bottom. As well as on page 6, those all respond in some way to the different -- to relaxation under different conditions, cocooning at 80% versus Cooke cocooning

[10:59:00 AM]

public. If you're not coming in contact with me there's no way to spread disease. That's kind of -- that's the guaranteed approach, but we know that's very difficult for some people, and-- but we want to do that where possible. And we particularly want to do that for people who are vulnerable, who are at high risk where it really is, you know -- it's life or death for them not to become infected possibly. So that's the first problem. Then the other kind of category of interventions are if you must come in contact with people, do things to reduce the possibility that you can become infected or infect others during those interactions. And those are things that the CDC has a long list on their website of kinds of questions people can take, but that includes wearing cloth face coverings, that includes a physical distance with people when you're relatively close to each other. Washing hands. Very, very importantly if you have just like the ink willing of a -- inkling of a

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symptom, please don't have contact with people. Even if there's a family member or somebody in your house with whom you believe might be infected it's prudent to keep your distance and one of the reasons is as we've come to understand about this virus, this virus can spread silently and in particular we know that people are infectious in the days before they actually developed symptoms and know that they are set. So they may have already spread it to you without being infectious, without already being

sick S. >> Tovo: Thanks for reemphasizing that. My concern isn't just about the steps that have been taken, but also what that signals to the public about the extent of the risk we still have. I know when the news went off in my house this morning and talked about malls reopening, I could see my teenager's eyes light up about the prospect and we had to have the conversation that I hope will be happening across the state that just because these are

[11:01:04 AM]

options for those of us who have the ability to stay home, we still should be to reduce those social interactions as a way of helping out our community and keeping ourselves safe. So I am really aware and open to support those small businesses and others that are really suffering financially and I hope it gives us the ability again to stay home. We'll find other ways to do that if we're financially able to do so. Thanks for finding ways in which we can all take responsibility for the choices we do have, understanding that many of our residents, many of our neighbors don't have that ability. So thank you again for this presentation.

[11:02:06 AM]

>> Mayor Adler: Councilmember Renteria. >> Renteria: What I heard from Dr. Mayors or whoever is on the -- from Dr. Myers or whoever is on the phone, once you've been exposed it takes up to two weeks to show symptoms most of the time or that if you -- if you are to be exposed, how long would it take before you start showing symptoms of having it? >> So the average what we call incubation period what we call becoming infected and developing symptoms is somewhere around five or six or seven days. So if you become exposed, if you become infected, you will likely develop symptoms within a week. However, we also believe that maybe somewhere around half of infections never develop symptoms. So for -- every time a person incomes infected there may be a 50% chance they never develop symptoms, but if they are going to develop symptoms it will probably happen within a week. >> Renteria: So the ones that don't develop symptoms,

[11:03:06 AM]

they can spread it to other people, is that correct? >> That is something we actually really don't know at this point. We do know that people who develop symptoms can spread before they have symptoms, but we do not yet have data that allows us to estimate how contagious, how infectious those people are who are infected, but never develop symptoms. >> Renteria: Okay, thank you. >> Mayor Adler: Okay. I think Dr. Escott needed to leave. He's gone over to the commissioners' court. But he wanted you to know why it was he needed to leave. Any other questions for Dr. Myers or for the Dean before we let them go and then we can talk among ourselves publicly for a little bit and if we want to we can go to

executive session. Councilmember kitchen. >> Kitchen: My question relates to the triggers. There was discussion about

[11:04:07 AM]

the -- going on about the triggers for needing hospitalization and the trigger was at 100, I believe, was the conversation. So -- pardon? I think 100 new hospitalizations a day was the safety threshold. So my question relates to whether or not there are different triggers or an additional level of triggers that relate to the vulnerable population. So for example, if we're looking at protecting at nursing facilities or other vulnerable populations, are there different triggers that we need to be looking at or another level of triggers or is it that 100 safety threshold, is that the only trigger we're looking at? >> Maybe I can start and Lauren can talk about it. It's actually closer to a thousand hospital beds filled would be the trigger

[11:05:08 AM]

on one of those curves. But your question is different, it's for subpopulations what would we see with changed behaviors? >> Kitchen: Right. >> So I would say that we exceed that trigger today in the nursing homes. You know, we're in terrible shape in our nursing homes right now. And so that we do need to develop better policies and practices to protect the nursing homes today, and so yes, I think that should be a priority, that's one of the things that we would love to see addressed before their risks increase even further. The same is probably true in the homeless population, we need to figure out how to do monitoring and careful management of that population as well. >> Mayor Adler: You're muted. >> Kitchen: That was my question if we drill down to subpopulations. We know we already have a

[11:06:09 AM]

problem with vulnerable populations. You mentioned nursing facilities and homelessness populations and councilmember Casar is raising questions about workers with -- you know, with underlying conditions and we also have concerns about being out of proportion and the disparities with people of color. So my question then is as you said, are we working towards triggers for subpopulations or that's just something that we're aware where we need to have? >> Yeah. I think what we're working towards is having adequate data and understanding of where people are affected and being able to have developed practices to address those areas. And frankly our knowledge isn't as deep as it needs to be [background noise] For these different areas to give you all an opportunity for you then to address it and in some cases we know

[11:07:09 AM]

there's a problem and the issue has been more about getting the resources in place to actually make a difference. But from next steps, it clearly for you all to have a better data on these questions. >> Mayor Adler: Okay. Anyone else questions? Dr. Myers, Dean, thank you so much for -- you are among the people in our community that I don't know when you guys are sleeping, but there's -- thank you for being here today, but thank you for everything that you have done the last six weeks. Unfortunately you guys don't get off this -- you're going to be here for a long time. And you're among the unsung, unnoticed heroes. So thank you for everything that you guys are doing. Please help keep us safe. >> Yep. All right. Thank you all. >> Mayor Adler:

[11:08:12 AM]

Colleagues, we can go to executive session now if people are ready to do that. It looks like people are. So here at 11:08 pursuant to the local government code, I don't know the section, we're going to go into executive session to discuss legal matters related to the -- I'm sorry. Legal matters related to the virus issue that we have, the broad issue. So without objection then -- anything else I need to say without a script here, Ann? >> No, you've got it all. Legal issues related to covid-19. >> Mayor Adler: All right. So with that at 11:08 we're going to go into executive session. I anticipate I'll be the

[11:09:12 AM]

only one that comes back out to close down the session. We will now all sign off here and sign on to the executive session.

(In Executive Session)

[12:51:25 PM]

>> Mayor Adler: Matters related to the covid virus. We are back in our special called work session. We have a quorum, councilmembers alter, mayor pro tem, Garza, councilmember Flannigan, councilmember pool, councilmember harper-madison, councilmember Ellis and councilmember tovo are all present so we have a quorum. Others I think will continue to join us. Given the conversation that that -- and from the experts this morning, I want to give all my colleagues a chance to address the public here

[12:52:25 PM]

with respect to covid-19 and/or the governor's action. Does anybody want to speak? Councilmember Flannigan.

>> Flannigan: Thank you, mayor. I think given the presentation that we got this morning, and all the information that we're hearing about the governor's orders, it is really important that our community continue to stay in place for all of those who can, continue to stay in place. We have a lot of work to do about protecting our most vulnerable residents, certainly those who are older, but also those who have medical conditions that put them at higher risk. I want to talk just a little bit about business owners who are going to be faced with a very difficult choice now that the governor's orders seemingly allow them to reopen, it does put their employees and their customers at increased risk of transmission during this period, and I commit to continue to work through at the local level whatever programs we can to help

[12:53:25 PM]

support those businesses that choose to prioritize safety and health of their employees and customers. You know, as the governor -- as the state and federal programs may or may not be available to you based on those decisions, it doesn't preclude local programs from helping those businesses that continue to make what I believe is still the right decision to prioritize the public health and safety both again for employees and customers.

>> Mayor Adler: Thank you. Does anyone else want to speak? Mayor pro tem, I can't see you. Are you here?

>> Garza: Yeah, can you --

>> Mayor Adler: Does anybody want to speak at this point? Now I can see you.

>> Garza: Okay. Yeah, thank you, mayor, for calling this special meeting and the information was incredibly helpful.

[12:54:26 PM]

And we continue to try to address this issue, I think most of Texas after the governor's order, or many in Texas left with more questions than answers when it comes to the latest orders. Many of us know that there will be -- we won't have a return to normal of any type and that is -- this crisis has magnified so many inequities that many of us have been fighting for even before this happened. But allowing businesses to open -- but the decision to allow some businesses to open even by 25%, I would ask that we also at a minimum provided health care access, access to health care. 25% more access to health care, 25% more increase in people's pay, the people that are on the front lines, the people that will be most affected by this. We're seeing the disparate

[12:55:26 PM]

impact of how this affects communities of color more because of their inability to access health care. And so at a minimum any change should have included 25% expansion of medicaid and medicare. And not having that we are -- Dr. Escott, I wish I would have -- as soon as he said it, I wish I had written it down, but he said we are putting people, the very people we are putting at risk are the ones that don't have access to health care. And forcing them to make incredibly difficult decisions about how they support their families and keeping themselves and the community safe. I think Austin has done a good job of providing support. We know that we are incredibly taxed as far as providing capacity building for our non-profits, but we

[12:56:30 PM]

know that the rise fund is helping people, it's going to continue to help people and I appreciate how we've come together as a community. And we need as a community to stay this course. I know there's a lot of questions. I'm getting a lot of questions on conflicts of the new order and what we can and are allowed to do, but I would just greatly encourage our community to continue to wear your facemasks, continue to stay home if you can stay home because the more we do that together, the more lives we save. And that should be at the top of all of our priorities, what decisions do we make that save the most lives. So I will continue to encourage my constituents to wear their facemasks, to stay home, and I appreciate those businesses who have said they will not open to protect their employees and to protect the community regardless of the latest announcement by the governor, they have decided to make the decision to not open. So mayor, please let us know

[12:57:31 PM]

how we can support your efforts, and thank you for your leadership and the many hard decisions you've had to make during this time.

>> Mayor Adler: Thank you. Councilmember Casar.

>> Casar: Thank y'all. You know, I think all of us have been hearing from small businesses that have been hurting. I think everybody wanted to find a path to opening small businesses, but obviously we need to do that in a way that prioritizes everybody's safety and health and the governor's action clearly doesn't do that because we have not significantly been able to ramp up testing and get the supports to ramp up testing that we needed. We haven't been given the resources that we need to take care of those folks that are struggling as the mayor pro tem just described. And there's not yet the plan on how to protect those vulnerable workers who will be impacted by the governor's decision. And so I think from today's

presentations and from today's session working with all of y'all, I think it's really clear the two major -- two of the really major tasks before us to

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save lives, one is to be prepared to close down nonessential businesses and really significantly get back to stealthering at home if we start to see our hospitals fill back up again. And I would hope we have the governor's support in that, but when it comes to saving lives and when we're looking at Dr. Myers' charts I think we're going to have to find a way to do that one way or the other if we start seeing the path that Dr. Myers called a catastrophic filling of our hospitals. And then our second task that's made really clear from the report this morning is that we have to protect those vulnerable populations. One, just because it is the right thing to do and everyone is a person that should be protected, but also because if we don't protect the vulnerable population, the whole system breaks down for health for everyone in the city. That is, people experiencing homelessness, people in nursing homes, and then the group of people who I don't think there has been enough

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of a focus on yet and that I urge the city manager and all of us to find, so create a stronger program for, which are people with those underlying health conditions and our seniors who will be getting called back into the workplace and will absolutely need teleworking and staying at home for their health and for everyone's. So we have both of those tasks, one shutting down again if we need to. And it seems like our top experts seem to say we might very well need to. And then two, protecting those vulnerable populations. So I echo everyone -- I think there's unanimous support for these things and I appreciate everybody's work and I call on those employers to really think about continuing to keep your employees at home. Everybody that can work at home. And especially not to bring in people into work who are feeling sick, have be a person in their household who is sick or a person who is vulnerable. Those people absolutely need to stay home.

>> Mayor Adler: Okay.

[1:00:33 PM]

Thank you. Councilmember Ellis.

>> Ellis: Thank you, mayor. It was really enlightening to get to see some more information from our scientists and researchers. It's important to follow their advice because they were able to show us how to flatten the curve. Austinites have been doing a fantastic job so far taking care of themselves and looking out for each other and their neighbors. And as we continue to monitor testing and medical

capacity, it's going to be imperative for residents, workers and business owners to continue to follow the best practices that have been set forward. Everyday and every week that we continue to limit these social interactions is going to save lives. So please continue to do your best to make sure we're not transmitting diseases among each other. The longer that we can continue to do this and the more voluntarily people are following these practices, the safer we're all going to be.

>> Mayor Adler: Thank you.

[1:01:35 PM]

Anyone else want to speak? Councilmember alter?

>> Alter: Thank you. I think we've all learned a lot from our medical professionals and our scientists. And I really want to invite the community to go back to atxn and listen to what we heard this morning. And what we heard is that what we've been doing has been working, so I want to thank you for taking the responsibility to save lives seriously so we've been staying home and we've been physically distancing in order to save lives. And it has been working. The evidence that we saw this morning, the evidence that the models suggest is that it's too soon to reopen in the way that's being proposed at this time. But we -
- despite not being able to put in our own orders that contradict the governor, ultimately this is up to us as a community to make decisions that promote health and well-being of our

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community. So every business can decide what promoting health and safety means for their particular business and making sure that their employees and their patrons are safe. And residents who are patronizing businesses have to make determinations about what is safe for them and to reward those businesses that make choices that keep our community safe. We are not helpless in the face of this order. We have been relying on your voluntary compliance all along. And if we continue to take measures that keep us physically distanced and we wash our hands and we do all of those things about staying home, we can protect one another and help us to

navigate this pandemic. I want to note that we as a community are not only going to have to do the things to stay at home and to stay safe, but we also are going to have to keep pushing the envelope on testing and contact tracing. And there are a lot of things that we don't know at this point about how -- how these orders affect our community. How are all of these non-essential workers supposed to go back to work without childcare when their kids are not in school, for instance. There's a lot of unanswered questions as one of my colleagues mentioned. I think that you have a commitment of all of us that we're going to work to try to find solutions and answers so that we can move forward as a community.

>> Mayor Adler: Thank you, councilmember harper-madison?

>> Harper-madison: Thank you, mayor Adler. I will echo every single

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word that all of my colleagues have said thus far. I think this is one of those times where even despite ideologically not always aligned, we all understand what the concerns are here, we all understand what the risks are here, we are fully cognizant of the unfortunate situation that we find ourselves in. Yeah, I just want to echo every sentiment that's been expressed thus far and just really say again for the record just like Dr. Escott recognized earlier, multiple times, people who are forced by way of economic pressures to make decisions to go to work right now. They don't have a choice. The fact that when we're making the determination around priorities and testing, that they are not at the top of the list. The fact that there's no requirement for hazard pay, I know that there's some organizations, including capital metro that are making the voluntary effort to offer their employees hazard pay. I think it should be mandatory. I really appreciate that everybody that I know

[1:04:56 PM]

personally who recognizes that they have the privilege, the opportunity, to make behavioral changes that keep our community at large safer, they are making those choices now, they plan to continue to make those choices and I want to applaud them for their commitment to keeping our committee safe and well. So tnk you, everybody, who is intending to keep up the hard work. We are all making sacrifices that are very important. And so -- so I just want to say I really appreciate the leadership that our local leaders are taking and that my colleagues and I were taking in recognizing that even when presented a challenge, that seems insurmountable, we are all taking the opportunity to be creative and innovative and keep the people in the city that we love protected and safe -- the city and the people that we love protected and safe.

>> Mayor Adler: Thank you, councilmember. Councilmember pool and then

[1:05:59 PM]

councilmember Renteria.

>> Pool: Thank you, I will echo all of the previous comments. I just want to say to the people of Austin, we really have a lot of -- to be grateful for here in Austin. It's because we have fully embraced the safety measures that we had described. That's what's helping keep our most vulnerable neighbors safe and why we have so much to be grateful for. You all have done an amazing job and I urge you come comply voluntarily with the steps that you've been taking so far. We need to stay the course. If we have even just two more weeks or even just the rest of the month of has he may, with our vol Terri compliance and

-- voluntary compliance and limiting our social interactions we will be in an even stronger position in keeping more people safe and out of the hospitals and certainly off

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of the respirators. The more we can keep doing what we are doing, staying the course. Recognizing how difficult it is for all of us, we are all anxious and ready to get back to work, like literally back to work, outside and in our normal daily habits and such. I think even just another couple of weeks of staying in place will reap really, really great dividends, so thank you, everybody, for your voluntary compliance.

>> Mayor Adler: Councilmember Renteria?

>> Renteria: I really want to thank Austin and, you know, I have seen a lot of people taking precautions, but I'm also very alarmed at what's happening here. Before Easter, the hispanic population rate of infection was somewhere around 35% and we make about 30% of the population in Austin. The latest report that just

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came out, I was shocked today that I saw, we're at 46% now of infection. And, you know, one thing about -- about, you know -- the -- the non-hispanic population is at 48%. That means that would be -- if we increase our infection by 2 more percentage, we would be tied with the majority of Austin. People, I -- I can't emphasize that you cannot go out and play soccer on Sundays. You know, you've got to take care of your families. You can't take the risks because you're going to be going back to work and there are going to be older senior -- senior hispanic

[indiscernible] And they have to, you know, work to support their family. I'm urging all of y'all,

[1:09:01 PM]

we're not supposed to have any kind of contact sports out there. And please wear your masks, and I wear my gloves, too, when I leave the house, you know. It's very important, if you want to save your family, [speaking in Spanish]. Football.

[Speaking in Spanish].

>> Renteria: Thank you, mayor.

>> Mayor Adler: Thank you. Councilmember kitchen? And then councilmember tovo.

>> Kitchen: I also would like to -- to echo what my colleagues have said. I think that we are all on the same page in wanting to help all of us protect our neighbors and our family and

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each other. So -- so you know I just have a couple of things that I want to emphasize. We have changed quite a bit here in Austin. We have been able to flatten the curve. But we have to remember that we're not out of the woods. We're not out of the woods and we don't want to lose what we have achieved so far. So we have to be careful. We have to monitor closely the appropriate triggers. We have to ramp up testing and contact tracing and we really have to be very proactive. In terms of protecting our vulnerable populations. I have been -- I am very disturbed and -- and I find it shocking the numbers that we have seen with our vulnerable populations. We have only to look at what's happening in our nursing facilities to understand that we're not there in terms of protecting our most vulnerable. I think as another councilmember mentioned,

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this impacts the whole community. So when we're measuring our progress, as a community and when we are looking at triggers, that will tell us, whether we need to -- to ramp up our protections or whether we need to, you know, ramp up, you know, staying home, all of those kinds of things, when we are looking at our triggers, we have to drill down and look at what's happening to the entire population of the whole city. Those triggers can't be just looked at in the aggregate. We have to look at what's happening to -- to people living in our nursing facilities, we have to look at what's happening to -- to people who are living on the streets, who are homeless. We have to look at workers. Facing choices between going to work and who have underlying health conditions, we have to take care of them, also. We must, must, must look at what's happening to the

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whole city, for people in terms of color and people throughout the city. If we are not measuring how we are progressing for the whole city, then we're not doing our job. I would also say that recovery, we have talked about this some before, and -- and as we move towards recovery, we have to be thinking about how we come out better. I mean, people have talked about there around the country and in our city, also. But recovery doesn't mean going back to where we were. Recovery means being better. Both at -- at protecting our community, at becoming more resilient, at making sure that we address the condition that's make people in our city vulnerable. So finally, I would just say that -- that I want to -- I want to say thank you to the businesses who have -- who have been speaking out and approaching us, approaching us and others about being thoughtful and careful. In terms of how they reopen.

[1:13:06 PM]

I want to reiterate what one of my colleagues said, I think it was councilmember Flannigan, about understanding the -- the tough choices that businesses have to make and being there to be helpful to our businesses so that they -- so that they can't afford -- to put the kinds of protections in place that we need. So thank you, to my colleagues and to our mayor, for his leadership and to all of you in the community. We've done a good job. We have to continue to do that job. And we need to ramp up the protections for our vulnerable populations. We have to ramp up testing, we have to ramp up contact tracing. Thank you.

[Background noise].

>> Mayor Adler: Sorry, councilmember tovo?

>> Tovo: Thank you, mayor. And you know I wanted to

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start by echoing my thanks to the mayor, the county judge, to the health professionals that have really guided our city's approach to this virus. The actions that you took were -- were difficult ones. And they have really landed our community in a much better place than many community across the country and it is with great concern that -- that -- [background noise] I think through how the governor has changed - the governor's changed order might really impact that. Again, thank you for your leadership. I grew up in New York. Most of my close family still lives in New York. So I receive kind of daily updates and the situation there is horrific and terrifying and I -- so appreciative that our community is not in that same place and facing those same really challenging choices and just terrible

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tragedies. Playing out in hospitals in so many areas. I want to just underscore that -- what some of my colleagues have said. We have an opportunity -- our city has really responded in just the way that we hoped they would. They responded with compliance for the most part. To these orders, as I sit here at my computer, hours and hours each day and various city meetings, I can see out the window on what's a pretty busy street. There are lots of people walking by with their masks. We have this -- we had an opportunity to talk about it earlier. If you are someone who has the ability to stay home, that is still what you should be doing. If you are -- need to be in a public population, having that mask on really helps protect those who don't have the choice on whether or not to be engaging in their essential work. Like my colleagues, I'm going to continue to

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emphasize number one, staying home as the best choice; and then, two, going out, protecting yourself and others [indiscernible]. So thank you to the community who has responded in that way. I hope that we will continue to keep really informed about those models that -- that were presented to us today. And watch carefully, hospitalizations, and the other factors, that our medical professionals suggested are the ways to make sure we are aware and can respond quickly if this situation changes here in Austin. Mayor, thank you for scheduling this. I look forward to future conversations on this subject.

>> Mayor Adler: Thank you. Does anybody else want to speak that I haven't called on?

>> Mayor, you called on me, but it was a question that I meant to ask the modeler. I think an important point needs to be made about an earlier discussion about the modeling and how -- even

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counties like rural counties, they don't have hospitals so their folks get sent to our hospitals. So a question is, you know, that was a concern about the patchwork of regulation that we had before the entire state order was put into place was that, you know, these models seem to be based on our activity here in Travis county. But we could continue doing all of the great stuff that we are doing here and other counties now have the opportunity to -- to -- to

[indiscernible] Their restrictions. I want to remind folks that I'm grateful for how we've come together as a community, but it's important for the neighboring counties, everybody really, but our hospitals are affected by surrounding counties and -- and decisions as well. So -- so I hope people remember that as well.

>> Mayor Adler: Mayor pro tem, that's a really good point. The modeling that you saw today with respect to hospitalization, represents a five-county catchment

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basin for exactly that reason. But, you know, if things go really bad really fast, we're going to be taxed, a much wider area than those five counties. That's a really good point. Councilmember kitchen, do you want to say anything before I close? You are on mute, I think, councilmember kitchen.

>> Kitchen: Quickly. You may be wanting to address that.

[Indiscernible] Asked that you just -- I know you'll be doing this, but just ask if you take a minute to help the public understand what the next steps are. Now that we have received the governor's order. So could you speak to that at the close?

>> Mayor Adler: I will, thank you. First, I'm really proud to be part of the council and I think that -- that all of the points that I would want to make, I think, have been touched on. This is a council that is

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really unified, I think, in our perspective and our approach. And the resolve to work to make sure that we keep the community absolutely as safe as it can be. You know, I wish the governor had given us a little bit more time to start here. Because I think we have three institutional structural deficiencies in our city right now that even another week or two would have helped with. But each one of these that the governor has offered support on. Let me preface it by saying to the governor, we need your help, especially in these three areas. First, testing. 26,000 tests a day in the state, would mean that we are supposed to be doing 1250 tests or so here in Austin-Travis County and we are not at that number. We're going to need help with testing. We're going to need help with testing that has really quick turn arounds.

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We're going to need help with the supplies that make testing possible. The swabs and the medium we need. We need help with testing in order to be able to get up to the levels that are necessary for us to be able to see and find infections in our area so that we can quickly isolate them. And so that we can do surveillance across our entire community so we can gauge how changes in behavior are impacting infection. Second, we need help with contact tracing. The governor has introduced a plan that's supposed to come out next week and some new thousand people for the state with contact tracing. If our numbers start going up, even if they don't, we need help with that. We really needed a -- a statewide system. And what we're -- while we're told that's going to happen, I wish we had waited until it was already in place and tested and ready to go because contact tracing crosses jurisdictional lines. So we need that help. But it's more than something

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that can be automated. All of the [indiscernible] Demonstrates the contact tracing works best, absent, you know, being able to track people by their phones. It works best when you actually have people on the phone calling other people to actually walk them through their historic contacts over the last several days. The third area that we really need help with, I wish we were in a position to say that we were

easing when we have this in a better place, is with respect to nursing homes. This is a cruel virus. It's a cruel virus because it really does attack the people that are -- that are real susceptible, real vulnerable. It's our elderly and nursing homes that have -- have additional illnesses and diseases and this virus just -- just treats those people like they are kindling in a forest fire. We need help with our nursing homes. We need help staffing the

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homes. We need help with people so that we can literally build cocoons around folks that are most vulnerable. We have started the process. We will catch up on those three things, hopefully with the state's help and we will do that quickly. Another concern that I have with what the governor laid out is the expectation that in two weeks we will know whether the changes that we are making on may 1st, what impact they actually have. As you heard this morning, all of the experts, all of the doctors, all of the modelers tell us that you really need three, probably four weeks in order to have any policy change actually manifest itself downstream into hospitalizations, so that you can begin to see really what the impact is of a policy change. Because at the end of the day, we don't know. The governor doesn't know. None of us know what relaxing social and business interactions is going to do

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to the spike. So we're going to do it, and then we're going to watch it. We're going to watch it like hawks so if we see numbers coming, we can shut it down and come back to exactly where we are today. That's the concern. Maybe the governor has overshot. But we should be able to see those numbers in time for us to be able to self correct and shut it down. That has been the benefit of the okay that we have done as a community over the last month. It was hard work, when we started that work, we weren't sure whether we were going to be able to shut it down or how long it would take. We know those answers and that is ultimately what will protect us as we try something new. We're not going to know in two weeks. We need a greater amount of time in order to be able to get that done. What's going to happen next with respect to us is the county judge and I will be sitting down with the doctors and the scientists and the health professionals and talk about what we do with our local orders. As you know, our local orders expire on may 8th.

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We're going to be talking about extending those. We're going to be talking about extending them earlier than may 8th. And as we start those conversations now, we'll be back in touch with respect to how we're going to approach new orders in our city. In the meantime, I would urge everybody, as M colleagues did, to remember that this virus is just as infectious and deadly today as it was the second

week in March and the first week in March when we actually started taking actions in this city. To the degree that you can, please abide by the stay at home work safe order. Stay at home if you can. I know that I'm going to be staying at home as much as I can, so will Diane. As you go out, please wear the -- the face covering. The governor said yesterday that that's not something that we can arrest people for or fine them for. Well, frankly, we weren't arresting people or fining people for it over the last

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three weeks, but pretty much everybody is doing it and everybody needs to continue to do that. I hope that no one in this city goes into any business that's not getting people to wear face coverings, trying as hard as they can to get everyone to wear face coverings. It's something that we should all be doing, not to protect ourselves, but out of respect for and -- and selfless desire to make safe the people that are around us. Which is what masks do. We're going to come out with the guidance in our city of the things that we need to do in Austin to keep our community safe. And then we're going to hold up and elevate and reward those businesses and companies that are willing to -- to go that extra mile, to help keep our community safe. At the end of the day, as a community, both individually and then collectively, we decide what it is that is the appropriate conduct in our city.

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And then we have to continue doing that. So to the degree that you can stay home, stay home. And -- and continue to -- to stay six feet away, continue to wear masks and the county judge and I and the city and the county generally will be in touch real shortly with respect to the orders in our city. With that, if no one else has anything else to -- to say, then I will go ahead and -- adjourn this special called meeting of the city council today. It is 1:26 on April 28th. Colleagues, it was good to see you all. Stay safe.