

State of the City Address Transcript – 08/05/2020

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>> The Steve Adler 2020 state of the city address. It is presented virtually. Share along your thoughts using #atxcotc. We will begin right now. >> Mayor Adler: Thank you. Mayor pro tem, colleagues on the council, city manager, city staff, my neighbors and fellow austinites. It is true that the current state of our city is anxious, troubled and hurting, but it's not the complete truth at this moment. We are also so much more than that. In an almost curious way, the real state of our city is anxious and hopeful. Even as we manage a set of

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inescapable challenges so stark as to stretch the imagination, we look to a future precisely because it is uncertain and provides us a once in a century opportunity to no longer be bound by who we were a year ago. Some greater power seems to have reinvented us all. This much change all around, in almost everything, gives us an almost infinite sense of freedom to do what it takes, to actually become all that we aspire to be. So here we are now confronting challenges unlike anything we've ever seen before. So where do we begin? In times of such great uncertainty what should be our guiding light? I think we begin and look to justice. Now, this could have been a speech only about covid-19 and every discussion of things that matter, our families, our health, our jobs, businesses, our

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schools, our best laid plans, the virus is the elephant in the room. The dac film this -- in the dark year this film has been, the coronavirus is the supporting actor that stole the scene. Everyone knows the arc of

the virus. The events came fast as we canceled south by southwest and then moved to avert a public health disaster with stay at home orders to slow the spread of a virus we were still learning about. We didn't know if the community would join in such an extreme measure or if incredible disruption would stop the virus. Both did. We saved thousands of lives in our city alone. I want to pause to thank on behalf of a grateful city Dr. Escott, director Hayden, Juan Ortiz, Eric Carter, Dr. Myers and Dr. Johnston and judge and now senator Eckhardt for having such a significant role with so

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many others in helping to keep us safe. We all want the local economy in our lives back as we knew them before, but the governor's decision to reopen before we had sufficient testing and tracing in place and before our numbers were low enough compounded the challenge. We went on to more permissive phases without knowing the impact of the preceding. We tried to open businesses as they had operated pre-virus as if the virus was gone. Leaders at the national and state levels gave destructive or ambiguous messages about what we needed to do to prevent a surge. So the surge came roaring back. Truth is the virus was never gone, it just hides waiting for us to invite it back into our lives. And that's when we showed what Austin can do. We rallied again, focused on

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masking and distancing and avoiding groups. Again we stopped the trajectory, we saved more lives, this time becoming a statewide model for what's possible. We learned we have the ability to control the virus by our behaviors and we glimpsed a future where more was possible. Today it appears as if we might be at a plateau. Now, that's better than a surge, but it's still dangerous. The virus is real and the ineffectiveness in our community is still too high. You want a sustained opening of businesses and schools, drive down the infection rate further than we have right now. Infectivity in our community right now is about 10 to 15 percent. We need to get under five percent. And by the way, any crowd at all gathering for UT football is not going to help us get there. I read that the university is considering gathering 25,000 people for football games and I hope they're not

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really going to try to do this. I'm not sure there's anywhere in the world that's having gatherings of that size at this point, even in places with lower virus infections. See, our choices have consequences, people die from this virus. Many people who live through it are carrying injuries that may be with them the rest of their lives. Risks we take with masking and distancing or attending large groups puts at risk the sustaining of the opening of schools and businesses for us all. The virus is more than just an attack on our physical health. It's also a devastating blow to our economic health. Unemployment is at

unimaginable levels, businesses have shuttered, some temporarily and some lost forever. Many of our neighbors don't know how they're going to feed their families or whether they will be evicted from their homes. Tenants struggle with rent and homeowners and landlords struggle with mortgage

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payments. Our hospitality and creative workers and industries so greatly a part of our economy and our culture are reeling and for many it's too late. The city is putting more than \$200 million into programs and direct aid to mitigate economic impact from the crisis to keep us healthy. I want to especially thank director Briseno and director Holt-Rabb for incredible work helping to get aid and relief out to our community. But it's not enough. We need more help. Congress needs to pass the Cares 2 act and it needs to provide support directly to cities so we can continue to help ourselves. But COVID-19 is also a moral challenge. In many ways it makes this moment even bigger than all of that. COVID-19 is not just killing

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people, its impacts are disproportionately health felt by communities of color. Black and Latinx Austinites are getting infected and dying at higher rates than our neighbors. How many of us sat at home while we were shelter in place from the storm and watched essential workers, construction workers, health care workers force to take risks the rest of us could avoid. That we had susceptible and at risk neighbors was no longer theoretical. It became very real. And yes, we worried about whether there would be toilet paper on the shelves, but we began to notice perhaps for the first time the economic first responders that were working to restock the shelves. COVID-19 highlighted that we lack the transportation infrastructure to get people to the jobs that make this city run. It showed us the

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generational vulnerability of neighbors of color who have been systemically denied access to health resources. We saw during the pandemic the health of immigrants, poor people and those without homes and interconnected with our own. We saw that homelessness is not just about people without homes, it's also about nearly 40% of those experiencing homelessness being African-Americans. Homelessness is a racial issue. A particularly cruel result of displacement and disinvestment and despair. Our stay at home mandate revealed the housing insecurity of hundreds of thousands among us. COVID-19 made it clear how many essential workers lacked access to the essentials. And as if there was any way to avoid seeing the racial contours of the COVID-19 crisis, another challenge,

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forever intertwined with the virus, was heartbreakingly clear and infuriatingly common. When we watched George Floyd plea for his life and call out for his mother before dying beneath the knee of a police officer, overwhelming numbers finally began to disabuse themselves of the fantasy that people of color are equally valued, protected and safe. Even by those sworn to protect us. In Austin Mr. Floyd's death came mere weeks after the shooting of Mike Ramos, a tragedy we have yet to explain and incalculable loss to those who loved him and to his mother most of all. We were not bystanders to the tragedy in Minnesota. Like cities around the country, we too have been living this perverse cycle of police violence, community outrage and precious few answers.

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The fever of the virus and of our city through the lens of justice and race is one we should not and cannot close our eyes to. We can see it everywhere around us and in everything that we do. Like the mirror that doesn't lie, this crisis is laying bare injustices that have been too easy to ignore for too long. We just haven't dealt with it. It's been a challenge too large, too intractable, too difficult. In fact, it's the kind of challenge that society can only pick up and resolve when confronted with a moment of such upheaval that fundamental change is not a choice, but it's the only option available. History tells us that sometimes it takes a monumental strategy to put us on a fundamentally different and even historically right and just

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path that we would not otherwise have found. Sometimes great changes and direction and inertia necessary for us to fundamentally and transformationally change a society's future happen only because of great disruption. Only when our current dreams seem shattered are we forced to dream anew, to see our world and ourselves differently. When we can no longer do what we have always done, we can realize the dawning of a new day and a new focus. On new dreams. Let me give you two historic examples of what I'm talking about. The first is the story of Austin's dam as related by former UT president Fendley. It seems in the late 1800s Austin was dreaming about its future, what it would grow up to be. The leaders at the time looked enviously at the growing number of mill towns in the northeast and how their economies were boosted

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by building dams and harnessing the power of water for energy to drive what they hoped would be new manufacturing. Austin, the manufacturing center of the southwest. It didn't work that way. They built the largest dam, I understand, in the world at that time, and then a storm came and washed out both the dam and the dream. And the land surrounding the dam would never develop into manufacturing, but instead would take its place as a part of the university of Texas. From the debris of one future came the eventual realization of Austin as a city of ideas. Another example is the new deal rising from the great depression. Up until most recent times this was the depth of economic chaos. Over 20 million people lost their jobs. We know all the stories. Out of that crisis, however,

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we saw the initiation of new ideas and tools that can be enshrined to this very day. Public works projects and social security -- projects and social security and other new deal programs that for the first time at such a scale dealt with the relief for the unemployed and poor, recovery of the economy and reform of the financial system. From these examples we should draw courage and hope. Our history is a city and a country is one of responding to crisis with patience, generational investments and the ability to correct our mistakes. And the bigger the crisis we face collectively as a community, the greater the opportunity for big ideas that represent fundamental change. We get to decide if covid-19 is ultimately remembered as an historical backdrop on our city's March to address justice and race and

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inequities as we have never done before. But whether the meanness and destruction of the virus becomes the dominant memory. Let's act boldly now to become the city that we want to be, fair, prosperous, resilient, not despite the challenges of the moment, but because of them. Because of the freedom to change direction that only comes from great change forced upon us. Let's talk about homelessness. Austin has the opportunity, the need, the obligation and responsibility to move decisively to end homelessness in our community. Austinites living on the streets and in the woods have dramatically shorter life spans and increased vulnerability to violence and sexual assault. For all of the discussion around this topic, no one wants this for our neighbors.

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Absolutely no one. For too long, though, we were content to not think too hard about it because we didn't see it. We didn't see the suffering, we didn't see the injustice. We didn't see it because we didn't want. It made us uncomfortable. We adopted policies that were intended to move it along and to hide it. I am proud this community has embraced the discomfort that comes with big challenges. And that we are working together on a real solution to homelessness, to send it, not just address it. I am thankful this

community rejected calls to return to a time when we asked the police to harass the least fortunate so we could avert our attention from their needs while doing little to resolve their plight. To the people who signed you to the petition because they were desperate for a solution for people experiencing homelessness, I

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want to say that I share your impatience. Having chosen this -- more than just this path and having reject the false promise of cosmetic fixes, our work is incomplete unless we follow through with the commitment to house the homelessness. This will require us to do a better job of inclusively managing shared public spaces. Covid-19 made that commitment even more urgent. Our response to this pandemic brought the city and its non-profit service providers to work together as never before. We've been able to dramatically increase the number of hotel beds to transition people off the streets. We focused on how our crisis response systems function. We've come up with a clearer map than we've ever had before on how to move forward with this challenge. We need to invest in affordable housing and prevention efforts that make

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homelessness rare, and a diversion and rapid re-housing programs that make homelessness brief. And we need to significantly invest in permanent supportive housing that ensures that homelessness is non-recurring for those who successfully rise above that experience. The scale of resources to end homelessness is great, but the solutions are real and they are achievable. Austin has shown we know how to solve this problem as we did by reaching effective zero for veterans and something that we have shown we can make great progress on as we have with youth homelessness. It's also something that this community has been eager to invest in as we did with the historic 250-million-dollar affordable housing bond in November of 2018. And we will again vote this November, I hope, for funding to address displacement. Now is the time. Our moment of opportunity to

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build on that work and to act boldly to make our city more just. We know that 38% of our homelessness population is black, over four times greater than the demographics of the county as a whole. When we work to end homelessness we are also doing the important work of addressing the symptoms of racial injustice. I want to thank deputy city manager Rivera vandermyde and director shorter for such important work they are doing helping to provide for those without homes. Let's talk about mobility and transportation, project connect. With much of the city complying with stay at home orders and

guidelines to protect themselves and help fight the spread of covid-19, our roads and highways seem eerily empty. Ridership on public transit

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plummeted. Our relief from traffic was short-lived. More and more of the economy reopened or adjusted operations. Congestion has returned to I-35 and mopac as Austin's eternal frustration. Avenue although many fewer people were not riding our buses and commuter rail, capital metro was still carrying tens of thousands of riders a day. These essential workers did not have the option to work from home or the option to drive to get to the jobs that all of us needed done. In our community far too many of the people most in need of affordable, reliable rapid transportation to meet their daily needs and improve their lives don't have it. As a result many are forced to spend disproportionate amount of their income on dangerous ways to get around or they're losing time, and in too many cases risking their lives to make use of inadequate transportation

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options. Project connect is a bold transit plan with a just and accessible city that we aspire to be. It certainly addresses traffic, but it will do so much more. With light rail, a downtown transit tunnel to speed up travel, no matter what vehicular mode you choose, new metro rapid lines and vehicles and a transition to zero emissions fleet, project connect will connect our entire city creating new opportunity for austinians, reducing our dependence on expensive personal vehicles and save lives. The expense and burden of owning a car? Estimated to be in excess of \$10,000 per year on average. It shouldn't be the price of admission to participate in our economy. Project connect is not just a transformative mobility program for our region. It represents a generational investment in a more just

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and equitable access to opportunity for whole swaths of our community who live in transportation deserts. Project connect, once fully built, will bring more frequent and rapid transportation to jobs and education and health care for tens of thousands of black and brown households. The essential nurses, medical technicians and grocery clerks and countless others, more of us have recently come to appreciate as ever before. The potential impact is enormous. Consider that over 200,000 people of color live near what will be new metro rapid stations. Nearly 55% of those who live near proposed Orange and blue rail lines and nearly 80% of those near the green line stations are people of color. Tens of thousands of households living below the poverty level do not have access to cars.

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Over 57,000 people in poverty and nearly 26,000 households without cars are located where we'll have new metro rapid stations. The blue line will serve over 26,000 people in poverty and nearly 10,000 people -- 10,000 zero car houses. The Orange line will serve 29,000 people in poverty and 11,000 zero car households. We're going to be able to expand and improve service to our communities in the eastern crescent with commuter rail and rapid bus lines. New commuter bus transit on pleasant valley could cut the commute by 30 minutes or more, giving people time to spend with their families. We must acknowledge that major transportation investments in our past have done more to deepen

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equality, to degree combat rather than connect and to displace. We must learn from that painful past and ensure that we do not leave these injustices. We must ensure that the very communities that we intend to serve with transit are actually able to keep living this those areas once the improvements are in place. Along with the historic investments with transit will come an historic effort in the affordability of communities near our transit investments. Making land for affordable housing before gentrification takes hold. Building thousands of permanently affordable homes while preserving existing affordable homes. New programs developed collaboratively with residents of the neighborhoods impacted to keep people in their homes. No other city has embarked on a project of this magnitude in a way that learns from the mistakes of the past and makes real meaningful investments to ensure equitable outcomes.

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In November I hope and I believe our council will give voters the chance to right many transportation wrongs in an historically grand way. And I want to thank assistant city managers and executive director Clark and his board chair wade cooper for helping to shepherd this initiative to well in positioning our community for this action. Let's talk about policing and the budget and let's think big. What if we really wanted to make our city safer? And we're willing to press the horizons? Are we really willing to engage in the reimagining of policing that it could make us safer? And what does it mean to reimagine policing? While we're at it, what do people really want -- do

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people really want to defund the police? You know, I am anxious for us to put the politics and hyperbole aside and talk about the choices of desires to make us more safe and the pathways for whatever we want to do. For example, why is it that we expect our police officers to be our first option in responding

to mental health disruptions? It seems that too many of these police calls don't go well. I don't don't we expand the availability of mental health professionals so that the police role is one of backup in case these professionals need help? If we could farm much of this activity out to these others, we might not need as many police officers. We should find out. So many people ask me if they should call 911 or 311 for their issue, I'm not always sure of the answer. But maybe another question is why do we need two

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different sets of operators? What if there was only one number or one set of operators trained to immediately forward every call to where it's supposed to go? Or maybe if the 911 were not in the police department, fewer of the calls would be sent to the police. Maybe the police department or the taxpayers could save some money even while the public is getting better in touch with the right person, if we no longer made the police department pay for 911. We should find out. The last several years our local law enforcement leadership working with criminal justice attorneys has been examining whether to put civilians, scientists and doctors in charge of an independent forensic lab. Maybe that would help with the perception of impartiality. Maybe the court should be paying for this work rather than it coming out of the police budget.

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We should find out. Some have suggested that we should explore whether internal affairs would be better able to do its work if its investigating officers were not part of the same police force they're expected to investigate. And should the police department have to pay for it? We should find out. What about the academy, where perspective police officers receive their initial training. About half of the curriculum is set by the state, but about 500 hours of instruction are directed by us locally. Do you think we should consider redirecting our half of training to much more intensive training on issues like mental health intervention? Would the training be more responsive to the community generally if the academy administration were civilians and police officers served as adjunct professors. And if so, would it really need to be the police department that paid for this? We should find out.

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One of the areas where we have too much violent crimes associated with family violence. These must be horrible calls for police responding to situations where a family member has injured another. In this city we have places where people can go with their children to be safe and protected before the violence occurs, but right now if they call many are put on waiting lists because we don't have enough available space. If we want to do more to fight family violence, is it better to invest in people who respond to the violence once it's occurred or in providing more shelter space to avoid the violence at all? We should

find out. It seems like many if not most calls answered by the police and the fire department for that matter are health related. This is what EMS does. Maybe they're more trained for this type of call. Maybe increasing the number

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of EMS personnel would mean there would be less we would be asking the police department to do. Maybe such a change in who responds to medical calls might save the taxpayers money. We should find out. These are the kinds of things that are involved in reimagining police. Reimagining how we deliver public safety. You know, I'm really looking forward to the continued conversation with my colleagues and the city manager and staff on these items next week. Here's what I'm thinking might be the way to go next week for me. I support engaging in the reimagining of the police department and how we achieve public safety in many different ways. I support the process that city manager Cronk, the deputy city manager Rivera Vandermyde and Muscadin have put into play to evaluate together with the community

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ideas such as those I just went through, including whether and how any idea makes sense and how it will be achieved. And thank you for this purpose. This concept is gaining acceptance in large part because you are entrusting it. So I thank the three of you. That's quite something in this day and age. I do not see how we actually make any of the things happen that way. If we want real transformative change we have to be able to do the work necessary. This will take all of us working together, digging keeps, resolving conflicts, removing barriers, being our most creative, innovative and adaptive. For some the path seems more clear. Ultimately there would be no lasting reimagination that is sustained without putting in the time, resources and deliberation. These are important decisions. This reimagining process, however, has to happen fast

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and some of the ideas have to be done now. To demonstrate the seriousness of this inquiry and to provide greatest transparency, I support removing elements such as those I just talked about from the police budget now and putting them into a transition, transition budget category. If you put in the things- that I've listed, that transition budget would contain well over \$100 million in will elements that are currently in the police budget. And then to make sure that we actually do the work to evaluate, recommend, be ready to execute where appropriate, I support only authorizing expenditures out of the police budget and the transition budget for six months. That would mean in six months none of these

budgets would be funded without council affirmative action, creating in essence a second budget process in six months

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on these matters. There would also be no need to wait six months for budget amendments if they are ready or if a councilmember wanted to bring one more quickly. I believe that the academy curriculum lacks sufficient confidence in the community, that it will move police personnel to the kind of culture and approach most desired, and we don't know how long it will take us to get that. Therefore I do not see how at least a November academy class can go forward as planned. This is difficult for me because I believe that the academy is the best way we have to place culture change agendas among our officers, and these cadet classes provide us with our best opportunity to diversify our officers. We need to examine appropriate force levels today as part of any reimagining that gets executed for functions

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inside the police department are undertaken elsewhere or handled in ways that are intended to provide increased public safety. And we need to better understand in the next few days the overtime reserves to see if there are monies there that could be moved to mental health intervention that still needs funding or to increasing capacity of ems. And finally, from at least a purely -- from at least a purely public safety perspective, we need to commit to funding and operating more transition and permanent supportive housing for those without homes and those that need a safe place to go. I want the demonstrators and the marchers and the advocates to know how much I respect, admire and appreciate their efforts to impact the debate that we're having at city hall. It's made a significant difference in the nature and substance of the conversation that we're having, and I hope that this commitment portends for an

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incredible high turnout at the polls in November, something that we should all commit to. And I want our law enforcement officers to know that your mission and your safety is paramount to me and this council. I know the discussions that center around considering new or different ways to achieve safety and be heard by some as an indictment of performance. I can't help what others say. I do know that the conversation among the dais is focused only on our joint mission, you and us, to find the best ways to keep our community safe. The discussion I hope we have over the coming few months is one in which I hope dissipates because there is so much for all of us to do. Finally, on this subject, I want to address police department leadership. The discussion that we're having in Austin about trying to find the best ways to provide for public safety

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is the same as is happening all over the country. We need partners and advisors in this search that are open to exploring and building a new idea. We need the full data to be presented for the objectives considered. We need not only an openness to consider change, but a key desire to move past the status quo and to look at project safety more broadly and even to ensure that we are best equipped to deal with unsafe moments after they occur. We need more than just a willingness to accept change when that happens. We need a champion for change at its best. In years past, the state of the city address would have ended about here. After having laid out the big things that we need to

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do, and these big things are all transformation national, ending homelessness, delivering project connect, citywide rapid transit and reimagining policing and public safety. They rise to the moment. But let's also start talking about us. The success of Austin and Texas began at the expense of its slaves. The first census in 1825 showed Austin with 450 slaves, 35% of the total population. By 1860 the number of slaves were increasing faster than the population at large. Colonization laws gave settlers up to 4,605 acres of land and an additional 80 acres of land for the slaves they had. The blacks were left from voting in 1902 with a poll

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tax. Segregated in public transportation in 1906. For many prevented from voting in primaries in 1923. And we all know in 1928 Austin adopted a land plan that forced African-Americans to leave their homes and move to the eastside of town. And in 1932 we passed -- in 1932 we passed ordinances that removed all of those that had not yet been forced to. A century and more of deliberate segregation, compounded by a lack of investment over generations, and our own local version of the institutional racism have had disastrous and completely predictable results. Extreme wealth and wage disparities, poverty rates for Travis county blacks and hispanic residents are two and a half times greater than the poverty rates for whites. In Travis county, 28% of all people under the age of 65 who are low income have no health insurance, but hispanic residents most

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likely to be uninsured. While black residents believe for eight percent of the -- account for eight percent of the total adult population, in Travis county 23% of all people booked into the Travis county jail are black. A recent report by the urban institute and the center for policing equity finds that black motorists are four times more likely to be arrested after being stopped by the police department as white citizens. These statistics reflect not a deficit of ability or ambition, effort, but rather a shameful combination of racist policy, compounded by decades of inattention and disinvestment by Austin's privileged, mostly white leadership over the ensuing generations. We've done a lot to address some of the messages of institutional racism. I appreciate the work of

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professor pierce burnet for the work she did with the task force on that subject. She's leading an incredibly wonderful university on the eastside of town at houston-tillotson. We should all be thinking about providing greater support for that gem in our city because none of us are doing enough. Our pre-pandemic economic success and stratospheric growth hid and thus delayed the magnitude of the reckoning that Austin's legacy of racist and systemic inequity that it's acquired. We've been taking concrete steps, but moving too slowly and people are suffering as a result. We have to acknowledge the roadblocks to prosperity for people of color in Austin who are set intentionally and their impacts will be felt for generations unless we act. We must harness the energy of disruption to make Austin a city of real opportunity for all. It's going to require a

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commitment by each of us to address affordability, displacement crisis to expand health care options and transportation infrastructure to every corner of the city to ensure that our institutions are just and equitable. And more appropriately, divide the pie. I'm adding my voice to those mayors across the country who are calling for congress to develop and execute a national program of restitution for descendents of slaves in this country to address the yawning chasm of economic disparity that began with slavery and widened over generations of destruction over the shameful scourge of Jim crow and remains to this day. We must also do the work here. We would not be alone in this work. Cities around the country, Asheville, Providence, Durham, Tulsa and others, are only up to the physical,

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emotional and economic violence visited upon people of color by the communities where they belong. And tonight I'm asking council and the community to begin a planning of a pathway to atonement and restitution. There is already movement in this direction in our community and we should support those that are trying to find the way forward. It's going to require us to be intentional about addressing our

history and righting the wrongs. It is the work of saying, as we do, black lives matter. I believe covid-19 will eventually be overshadowed by the big ideas, but even more important will be why and how we do the big things. Importantly, each promotes justice when analyzed through an equity lens. History will remember 2020 as the moment that pointed us in the direction of

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justice. Because this was the year that forced us to see injustice unlike any time before. Like someone grabbing and holding our face between their hands and not letting us turn away, forcing us to look at the unfairness around us and our part in perpetuating it. Last year as I gave the state of the city I stood at a podium in city hall chambers and said race issues remain our most significant equity challenge. This was a year ago. You think those words resonated then the way that they do today? There is no justification I said then, for having a 10 year differential in life expectancy depending on whether you live on the east or westside of town. And that was before the coronavirus. The truth is that last year

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we had yet to really grasp the enormity of the opportunity gulf that separates our neighbors of color from many of their white counterparts. 2020 has thus far been a troubled year. I believe it will turn out to have been the kind of necessary trouble that congressman John Lewis exhorted us to make in the name of process. Never has the resolve been so great to live in a more fair and more justice society than it is today. That hope and dream, the sense that things are somehow different and more different than they have ever been is wrapped in a feeling of hope and optimism that is equally unique. The time is now, the drum beat grows. The time is now to ensure we exit this time as a more just city than we were when we entered. We can do this if we're not

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scared to think big. This is the moment to define who we are. We should dedicate ourselves to doing justice and not in little ways. We must rise to the moment and change history. Motivated of violence by agents of law enforcement will not occur. Perhaps only in a time such as these when our routines and inertia are so utterly disrupted can we be freed and forced to dream and act big. We can get swallowed by the challenges or we can see them as freeing us to think in grand ways and differently and truly deliver a new kind of tomorrow. So let's do big things. Let's end homelessness, let's bring real mobility to Austin, let's reimagine how we keep one another safe. Let's address race and do

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something about correcting centuries of injustice because it is the fundamental injustice that fuels so many others. I want to note also that I think that most everything that I have said here tonight, about the principles and values and goals and aspirations and priorities that guide these efforts are shared by all of my colleagues on the city council, but I want to say what an incredible honor it is to serve with them. And I want to thank my chief of staff, Leslie, and my entire staff. I learn so much from them. And let me conclude by recognizing that doing these three big things will require a major disruption in the status quo. All of these challenges and others require a reckoning with racial disparities that

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exist in every corner of life in this city. We have to recover, but shame on us if we rebuild systems as inequitable as before. Let us embrace the remarkable gift it is to have so much undecided and up in the air. Let's celebrate the opportunity born of the necessity to rebuild. Let's commit to be guided by a search to deliver justice. Let's join in a disruptive recovery, seizing the moment to rebuild in a just and equitable way. Thank you.

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>> Good evening, I'm Gloria Chen and I'll be moderating tonight's media availability focused on tonight's state of the city speech given by mayor Steve Adler just a few minutes ago. We've had some questions submitted by media outlets in advance and mayor Adler will answer a few questions from each media outlet. Any unanswered questions will be answered after this availability concludes, and with that we'll get started with our first question. The first question comes from Luis Deleon at KVUE. Mayor, bear with me. I'm pulling up the questions. Mayor Adler that's okay. >> The first question is: Has the city's efforts to combat homelessness in Austin been reduced due to the covid-19 pandemic and are there any plans that

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could take affect in 2020 to help with the homelessness issue? >> Mayor Adler: You know, the pandemic actually increased the attention that the city has given to those experiencing homelessness in our community. When you look at other cities around the country, one of the most susceptible populations to the virus were the communities that were experiencing homelessness. And in so many of those places there was a cluster, and multiple clusters that formed and became problematic in ways that, quite frankly, we've seen here in nursing homes. But we were able to cocoon in large measure so many

of the people in this community. We were able to create a task force that were able to find the virus when it APD and isolate people. We created our protective

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lodges, pulling our large numbers of people experiencing homelessness and putting them into hotel rooms. We've actually had now all the service providers and stakeholders working together in ways they never did before. We have five, I think six coming online motels now that are providing housing for people. I think we've learned a lot. We're going to exit this with several of those facilities still in place, even after the virus. We just had at the city council this past week a report that showed strategically how it is, so we launch this concerted community-wide effort. So I think we are poised right now to start taking the steps to do it.

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>> Can you hear me now? >> Mayor Adler: Yes. >> The next question comes from Phil Clifton at Austin monitor. She says, quote, we need more than just a willingness to accept change if it happens. We need a champion for change at its best. Does that mean you are calling for a new chief? >> Mayor Adler: I did not call for a new chief, I called for a chief that would embrace those values. >> Okay. The next question comes from Kevin Clark at KXAN. First question is: Which aspects of APD's budget do you pledge to move into the six-month transition budget you mentioned in your speech? >> Mayor Adler: I think that all the things that I mentioned in the speech would be included in that. The forensic lab, the 911 call center, but I also would add professional standards. By that I mean internal

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affairs and training. I think we need to look at parks and lake patrols, victim services, traffic enforcement, support services, financial management, booking and processing support, equestrian, canine, explorers, cutting overtime and poi. Best as I can figure all those things add up to a little more than \$100 million. >> Okay. Next question again from Kevin Clark at KXAN is: Covid-19 has hurt many people economically. What would you say to struggling homeowners who are skeptical about voting for project connect due to the anticipated tax increase? >> Mayor Adler: You know, I recognize that there is a tax implication of project

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connect, but I also think that one of the most important things we can do to build our city and build our economy is to invest in a program such as this. We will be out of this virus and when we come out of this virus, and one of the ways that we will come out of this virus more vibrant and stronger the jobs associated with this kind of a capital project. But as we talked about in the speech, it will change the city and its future. You know, it's \$23 a month is the tax implication on an average home, and I recognize that's real money. But I also think that at this point in time for people that recognize that the quality of our life is so important, we need to do this project. Voters were confronted with this choice 20 years ago. I wish they had voted to do

[6:58:15 PM]

this then so that we would all be enjoying it now. >> Okay. Next question is also again from Kevin Clark at KXAN. What specific plans, if any, have been discussed within the city as far as restitution is concerned? Which stakeholders would be involved and what would you like to see? >> Mayor Adler: I think that the conversations concerning atonement kinds of issues are happening now out in the community, and I'm sure that I don't know all of them. I don't know of any formal conversations that are taking place within city government, but I think that should change. And I think that we should begin by listening to the initiatives that are already being discussed out in the African-American community. >> Okay. And this seems to be our

[6:59:15 PM]

last question. It's from Joe Clifton at Austin monitor. She has a question that mentions you referenced earlier about transportation investments in the past that encourage dividing of the community by race. Is it a reference to recent decisions? Is it about I-35 or something that happened back in the 1920s? >> Mayor Adler: I think a lot of the decisions that we've made with respect to transportation have had that kind of dividing element. Certainly I-35 is an example to build a highway that divided the city according to the 1928 line and putting I-35 certainly had a physical barrier there. But I also think that we have done many other transportation projects, transportation projects that have moved east and gone through neighborhoods without us taking a look at the things that we should be doing to try to preserve the

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communities. You can see that kind of thing on Riverside, you can see it on 183. So it's not just that one project, it's -- I am real proud that the option being considered by the city council this week has a 300-million-dollar component in it to deal with displacement. It's about time. >> Okay. That was our final

question. And that concludes this media availability for the evening. Thank you everyone for joining. Good night. Ler

[7:02:32 PM]

>> Good morning, I will be the moderator for today's media availability Spanish interpretation of this media availability is on atxn 3. To start, Austin public health director Stephanie Haden will say a few words followed by Dr. Mark Escott, then Austin's public health chief epidemiologist Janet Pichette, then we will open it up to the pool reporter who will answer questions from the media. Stephanie, over to you. >> Good morning, thank you. I want to start today by talking about family gatherings. When we think about family gatherings, I am thinking about when we travel over to other extended family members outside of our home to have gatherings, whether it's a birthday or any other type of celebration. We have made a decision, as a community, to do those in person. Well, the challenge that we have with them is when you

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have events where you are with family, or others, that are in your personal circle, you make the decision to let down your guard. Things are happening such as individuals are not wearing their masks, they are not socially distancing, because what you feel like is, this is my family, and I am very close to them. And this is true. This is your family. And family is so important to all of us. But it is going to be important for you to continue as if you are going in public with other individuals that you don't know. It is going to be important for us to really do things different. We really need to try to figure out ways of how we can socially distance, wear our masks and practice good health hygiene. And that is so important.

[7:04:37 PM]

We are seeing more cases that are connected to individuals having parties, et cetera, with family and friends. Please make good decisions so you don't cause an increase in covid-19 cases. Lastly, I want to remind everyone about our testing locations. Please go to the website, schedule a test. If you are unable to schedule the test, please call 311 or a nursing hotline and get them to schedule a test. We have Saturday testing at walnut creek off of rundberg and at givens park on Saturday. And at dove springs at the library. Please make sure you take advantage of these locations. Thank you. >> Thank you, director

[7:05:39 PM]

Hayden. I just wants to reiterate what director Hayden just spoke about, about the social gatherings. We have to remember that diseases spread through person-to-person contact. And that spread is more easily happening when people are face-to-face. Which tends to happen more often when we are around people that we are comfortable with. We're not social distancing, we're not wearing the masks, and, again, I think that it goes back to -- to a -- to a feeling of comfort that someone doesn't look sick, so they can't possibly have covid-19. We know that almost half of the covid-19 cases are asymptomatic or mildly symptomatic or in a stage where they are not yet symptomatic, something called presymptomatic, where the disease can still spread, but the person doesn't look sick. As director Hayden said, we have to practice those social distancing that

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masking in all of those visual impairments. -- In allof those environments. Not only when we are at stores, shopping for groceries, for clothes to back to school, but when we are with family and friends. We have to push past this plateau that we are seeing. We've had a great run over the past two weeks of rapid declining cases thanks to those protective actions that folks have been taking. But we've hit a wall. And we're starting to see a little bit of a bounce in terms of new admissions to the hospitals as well as new cases. We've got to push through that, which means that we have to take even more protective actions. We have to go back to our mindset that we had in March and April. When we were all staying home, when we were really limiting our travel outside of the home. Because we have to be in a better place to get our kids back in school and hopefully get businesses open more in the future. We've got to do better.

[7:07:39 PM]

And I'm concerned that if we don't do better, we're going to be back in stage 4 territory in terms of the hospitalizations in the short term. I do also want to point out that -- that as director Hayden mentioned, we have lots of different options for testing. And we've been seeing a decrease in the number of individuals who have been signing up for testing. As a result, we are going to lower the threshold for testing, which will allow some asymptomatic testing to occur again. So we are encouraging folks to go to our austintexas.gov/covid19 website to take a self assessment, even if you have been there before. You can take it again and make a determination if you are eligible for that test. With that I will pass it over to Janet Pichette.

[7:08:41 PM]

[Background noise]. >> Make sure that people understand the concern about social gatherings and potentially exposing yourself to individuals who are outside your home. Including your family members.

We at Austin public health have been investigating numerous, numerous cases where people have been affected because of social gatherings or family gatherings in their home. And so now is the time, even though the cases may be declining, for us to remain vigilant, just like we said last week. We're in this for the long haul and we need to continue to -- to be vigilant in our preventive measures. And that includes those measures that will -- that will protect you. Even if it is exposure to your own family members. So those things are very important. I would also like to add that today marks six months

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since Austin public health actually activated their department operations center to respond to covid-19. [Audio cutting out] Staff working in January, following up on numerous passengers who were returning from main land China and other areas that were considered hot spots in the world and we were monitoring those individuals twice a day. So you do have a public health workforce who has been hard at work. And often unseen by the general public as far as the response to covid-19. And I just want to -- to give a shout out to my staff and the staff of public health who have worked very, very hard on this response. And, you know, we still have a long ways to go. And to get over this hump, we need to make sure that we remain vigilant in our preventive measures. >> Thank you, now to our

[7:10:44 PM]

pool reporter, Chris Neilly from community impact news with the questions. >> Hey y'all. All right. The first question is from community impact. It's for Dr. Escott. Dr. Escott, you said that you want the community to be at a stage 2 or lower by the time school returns. Does getting to stage 2 allow the community to avoid the expected spike in transmission once school begins? >> I think we need to get as low as we possibly can before we introduce students back into the classroom. You know, if we have a stage 3 or stage 4, it's going to be more difficult to not only open schools, but to keep schools open. We've seen over and over again, across the country and across the globe, that when we reopen too quickly, while the disease is still spreading efficiently in the community, that that opening is short-lived. And closures come soon after. As soon as a week after

[7:11:45 PM]

schools have reopened they are closed down again. We want a reopening plan that's going to -- we don't want a reopening plan that's going to result in a situation like that. We value in-person education for students. We recognize the importance for the education, the socialization of students. As well as the number of incredible support services provided by our school districts. And we also value the continuity of operations. We don't want to be in a situation where we're turning schools on and turning them off in a representative cycle for the next six months or a year. So our goal is to find a plan working

with our school districts and other stakeholders to ensure that when we reopen, we do it slowly and progressively as the situation allows. Certainly if we are in a stage 2, by September 8th, it will put us in a much better situation to reopen schools and keep them open.

[7:12:46 PM]

>> All right. The next question is from KXAN. UT announced it has purchased three new machines that will allow it to test 5,000 people per day. And get results back in 15 minutes. Has Austin considered a similar move to help speed up test results and how much of a game changer would this be? >> So Austin public health has a -- an [indiscernible] Analyzer. You can't do 5,000 tests a week on that machine. It takes about 15 minutes per test per person. So it's very, very limited in the number of tests that could be done. Even if you run it around the clock. So my understanding of UT's plan is that they are going to use the rapid analyzers for some tests, but still heavily rely on other tests for the bulk of the 5,000 they intend to do per week. I think we need to have more rapid testing.

[7:13:46 PM]

In addition to the pcr testing, they are rapid antigen tests which can also provide those rapid results. But we need a significant shift in the availability of rapid tests and the cost of rapid tests in order to really open things substantially and decrease the risk and really allow us to -- to box in the disease as much as we can. >> The next question is from the statesman. Can you discuss what trends have emerged in the past week and any indicators that concern you? Based upon other countries and states that have been through periodic surges, what can we expect to see in the next month or two? >> I'll start with that and Janet may want to comment on it as well the future is a bit hard to predict. We have certainly seen many, many circumstances across

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the globe where jurisdictions have seen a rapid decline in cases, followed by a bounce. And I'm concerned that the plateau that we're seeing right now is indicative that we may have a bounce in the initial return. I think the future is able to be changed by the actions that we take as a community. By continuing those protective actions that director Hayden spoke about earlier, but also ensuring that we don't take additional risks which are unnecessary. Which will place the community at risk. And these are some of the heavy decisions that are weighing on us in terms of athletic programs, extracurricular activities and other gatherings. Because we have to decide on our priorities as a community. If our priorities really are to get kids back in the classroom, to allow businesses to stay open, then we've got to minimize the risks that we can in order to be in a safe place.

[7:15:51 PM]

I think when we have seen resurgence of disease in countries and other jurisdictions, it's been because they have taken too much risk too early. And we want to learn that lesson from them, not by learning it ourselves and taking the advice that they have given, which is -- which is don't be -- don't be too hasty in your decisions to reopen and take risks. >> I would like to add, you know, just from our observations here at Austin public health, we do see -- it's exactly what Dr. Escott is saying. People are letting their guard down, as people have been re-- reentering the workforce, clusters within workforce settings, work site settings across the city and other clusters related to visiting restaurants or bars and things like that.

[7:16:52 PM]

I do want to point out, I mentioned this a few weeks ago, we know what happened in 2019 following H 1 N 1 influenza, which was a novel strain of the influenza back then. We had cases, our first wave occurred in the spring and summer months. And it did die down about this time of year. And then when school restarted, we saw an increased spike in cases and a second wave that exceeded the wave where we had -- at the first wave. So it caused surges to some of the emergency departments and things like that and we were -- we wanted people to keep that in mind as they continue to be vigilant in -- in their prevention activities. And, again, if we can put ours in the situation where -- put ourself in the situation where we have the lowest possible cases and we are definitely on a downward

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path to the number of cases, it puts us in a much better position as we reenter schools. So -- I don't want people to forget about 2009 because I think it is a good predictor of how behavior influences the spread of disease within the community. >> I would like to add that, you know, as a community, we have established priorities. Right now, you know, health and safety is number one. But then when we think about the education, you know, of our children, you know, whether they are k-12 grade or college students, education should be our top priority. And if we set that as our top priority, everything else falls behind that. So our goal is to make sure that as a community we are providing education to people that need it the

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most. There is going to be a need for -- for students to have that connectivity to the internet and all of of the resources they need in order to be educated. So education unlocks the key to poverty. So as a community that should be one of our top priorities. >> Okay. The next question is from CBS Austin. Asking about the convention center. What's the latest status of the alternative care site at the Austin convention center with icus now below surge capacity and the hospital bed situation improving? Are you considering any changes to the field hospital? >> So the acs is -- is -- is built out, obviously we're not staffing the acs because of the improved situation in the hospitals. But it stands ready to activate should we need it again. We've got no plans to

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demobilize it at this stable. We will continue -- at this stable. We will continue to watch and -- stage. We will continue to watch and wait to determine if it's needed. If it's needed we will take actions as necessary. >> Next question for Kut. Have you considered recommending a move down to stage 3 of the risk based guidelines? If not, what trends are keeping you from making that decision? >> Again, I think we want to wait until we have two weeks at least within stage 3 to make that transition. As I mentioned earlier, we've hit a plateau. We are starting to see a trend to increase in terms of the hospital admissions. Yesterday was 41, which is the second day in the past several days that we've had more than 40 admissions. My concern is that we're going to bounce back into the stage 4 territory in the short term in we don't continue to take those

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protective measures. We want to be [audio cutting out] Changes in the staging because that staging indicates a decreased concern, decreased risk. I'm not sure that we're there yet. >> I think it's going to be important for us as well, we definitely don't make decisions independently out of our collaborative group. And so we have those conversations and just this week we were alerted that hospitals were out of surge capacity. And so that was really good news for us as a community. And we want to stay on that path because we want to keep things as minimal as possible. So when we make the decision to go back and re-evaluate that, it's a collaborative process. And we will be consulting all of the partners across the community. >> Next question is from

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austonia, for Dr. Escott. You said last week that aph is considering offering rapid antigen testing. It's aph anticipating that beyond the testing at UT, what equipment would be needed and how long until such tests might be available? >> So we have a team exploring the option of antigen testing. Those tests are currently run on machines on devices which would need to be acquired and, you know, they are

investigating the availability of those kind of machines. And if it's practical for us to operationalize that. As director Hayden mentioned, in the past we have contractors who are doing testing for us now. So part of that discussion is with those groups to determine if they have antigen testing available and if not if they can acquire that technology.

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Again, antigen testing isn't quite as good as the PCR testing. But it's probably good enough. And if we can increase our availability of rapid testing, it allows us to differentiate those positive cases sooner and allows us to do case investigations sooner by -- by Janet's staff. And allows us to contact trace sooner. So really it would be more effective at the boxing it in strategy, particularly as we see case numbers decline, we'll have a greater chance of containing this and keeping it contained if we can get those rapid results. I will say that -- that the turn around time for our PCR tests, the nasal swab tests that we are doing now has substantially improved to one to two days for the vast majority of our tests that we are sending off. So that is a positive that

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should help us also in that case investigation and contact tracing process. >> Yeah. Just a follow-up to that. What was the cause of it, you know, the turn around time reducing for the swab tests? >> It's really decreased demand. Of the testing. And increased capacity from the labs. When we look across, over the past couple of weeks, we've seen a decline in our -- in the number of folks who have signed up for testing. A decrease in the number of folks who are coming to our neighborhood testing sites, so in an event that we had this weekend at Sacred Heart Church and we are getting the sense from other jurisdictions that they are also seeing a decrease in those who are seeking testing. So I think those are helping. I will also say that antigen testing is becoming more prevalent in the community and folks who - who are

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able to, sometimes seeking private testing of antigen testing, which is also increasing the turn around time for our PCR tests. >> I would just like to add that -- that, you know, when we were seeing those long turn around times for laboratories, many of these laboratories are national laboratories that are being impacted by surges throughout the United States. So while we were experiencing surge here, other communities within Texas and outside of Texas were also seeing that same surge. And so that demand is -- if you recall like the whole southeastern United States was having a surge at the same time. So they were also, you know, having a lot of -- of lab results that were being submitted to these laboratories which was increasing that turn around time. So hopefully the -- the declining numbers helped

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improve that considerably. And, again, like Dr. Escott said, the increase in the use of and antigen testing that's something I think we are looking at right now to what kind of impact that's having on our numbers. Many of the rapid antigen tests that are submitted to Austin public health and to the state are considered probable cases. And so they are not prioritized as confirmed cases for case investigation, but we are trying to see what the impact on our caseload is related to that. >> Next question is from univision. To what do we owe the recent spike in cases? Realistically speaking is it possible for us to go down to a stage 2 by September 8th? If so, what changes do we need to implement now? >> I mean, I'll just continue to add on to that by saying, you know, there's a lot of unknown as far as what's causing the increase. I mean, I would like to think that people are

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continuing to wear masks when they are outside and that's been my observation when I've been out in the community. I would say that, you know -- that's why we're trying to look at the rapid antigen tests right now and seeing what kind of impact that is having on our caseload. Could be that someone doesn't want to wait in a line for a few hours to get a rapid antigen test -- I mean a pcr test and they may not want to wait a long number of days to get the results back. Because they want to be able to move about. And not be confined to home while we wait for their results. And the rapid antigen does provide that ability to provide a quick test. So again we're trying to see what kind of impact that is having on our caseload. >> This next question --

[7:28:08 PM]

sorry Dr. Escott? >> I was going to follow up and reiterate what Dr. Hayden said in her opening statement. How we push past this plateau that we are seeing now is really paying close attention to how we're acting outside of work and outside of our business to grocery stores or other places like restaurants. I think the key to breaking through is to ensure that we are eliminating those gatherings where we can. Not having the barbecues, not having the pool parties, you know, delaying birthday celebrations. Or doing those virtually. I think this is the piece that we haven't cracked yet. Because it's more difficult. Because it happens behind doors in people's homes. We really need folks to understand that this is how we get to stage 2. We can do it. We've got almost a month, a little over a month for us to do that prior to school opening.

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And if we all work together, if we are committed to that primary goal, as director Hayden said, of getting our kids educated, then we can do it. If -- if we are distracted, if we choose to take risk, we will not get there. It will put us in a much more difficult situation to reopen schools. >> Okay. The next question from co-op radio on this testing question. As we approach the end of Travis county stay at home order, it's been said that take the only way for people to go back into public is with a wide-spread functioning testing strategy. How many tests must Travis county organizations administer per day in order for testing to be adequate? How short of a turn around time for results is needed to manage the return and are we prepared for the necessity of expanded testing volume when the stay at home order expires?

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>> I'll start and say that we want to see our percent positive below 5%. How many tests that's going to be is going to depend on how much disease is spreading. But that's certainly our goal. You know, we need rapid turn around times. Ideally, less than 24 hours. You know, really ideally, in a perfect situation, test results before that person leaves the testing site. Because the -- the time to intervene is when the test is done. And what we've done to help with that is to -- to ensure that folks are receiving that information at the time of testing. That they have information about the need to protect other family members or work mates by staying home, by isolating at home or utilizing our isolation facility to separate themselves from household

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members while they're waiting on those results. We have also started passing out personal protective equipment for folks being tested so we can ensure that they have masks and other supplies to stay safe. Director Hayden and the team from Austin public health, as well as emergency operations center, are -- are working on plans to -- to increase the -- increase the distribution of masks to our community. Because we still have folks in our community who lack the resources to -- to have masks. And, you know, the more we can support those protective measures, the better situation that we're going to be in come September. >> I would just like to add -- oops. [Overlapping speakers]. I would like to add that it's not just the testing strategy. It is an effective prevention strategy. We need to have an ongoing effective prevention strategy and that is the

[7:32:10 PM]

commitment by our community to follow prevention measures, to protect their loved ones. And I'll just leave it there and let Stephanie chime in. >> Thank you. Actually, I agree with you, Janet. Because testing

is very important. The department submitted a -- a testing plan, that will take us through the end of -- of December of this year. And noted how it's going to be essential for us to be flexible and ensure that we are providing testing in targeted communities. But I also agree with -- with Janet and Dr. Escott. We have -- we must add additional measures in place. Where we are providing masks as well as teaching health hygiene, hand washing, et cetera. So we're providing that information to -- whether there's camps or whether

[7:33:11 PM]

individuals are at home, providing those skills and that additional information, talking about social distancing. So the prevention plan is ultimately to mitigate the spread of disease. So we need the testing. But we need all of the other additional measures in place as well. >> Okay. The next question is from Austin business journal. What do you attribute to lower rates of testing -- what do you attribute the lower rate of testing requests to? Are you expecting a relatively immediate rise in tests after the testing thresholds are lowered or are you worried about other factors keeping the rate of test requests low? >> We know, in the past we have learned from our perspective during this response is that when we make an adjustment to the

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way as individuals go in and enter their information is to do the assessment. It does allow for more individuals to be tested because they do meet that criteria. So it's going to be important for -- so it's going to be important for us, if individuals may have gone through that process and they were not able to take a test. This will open that opportunity for us to have more individuals testing. So that is really important for us as well. >> And I think the other -- the other thing that -- factor that's influencing that is that there's just the availability of more testing out there in the community. So whether it be a rapid test or rapid antigen or antibody test or pcr test, there's just more people able to provide that test to the community. >> Okay. Next question is from KVUE. A few weeks ago austin-travis county got up to a little over 2,000 tests

[7:35:14 PM]

per day, according to state data. By the end of last week, testing was done to around 1200, a 40% reduction. Now back up to around 1800 as of yesterday. How are you feeling about the testing capacity in austin-travis county and why are we seeing it fluctuate so widely, especially a big drop like we saw over the course of July? >> As I stated earlier, the department does have a testing plan and strategy. One of the things that's really important for us is to ensure that we are testing individuals that have been exposed to covid-19 or have -- feel like they have some level of symptoms. So we really have got to

emphasize that it's still important for them to come in. Even if individual may have noticed that there was a delay, with the test results coming back to Austin public health, it's still important

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for them to take those measures and schedule and come in and take those tests. The other thing that is really important is that when -- when individuals go to the testing site, our staff have been able to provide them some additional information about testing as well as providing them information that they can provide their employer [audio cutting out] Is important for them to isolate at home so they can [indiscernible] Those results. So those are several of the reasons why it's important to ensure that individuals are getting the tests. And so as we made the change, we know we will see more individuals come through our testing sites. But there's more testing available in our community than what we've had when we first started testing. Austin public health knows that we're not going to be

[7:37:14 PM]

the only provider of testing. Individuals will make a choice that -- that they may even want to come through our site or they may see a -- another area where they can go and test and get the results back sooner as Janet stated earlier. >> I will just add, we also have to remember that we have good evidence that -- that, you know, over the past couple of weeks, that the disease transmission has been decreasing. So less people are getting sick. Less people are exposed. And it's logical less people would need or want to be tested in that circumstance. I think we're going to see fluctuations throughout the next year in terms of that demand for testing and Austin public health, along with our partners, believe that we have adequate capacity right now to to manage those fluctuations in demand. We are continuing to work on revision of our plans, looking at other testing

[7:38:16 PM]

options for the future. But we are in a good situation as a community right now in terms of -- of availability of testing. >> All right. The next question is from us at community impact. You know, last week we heard that greenbelts would be reopening in some limited capacity. But, you know, in-person programming at parks and facilities like tennis courts and basketball courts and golf courses and pools that remain closed, where do we need to get to as a communities in order to open those -- open those facilities back up? >> We're -- I'll start. We are working with our parks and recreation department regarding a rollout plan based upon our stage of risk as a community. As well as the risk of those individual activities. We have discussed the greenbelts and reopening those. We've had a couple of greenbelts closed because

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they had attractive nuisances in terms of standing water. That standing water is now gone which makes it less of a threat. But our parks and recreation department has done a great job of creating processes to ensure that when those greenbelts reopen, they do so safely. They are limiting the access so the numbers of folks who can access those sites and we will continue to review those plans. I know people want to get back out on the tennis courts and on the golf courses and we want them to as well. We believe in the value of that physical activity. And the need for folks to -- to get out of their house. Again, we don't want to take risks right now -- risks right now, particularly when we are teetering between stage 3 and stage 4 in materials of hospital admissions. I think once we've had a solid two weeks in the stage

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3 territory, then we would be willing to examine taking further risks. But right now, if our priority is getting kids back in the classroom, we want to be very limited and measured on the risk that we take to avoid creating a situation that would put reopening schools at more risk. >> The department, as Dr. Escott has said, has worked very closely with Austin, with parks and recreation department. Our department has established calls, as well as communicated via emails. As we look at reopening, we are going to do it in a phased approach. We must go very slowly. So we will not put ourselves in a position where we will overwhelm our systems. You know, I think that, you know, it is great for individuals to get out. We understand that this is something that -- that individuals are passionate

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about. It's great to get out and exercise. And do those things that are really helpful for our body. And we -- we understand that and recognize that. But we also have to put the health and safety of our community first. We cannot make the decision to open all of those things at the same time. Everything has to be a phased approach. In every approach that we have, in this community, whether it is our park and recreation system, whether it is our schools, our colleges, our businesses, we must have a phased approach as we reopen. >> Okay. This one is from KXAN. Is it possible that you will recommend students in Travis county don't return to campus at all this semester? Or possibly this year? >> We are working with the

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school districts and we have provided some guidance to the school districts. It's really important for us, as we work with the superintendents, health and safety is number one. And as I stated earlier, education is our priority right now. And so -- but we must keep in mind of all of the other health and safety concerns, that we may have as a community, within the guidance that we provided, we have provided a staged approach, as I stated earlier. So it's going to be important for us to look at the ability for them to be able to fully operate and provide the education and the -- in the most safe and effective way. So at this time, we cannot provide a decision about what would be our recommendations. Our recommendations solely depend on what is happening at the time from a safety

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perspective. And we will continue to work with the superintendents as well as charter schools and any other schools that may reach out to us and ask us for technical assistance. >> I'll just add on to that, that -- you know, there's a lot of very practical challenges associated with opening schools and keeping them open. We have campuses that don't have school nurses. Campuses that have had school nurses, we've had many school nurses in the county that have resigned or who are not able to work in person due to risk. In addition to that, we have a challenge with our staffing in our schools. Teachers and other staff. We look at our -- at our teaching staff, they said well, you know, we've got substitute teachers. On a good year.

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On a non-pandemic year, we don't have enough substitute teachers in our county to fill in the gaps. This year, with the pandemic in place, the likelihood that we will be able to maintain school operations with any significant staff outages in terms of staff who may be sick with covid-19 or something else, staff who may be exposed and quarantined due to covid-19, means that it's going to be very difficult for continuity of operations to happen on school campuses. So we've had this discussion with our superintendents. And that discussion has been that -- that they need to be ready, the school districts need to be ready for the fact that -- that at least at some stage during -- during the fall in particular, that -- that their school may have to close again. That means having a default

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availability of all virtual so that we have that continuity of education. We don't have interruptions like we had in the springtime. And I think if we prepare for that, I think if our school districts prepare for that, it allows us to adjust, as director Hayden said, based upon the risk in the community. I'll tell you now that our recommendation will be regardless of where we open in terms of stages, what stage we're in, that we open at 25% maximum occupancy of the school. So that those school districts, those

individual schools, those teachers, have an opportunity with a small number of students in place, to work through all of the new issues. How classrooms are going to be operated, how transition between classes is going to be done, how students are going to be screened if they're going to be screened on the way in, how children are going to be fed, how they're going to be bused. These are all new challenges

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for our teachers and our teachers and school staff are an incredibly valuable resource. We have to respect that this is challenging for them. And that there's risk to them. And we need to keep that risk as low as possible, particularly as we begin the new school year. >> Okay. The staying on the school district question, this is from CBS Austin. The aph guidance report to school districts is about to come out. Dr. Escott you just mentioned 25% capacity recommendation. But can you all give us an overview of some other major recommendations that will be included in that report? >> The report is basically designed to -- to provide more clarity on which elements are really important and which are recommendations that school districts could do if they have the capabilities.

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One of the challenges with the CDC guidance and tea guidance is that if -- they list a lot of ideas. But don't provide a lot of clarity about where school districts should prioritize those efforts. So we have prioritized those efforts. And there's, you know, not a lot of surprises. It involves recommending mandatory masking. It involves recommending mandatory education for, you know, hand washing, personal hygiene, et cetera. It involves social distancing. One of the measures involves the possibility of decreasing the social distancing as the risk decreases in the community. We have evidence to suggest that a distance of at least 3 feet decreases the chance of transmission by 80%. As you go beyond 3 feet, that protection increases.

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So, again, as our risk is higher, we want to be as protective as we possibly can as the community risk decreases and we have controlled transmission of the disease, may be able to take a little bit more risk by moving students closer together, allowing additional students to have in-person education. Again, those documents have been -- have been sent out to -- to our superintendents, as well as some other stakeholders for input and -- once we have that a final draft, we will show that publicly. >> Okay. From Kut, are you concerned that the new admission average has plateaued and will stay at this level for some time? >> I'm concerned that it could -- could level off and plateau for some time. I'm more concerned that it's going to bounce. And increase again. And that's why we really need that -- that redoubling

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of efforts in our community to ensure that -- that we're doing things safely. Again, I think that we've done a great job when people are out and about. When they are going to the gas station or grocery store. Going shopping for clothes. I think they are wearing masks, I think they are paying close attention. I think they perceive risks in those circumstances. I think where we can do better, as director Hayden said in the beginning, is in our personal interactions with family and with friends. We don't perceive our family and friends as risks to us. But in this circumstance, they could be. That's why we are encouraging folks to avoid interactions with people outside of your household, unless you absolutely must have those interactions. If you do, to follow the same guidelines that you would if you are shopping or at a gas station. Wear the mask, social distance, be as protective as possible. We simply must do this together if we want to get

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our kids back in the classroom. >> All right. This is going to be the last question from co-op radio. It appears that ISDs, especially in uil sports are going their own ways regarding openings. What can be done to with the start of uil sports and the potential for flare ups in austin-travis county. >> I'll start off. I'm sure director Hayden and Janet Pichette may want to add. I look forward to reviewing UT's plan regarding their stadiums. I have met with the president's office. I have met with the team physician at UT. We've had some discussions over the past several months. But I'm concerned. I'm concerned about the idea that on September 5th, three days before schools may reopen, that we're going

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to have 25,000 people in one place. I think that would be a big mistake. I think that has the potential, as we talked about early in the year, of lighting a fire that -- that could spread throughout this community. We talked about this in terms of south-by-southwest early on. We talked about the dangers of large events. And having people from different parts of town, different parts of the state coming together in one place. I understand the -- you know, the stadiums are big and having a smaller number of people is going to be more protective than filling it. Of course it is. But we still expect with 25,000 fans that more than 100 people, if disease transmission is what it is today, would be positive. And that -- that turns from 100 to hundreds and then thousands. And my major concern is that if we have a football game on September 5th, with 25,000 people, that by

[7:52:31 PM]

September 19th, we're going to be closing schools again. And kids are going to be learning virtually. So, again, we have to have a conversation as a community. Do we want to take the risk of college sports with stadiums with thousands of people? Do we want to take the risk of high school sports with stadiums with hundreds or a thousand or a few thousand people? Or do we want to focus on education? Do we want to focus on ensuring that we can get our kids back with their teachers, back with their counselors, back with their friends in a safe way? I vote for education. If we can do education well, if we can get our kids back in the classroom, at that stage we should have the discussion about the until then, it doesn't belong on the table. >> All right. I think that's all we've got. >> Thank you, Chris.

[7:53:31 PM]

Before we wrap up, would you all like to give any closing remarks? >> Yes. I would also again like to emphasize about family gatherings. We must as a communities -- family is so important. I will just emphasize that family means the world to us. Some of us have friends that we are very, very close to. But we are relational. And when we see people, we have to hug 'em. We need to sit close to 'em. Because they are family, they are friends and we cherish those relationships. But it's going to be so important for us to continue, one, let's just not do it. I mean, that is the -- the number one recommendation for us not to go outside of our home. And have those get-togethers with individuals that don't live with you.

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Secondly, if you must, because some people must, and we, you know, we understand that. Take every precaution that you can take. Put the mask on. And if you have others that are sitting around, tell them to put their mask on. And you socially distance and you have that conversation. And enjoy those loved ones and make sure that you are doing everything possible that you can do to -- to prevent the spread of disease. Lastly, I would like to just remind individuals that flu season is seven weeks away. We are definitely going to roll-out a flu campaign. It is going to be essential that everyone gets their flu shot. It is so important for us as a community. Last year was a very difficult year for Travis county with flu cases.

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And if we combine an increase of flu cases and covid-19, we are definitely going to overwhelm all of our systems. And so if we can do some things ahead of time to be preventive, and get the flu shot and encourage others in your circle to get the flu shot as well, that would be a wonderful thing for our community. Thank you. >> I will say that we've got to push past this plateau. As director Hayden said,

we've got to focus on what's happening in and around the home to really push past it. We also need to ensure that folks who have been exposed to covid-19, folks who have any of the symptoms and there's lots of them now, any of those symptoms need to take a self assessment, need to sign up for testing and get tested.

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And finally, when you have a positive result, we need folks to help us by talking to our disease investigators, by talking about where they've been, about who their contacts are, so that we can box it in. Again, this takes a community effort. It takes community engagement, it takes community cooperation. For us to get back in the situation where we have controlled spread of disease and we can get our kids back in the classroom. >> Finally, I would like to just add in the words of madam curie, an ounce of prevention is worth -- an ounce of prevention is worth a pound of cure and -- and as both Dr. Escott and director Hayden has said, we need to continue to be vigilant in our prevention activities and prevention measures that we're taking to make sure that our -- that our families and loved

[7:57:35 PM]

ones are safe. And that we can beat this disease down to a low level. So I'll just leave it at that. >> Thank you. That concludes our media availability for today. Thank you to aph director Stephanie Hayden, Dr. Mark Escott, epidemiologist Janet Pichette and the pool rather -- and thepool reporter for joining us today. Thank you. >> Thank you.

[8:00:51 PM]

>> Good morning, I will be the moderator for today's media availability Spanish interpretation of this media availability is on atxn 3. To start, Austin public health director Stephanie Haden will say a few words followed by Dr. Mark Escott, then Austin's public health chief epidemiologist Janet Pichette, then we will open it up to the pool reporter who will answer questions from the media. Stephanie, over to you. >> Good morning, thank you. I want to start today by talking about family gatherings. When we think about family gatherings, I am thinking about when we travel over to other extended family members outside of our home to have gatherings, whether it's a birthday or any other type of celebration. We have made a decision, as a community, to do those in person. Well, the challenge that we have with them is when you

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have events where you are with family, or others, that are in your personal circle, you make the decision to let down your guard. Things are happening such as individuals are not wearing their masks, they are not socially distancing, because what you feel like is, this is my family, and I am very close to them. And this is true. This is your family. And family is so important to all of us. But it is going to be important for you to continue as if you are going in public with other individuals that you don't know. It is going to be important for us to really do things different. We really need to try to figure out ways of how we can socially distance, wear our masks and practice good health hygiene. And that is so important.

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We are seeing more cases that are connected to individuals having parties, et cetera, with family and friends. Please make good decisions so you don't cause an increase in covid-19 cases. Lastly, I want to remind everyone about our testing locations. Please go to the website, schedule a test. If you are unable to schedule the test, please call 311 or a nursing hotline and get them to schedule a test. We have Saturday testing at walnut creek off of rundberg and at givens park on Saturday. And at dove springs at the library. Please make sure you take advantage of these locations. Thank you. >> Thank you, director

[8:03:58 PM]

Hayden. I just wants to reiterate what director Hayden just spoke about, about the social gatherings. We have to remember that diseases spread through person-to-person contact. And that spread is more easily happening when people are face-to-face. Which tends to happen more often when we are around people that we are comfortable with. We're not social distancing, we're not wearing the masks, and, again, I think that it goes back to -- to a -- to a feeling of comfort that someone doesn't look sick, so they can't possibly have covid-19. We know that almost half of the covid-19 cases are asymptomatic or mildly symptomatic or in a stage where they are not yet symptomatic, something called presymptomatic, where the disease can still spread, but the person doesn't look sick. As director Hayden said, we have to practice those social distancing that

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masking in all of those visual impairments. -- In allof those environments. Not only when we are at stores, shopping for groceries, for clothes to back to school, but when we are with family and friends. We have to push past this plateau that we are seeing. We've had a great run over the past two weeks of rapid declining cases thanks to those protective actions that folks have been taking. But we've hit a wall. And we're starting to see a little bit of a bounce in terms of new admissions to the hospitals as well as

new cases. We've got to push through that, which means that we have to take even more protective actions. We have to go back to our mindset that we had in March and April. When we were all staying home, when we were really limiting our travel outside of the home. Because we have to be in a better place to get our kids back in school and hopefully get businesses open more in the future. We've got to do better.

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And I'm concerned that if we don't do better, we're going to be back in stage 4 territory in terms of the hospitalizations in the short term. I do also want to point out that -- that as director Hayden mentioned, we have lots of different options for testing. And we've been seeing a decrease in the number of individuals who have been signing up for testing. As a result, we are going to lower the threshold for testing, which will allow some asymptomatic testing to occur again. So we are encouraging folks to go to our austintexas.gov/covid19 website to take a self assessment, even if you have been there before. You can take it again and make a determination if you are eligible for that test. With that I will pass it over to Janet Pichette.

[8:07:00 PM]

[Background noise]. >> Make sure that people understand the concern about social gatherings and potentially exposing yourself to individuals who are outside your home. Including your family members. We at Austin public health have been investigating numerous, numerous cases where people have been affected because of social gatherings or family gatherings in their home. And so now is the time, even though the cases may be declining, for us to remain vigilant, just like we said last week. We're in this for the long haul and we need to continue to -- to be vigilant in our preventive measures. And that includes those measures that will -- that will protect you. Even if it is exposure to your own family members. So those things are very important. I would also like to add that today marks six months

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since Austin public health actually activated their department operations center to respond to covid-19. [Audio cutting out] Staff working in January, following up on numerous passengers who were returning from main land China and other areas that were considered hot spots in the world and we were monitoring those individuals twice a day. So you do have a public health workforce who has been hard at work. And often unseen by the general public as far as the response to covid-19. And I just want to -- to give a shout out to my staff and the staff of public health who have worked very, very hard on this response. And, you know, we still have a long ways to go. And to get over this hump, we need to make sure that we remain vigilant in our preventive measures. >> Thank you, now to our

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pool reporter, Chris Neilly from community impact news with the questions. >> Hey y'all. All right. The first question is from community impact. It's for Dr. Escott. Dr. Escott, you said that you want the community to be at a stage 2 or lower by the time school returns. Does getting to stage 2 allow the community to avoid the expected spike in transmission once school begins? >> I think we need to get as low as we possibly can before we introduce students back into the classroom. You know, if we have a stage 3 or stage 4, it's going to be more difficult to not only open schools, but to keep schools open. We've seen over and over again, across the country and across the globe, that when we reopen too quickly, while the disease is still spreading efficiently in the community, that that opening is short-lived. And closures come soon after. As soon as a week after

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schools have reopened they are closed down again. We want a reopening plan that's going to -- we don't want a reopening plan that's going to result in a situation like that. We value in-person education for students. We recognize the importance for the education, the socialization of students. As well as the number of incredible support services provided by our school districts. And we also value the continuity of operations. We don't want to be in a situation where we're turning schools on and turning them off in a representative cycle for the next six months or a year. So our goal is to find a plan working with our school districts and other stakeholders to ensure that when we reopen, we do it slowly and progressively as the situation allows. Certainly if we are in a stage 2, by September 8th, it will put us in a much better situation to reopen schools and keep them open.

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>> All right. The next question is from KXAN. UT announced it has purchased three new machines that will allow it to test 5,000 people per day. And get results back in 15 minutes. Has Austin considered a similar move to help speed up test results and how much of a game changer would this be? >> So Austin public health has a -- an [indiscernible] Analyzer. You can't do 5,000 tests a week on that machine. It takes about 15 minutes per test per person. So it's very, very limited in the number of tests that could be done. Even if you run it around the clock. So my understanding of UT's plan is that they are going to use the rapid analyzers for some tests, but still heavily rely on other tests for the bulk of the 5,000 they intend to do per week. I think we need to have more rapid testing.

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In addition to the pcr testing, they are rapid antigen tests which can also provide those rapid results. But we need a significant shift in the availability of rapid tests and the cost of rapid tests in order to really open things substantially and decrease the risk and really allow us to -- to box in the disease as much as we can. >> The next question is from the statesman. Can you discuss what trends have emerged in the past week and any indicators that concern you? Based upon other countries and states that have been through periodic surges, what can we expect to see in the next month or two? >> I'll start with that and Janet may want to comment on it as well the future is a bit hard to predict. We have certainly seen many, many circumstances across

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the globe where jurisdictions have seen a rapid decline in cases, followed by a bounce. And I'm concerned that the plateau that we're seeing right now is indicative that we may have a bounce in the initial return. I think the future is able to be changed by the actions that we take as a community. By continuing those protective actions that director Hayden spoke about earlier, but also ensuring that we don't take additional risks which are unnecessary. Which will place the community at risk. And these are some of the heavy decisions that are weighing on us in terms of athletic programs, extracurricular activities and other gatherings. Because we have to decide on our priorities as a community. If our priorities really are to get kids back in the classroom, to allow businesses to stay open, then we've got to minimize the risks that we can in order to be in a safe place.

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I think when we have seen resurgence of disease in countries and other jurisdictions, it's been because they have taken too much risk too early. And we want to learn that lesson from them, not by learning it ourselves and taking the advice that they have given, which is -- which is don't be -- don't be too hasty in your decisions to reopen and take risks. >> I would like to add, you know, just from our observations here at Austin public health, we do see -- it's exactly what Dr. Escott is saying. People are letting their guard down, as people have been re-- reentering the workforce, clusters within workforce settings, work site settings across the city and other clusters related to visiting restaurants or bars and things like that.

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I do want to point out, I mentioned this a few weeks ago, we know what happened in 2019 following H 1 N 1 influenza, which was a novel strain of the influenza back then. We had cases, our first wave occurred in the spring and summer months. And it did die down about this time of year. And then when school

restarted, we saw an increased spike in cases and a second wave that exceeded the wave where we had -- at the first wave. So it caused surges to some of the emergency departments and things like that and we were -- we wanted people to keep that in mind as they continue to be vigilant in -- in their prevention activities. And, again, if we can put ours in the situation where -- put ourself in the situation where we have the lowest possible cases and we are definitely on a downward

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path to the number of cases, it puts us in a much better position as we reenter schools. So -- I don't want people to forget about 2009 because I think it is a good predictor of how behavior influences the spread of disease within the community. >> I would like to add that, you know, as a community, we have established priorities. Right now, you know, health and safety is number one. But then when we think about the education, you know, of our children, you know, whether they are k-12 grade or college students, education should be our top priority. And if we set that as our top priority, everything else falls behind that. So our goal is to make sure that as a community we are providing education to people that need it the

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most. There is going to be a need for -- for students to have that connectivity to the internet and all of of the resources they need in order to be educated. So education unlocks the key to poverty. So as a community that should be one of our top priorities. >> Okay. The next question is from CBS Austin. Asking about the convention center. What's the latest status of the alternative care site at the Austin convention center with icus now below surge capacity and the hospital bed situation improving? Are you considering any changes to the field hospital? >> So the acs is -- is -- is built out, obviously we're not staffing the acs because of the improved situation in the hospitals. But it stands ready to activate should we need it again. We've got no plans to

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demobilize it at this stable. We will continue -- at this stable. We will continue to watch and -- stage. We will continue to watch and wait to determine if it's needed. If it's needed we will take actions as necessary. >> Next question for Kut. Have you considered recommending a move down to stage 3 of the risk based guidelines? If not, what trends are keeping you from making that decision? >> Again, I think we want to wait until we have two weeks at least within stage 3 to make that transition. As I mentioned earlier, we've hit a plateau. We are starting to see a trend to increase in terms of the hospital admissions. Yesterday was 41, which is the second day in the past several days that we've had more

than 40 admissions. My concern is that we're going to bounce back into the stage 4 territory in the short term in we don't continue to take those

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protective measures. We want to be [audio cutting out] Changes in the staging because that staging indicates a decreased concern, decreased risk. I'm not sure that we're there yet. >> I think it's going to be important for us as well, we definitely don't make decisions independently out of our collaborative group. And so we have those conversations and just this week we were alerted that hospitals were out of surge capacity. And so that was really good news for us as a community. And we want to stay on that path because we want to keep things as minimal as possible. So when we make the decision to go back and re-evaluate that, it's a collaborative process. And we will be consulting all of the partners across the community. >> Next question is from

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austonia, for Dr. Escott. You said last week that aph is considering offering rapid antigen testing. It's aph anticipating that beyond the testing at UT, what equipment would be needed and how long until such tests might be available? >> So we have a team exploring the option of antigen testing. Those tests are currently run on machines on devices which would need to be acquired and, you know, they are investigating the availability of those kind of machines. And if it's practical for us to operationalize that. As director Hayden mentioned, in the past we have contractors who are doing testing for us now. So part of that discussion is with those groups to determine in they have antigen testing available and if not if they can acquire that technology.

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Again, antigen testing isn't quite as good as the pcr testing. But it's probably good enough. And if we can increase our availability of rapid testing, it allows us to differentiate those positive cases sooner and allows us to do case investigations sooner by -- by Janet's staff. And allows us to contact trace sooner. So really it would be more effective at the boxing it in strategy, particularly as we see case numbers decline, we'll have a greater chance of containing this and keeping it contained if we can get those rapid results. I will say that -- that the turn around time for our pcr tests, the nasal swab tests that we are doing now has substantially improved to one to two days for the vast majority of our tests that we are sending off. So that is a positive that

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should help us also in that case investigation and contact tracing process. >> Yeah. Just a follow-up to that. What was the cause of it, you know, the turn around time reducing for the swab tests? >> It's really decreased demand. Of the testing. And increased capacity from the labs. When we look across, over the past couple of weeks, we've seen a decline in our -- in the number of folks who have signed up for testing. A decrease in the number of folks who are coming to our neighborhood testing sites, so in an event that we had this weekend at sacred heart church and we are getting the sense from other jurisdictions that they are also seeing a decrease in those who are seeking testing. So I think those are helping. I will also say that antigen testing is becoming more prevalent in the community and folks who - who are

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able to, sometimes seeking private testing of antigen testing, which is also increasing the turn around time for our pcr tests. >> I would just like to add that -- that, you know, when we were seeing those long turn around times for laboratories, many of these laboratories are national laboratories that are being impacted by surges throughout the united States. So while we were experiencing surge here, other communities within Texas and outside of Texas were also seeing that same surge. And so that demand is -- if you recall like the whole southeastern United States was having a surge at the same time. So they were also, you know, having a lot of -- of lab results that were being submitted to these laboratories which was increasing that turn around time. So hopefully the -- the declining numbers helped

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improve that considerably. And, again, like Dr. Escott said, the increase in the use of and antigen testing that's something I think we are looking at right now to what kind of impact that's having on our numbers. Many of the rapid antigen tests that are submitted to Austin public health and to the state are considered probable cases. And so they are not prioritized as confirmed cases for case investigation, but we are trying to see what the impact on our caseload is related to that. >> Next question is from univision. To what do we owe the recent spike in cases? Realistically speaking is it possible for us to go down to a stage 2 by September 8th? If so, what changes do we need to implement now? >> I mean, I'll just continue to add on to that by saying, you know, there's a lot of unknown as far as what's causing the increase. I mean, I would like to think that people are

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continuing to wear masks when they are outside and that's been my observation when I've been out in the community. I would say that, you know -- that's why we're trying to look at the rapid antigen tests right now and seeing what kind of impact that is having on our caseload. Could be that someone doesn't want to wait in a line for a few hours to get a rapid antigen test -- I mean a pcr test and they may not want to wait a long number of days to get the results back. Because they want to be able to move about. And not be confined to home while we wait for their results. And the rapid antigen does provide that ability to provide a quick test. So again we're trying to see what kind of impact that is having on our caseload. >> This next question --

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sorry Dr. Escott? >> I was going to follow up and reiterate what Dr. Hayden said in her opening statement. How we push past this plateau that we are seeing now is really paying close attention to how we're acting outside of work and outside of our business to grocery stores or other places like restaurants. I think the key to breaking through is to ensure that we are eliminating those gatherings where we can. Not having the barbecues, not having the pool parties, you know, delaying birthday celebrations. Or doing those virtually. I think this is the piece that we haven't cracked yet. Because it's more difficult. Because it happens behind doors in people's homes. We really need folks to understand that this is how we get to stage 2. We can do it. We've got almost a month, a little over a month for us to do that prior to school opening. And if we all work together,

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if we are committed to that primary goal, as director Hayden said, of getting our kids educated, then we can do it. If -- if we are distracted, if we choose to take risk, we will not get there. It will put us in a much more difficult situation to reopen schools. >> Okay. The next question from co-op radio on this testing question. As we approach the end of Travis county stay at home order, it's been said that take the only way for people to go back into public is with a wide-spread functioning testing strategy. How many tests must Travis county organizations administer per day in order for testing to be adequate? How short of a turn around time for results is needed to manage the return and are we prepared for the necessity of expanded testing volume when the stay at home order expires? >> I'll start and say that we want to see our percent

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positive below 5%. How many tests that's going to be is going to depend on how much disease is spreading. But that's certainly our goal. You know, we need rapid turn around times. Ideally, less than 24 hours. You know, really ideally, in a perfect situation, test results before that person leaves the testing

site. Because the -- the time to intervene is when the test is done. And what we've done to help with that is to -- to ensure that folks are receiving that information at the time of testing. That they have information about the need to protect other family members or work mates by staying home, by isolating at home or utilizing our isolation facility to separate themselves from household members while they're waiting on those results.

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We have also started passing out personal protective equipment for folks being tested so we can ensure that they have masks and other supplies to stay safe. Director Hayden and the team from Austin public health, as well as emergency operations center, are -- are working on plans to -- to increase the -- increase the distribution of masks to our community. Because we still have folks in our community who lack the resources to -- to have masks. And, you know, the more we can support those protective measures, the better situation that we're going to be in come September. >> I would just like to add -- oops. [Overlapping speakers]. I would like to add that it's not just the testing strategy. It is an effective prevention strategy. We need to have an ongoing effective prevention strategy and that is the commitment by our community

[8:30:31 PM]

to follow prevention measures, to protect their loved ones. And I'll just leave it there and let Stephanie chime in. >> Thank you. Actually, I agree with you, Janet. Because testing is very important. The department submitted a -- a testing plan, that will take us through the end of -- of December of this year. And noted how it's going to be essential for us to be flexible and ensure that we are providing testing in targeted communities. But I also agree with -- with Janet and Dr. Escott. We have -- we must add additional measures in place. Where we are providing masks as well as teaching health hygiene, hand washing, et cetera. So we're providing that information to -- whether there's camps or whether individuals are at home,

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providing those skills and that additional information, talking about social distancing. So the prevention plan is ultimately to mitigate the spread of disease. So we need the testing. But we need all of the other additional measures in place as well. >> Okay. The next question is from Austin business journal. What do you attribute to lower rates of testing -- what do you attribute the lower rate of testing requests to? Are you expecting a relatively immediate rise in tests after the testing thresholds are lowered or are you worried about other factors keeping the rate of test requests low? >> We know, in the past we have

learned from our perspective during this response is that when we make an adjustment to the way as individuals go in and

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enter their information is to do the assessment. It does allow for more individuals to be tested because they do meet that criteria. So it's going to be important for -- so it's going to be important for us, if individuals may have gone through that process and they were not able to take a test. This will open that opportunity for us to have more individuals testing. So that is really important for us as well. >> And I think the other -- the other thing that -- factor that's influencing that is that there's just the availability of more testing out there in the community. So whether it be a rapid test or rapid antigen or antibody test or pcr test, there's just more people able to provide that test to the community. >> Okay. Next question is from KVUE. A few weeks ago austin-travis county got up to a little over 2,000 tests per day, according to state

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data. By the end of last week, testing was down to around 1200, a 40% reduction. Now back up to around 1800 as of yesterday. How are you feeling about the testing capacity in austin-travis county and why are we seeing it fluctuate so widely, especially a big drop like we saw over the course of July? >> As I stated earlier, the department does have a testing plan and strategy. One of the things that's really important for us is to ensure that we are testing individuals that have been exposed to covid-19 or have -- feel like they have some level of symptoms. So we really have got to emphasize that it's still important for them to come in. Even if individual may have noticed that there was a delay, with the test results coming back to Austin public health, it's still important for them to take those

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measures and schedule and come in and take those tests. The other thing that is really important is that when -- when individuals go to the testing site, our staff have been able to provide them some additional information about testing as well as providing them information that they can provide their employer [audio cutting out] Is important for them to isolate at home so they can [indiscernible] Those results. So those are several of the reasons why it's important to ensure that individuals are getting the tests. And so as we made the change, we know we will see more individuals come through our testing sites. But there's more testing available in our community than what we've had when we first started testing. Austin public health knows that we're not going to be the only provider of

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testing. Individuals will make a choice that -- that they may even want to come through our site or they may see a -- another area where they can go and test and get the results back sooner as Janet stated earlier. >> I will just add, we also have to remember that we have good evidence that -- that, you know, over the past couple of weeks, that the disease transmission has been decreasing. So less people are getting sick. Less people are exposed. And it's logical less people would need or want to be tested in that circumstance. I think we're going to see fluctuations throughout the next year in terms of that demand for testing and Austin public health, along with our partners, believe that we have adequate capacity right now to to manage those fluctuations in demand. We are continuing to work on revision of our plans, looking at other testing options for the future.

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But we are in a good situation as a community right now in terms of -- of availability of testing. >> All right. The next question is from us at community impact. You know, last week we heard that greenbelts would be reopening in some limited capacity. But, you know, in-person programming at parks and facilities like tennis courts and basketball courts and golf courses and pools that remain closed, where do we need to get to as a communities in order to open those -- open those facilities back up? >> We're -- I'll start. We are working with our parks and recreation department regarding a rollout plan based upon our stage of risk as a community. As well as the risk of those individual activities. We have discussed the greenbelts and reopening those. We've had a couple of greenbelts closed because

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they had attractive nuisances in terms of standing water. That standing water is now gone which makes it less of a threat. But our parks and recreation department has done a great job of creating processes to ensure that when those greenbelts reopen, they do so safely. They are limiting the access so the numbers of folks who can access those sites and we will continue to review those plans. I know people want to get back out on the tennis courts and on the golf courses and we want them to as well. We believe in the value of that physical activity. And the need for folks to -- to get out of their house. Again, we don't want to take riches right now -- risks right now, particularly when we are teetering between stage 3 and stage 4 in materials of hospital admissions. I think once we've had a solid two weeks in the stage

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3 territory, then we would be willing to examine taking further risks. But right now, if our priority is getting kids back in the classroom, we want to be very limited and measured on the risk that we take to avoid creating a situation that would put reopening schools at more risk. >> The department, as Dr. Escott has said, has worked very closely with Austin, with parks and recreation department. Our department has established calls, as well as communicated via emails. As we look at reopening, we are going to do it in a phased approach. We must go very slowly. So we will not put ourselves in a position where we will overwhelm our systems. You know, I think that, you know, it is great for individuals to get out. We understand that this is something that -- that individuals are passionate

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about. It's great to get out and exercise. And do those things that are really helpful for our body. And we -- we understand that and recognize that. But we also have to put the health and safety of our community first. We cannot make the decision to open all of those things at the same time. Everything has to be a phased approach. In every approach that we have, in this community, whether it is our park and recreation system, whether it is our schools, our colleges, our businesses, we must have a phased approach as we reopen. >> Okay. This one is from KXAN. Is it possible that you will recommend students in Travis county don't return to campus at all this semester? Or possibly this year? >> We are working with the

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school districts and we have provided some guidance to the school districts. It's really important for us, as we work with the superintendents, health and safety is number one. And as I stated earlier, education is our priority right now. And so -- but we must keep in mind of all of the other health and safety concerns, that we may have as a community, within the guidance that we provided, we have provided a staged approach, as I stated earlier. So it's going to be important for us to look at the ability for them to be able to fully operate and provide the education and the -- in the most safe and effective way. So at this time, we cannot provide a decision about what would be our recommendations. Our recommendations solely depend on what is happening at the time from a safety

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perspective. And we will continue to work with the superintendents as well as charter schools and any other schools that may reach out to us and ask us for technical assistance. >> I'll just add on to that, that -- you know, there's a lot of very practical challenges associated with opening schools and keeping them open. We have campuses that don't have school nurses. Campuses that have had school nurses, we've had many school nurses in the county that have resigned or who are not able to work in person due to

risk. In addition to that, we have a challenge with our staffing in our schools. Teachers and other staff. We look at our -- at our teaching staff, they said well, you know, we've got substitute teachers. On a good year.

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On a non-pandemic year, we don't have enough substitute teachers in our county to fill in the gaps. This year, with the pandemic in place, the likelihood that we will be able to maintain school operations with any significant staff outages in terms of staff who may be sick with covid-19 or something else, staff who may be exposed and quarantined due to covid-19, means that it's going to be very difficult for continuity of operations to happen on school campuses. So we've had this discussion with our superintendents. And that discussion has been that -- that they need to be ready, the school districts need to be ready for the fact that -- that at least at some stage during -- during the fall in particular, that -- that their school may have to close again. That means having a default

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availability of all virtual so that we have that continuity of education. We don't have interruptions like we had in the springtime. And I think if we prepare for that, I think if our school districts prepare for that, it allows us to adjust, as director Hayden said, based upon the risk in the community. I'll tell you now that our recommendation will be regardless of where we open in terms of stages, what stage we're in, that we open at 25% maximum occupancy of the school. So that those school districts, those individual schools, those teachers, have an opportunity with a small number of students in place, to work through all of the new issues. How classrooms are going to be operated, how transition between classes is going to be done, how students are going to be screened if they're going to be screened on the way in, how children are going to be fed, how they're going to be bused. These are all new challenges

[8:44:45 PM]

for our teachers and our teachers and school staff are an incredibly valuable resource. We have to respect that this is challenging for them. And that there's risk to them. And we need to keep that risk as low as possible, particularly as we begin the new school year. >> Okay. The staying on the school district question, this is from CBS Austin. The aph guidance report to school districts is about to come out. Dr. Escott you just mentioned 25% capacity recommendation. But can you all give us an overview of some other major recommendations that will be included in that report? >> The report is basically designed to -- to provide more clarity on which elements are really important and which are recommendations that school districts could do if they have the capabilities.

[8:45:46 PM]

One of the challenges with the CDC guidance and tea guidance is that if -- they list a lot of ideas. But don't provide a lot of clarity about where school districts should prioritize those efforts. So we have prioritized those efforts. And there's, you know, not a lot of surprises. It involves recommending mandatory masking. It involves recommending mandatory education for, you know, hand washing, personal hygiene, et cetera. It involves social distancing. One of the measures involves the possibility of decreasing the social distancing as the risk decreases in the community. We have evidence to suggest that a distance of at least 3 feet decreases the chance of transmission by 80%. As you go beyond 3 feet, that protection increases.

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So, again, as our risk is higher, we want to be as protective as we possibly can as the community risk decreases and we have controlled transmission of the disease, may be able to take a little bit more risk by moving students closer together, allowing additional students to have in-person education. Again, those documents have been -- have been sent out to -- to our superintendents, as well as some other stakeholders for input and -- once we have that a final draft, we will show that publicly. >> Okay. From Kut, are you concerned that the new admission average has plateaued and will stay at this level for some time? >> I'm concerned that it could -- could level off and plateau for some time. I'm more concerned that it's going to bounce. And increase again. And that's why we really need that -- that redoubling

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of efforts in our community to ensure that -- that we're doing things safely. Again, I think that we've done a great job when people are out and about. When they are going to the gas station or grocery store. Going shopping for clothes. I think they are wearing masks, I think they are paying close attention. I think they perceive risks in those circumstances. I think where we can do better, as director Hayden said in the beginning, is in our personal interactions with family and with friends. We don't perceive our family and friends as risks to us. But in this circumstance, they could be. That's why we are encouraging folks to avoid interactions with people outside of your household, unless you absolutely must have those interactions. If you do, to follow the same guidelines that you would if you are shopping or at a gas station. Wear the mask, social distance, be as protective as possible. We simply must do this together if we want to get

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our kids back in the classroom. >> All right. This is going to be the last question from co-op radio. It appears that ISDs, especially in uil sports are going their own ways regarding openings. What can be done to with the start of uil sports and the potential for flare ups in austin-travis county. >> I'll start off. I'm sure director Hayden and Janet Pichette may want to add. I look forward to reviewing UT's plan regarding their stadiums. I have met with the president's office. I have met with the team physician at UT. We've had some discussions over the past several months. But I'm concerned. I'm concerned about the idea that on September 5th, three days before schools may reopen, that we're going to have 25,000 people in one

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place. I think that would be a big mistake. I think that has the potential, as we talked about early in the year, of lighting a fire that -- that could spread throughout this community. We talked about this in terms of south-by-southwest early on. We talked about the dangers of large events. And having people from different parts of town, different parts of the state coming together in one place. I understand the -- you know, the stadiums are big and having a smaller number of people is going to be more protective than filling it. Of course it is. But we still expect with 25,000 fans that more than 100 people, if disease transmission is what it is today, would be positive. And that -- that turns from 100 to hundreds and then thousands. And my major concern is that if we have a football game on September 5th, with 25,000 people, that by September 19th, we're going to be closing schools

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again. And kids are going to be learning virtually. So, again, with he have to have a conversation as a community. Do we want to take the risk of college sports with stadiums with thousands of people? Do we want to the risk of high school sports with stadiums with hundreds or a thousand or a few thousand people? Or do we want to focus on education? Do we want to focus on ensuring that we can get our kids back with their teachers, back with their counselors, back with their friends in a safe way? I vote for education. If we can do education well, if we can get our kids back in the classroom, at that stage we should have the discuss about the until then, it doesn't belong on the table. >> All right. I think that's all we've got. >> Thank you, Chris. Before we wrap up, would you all like to give any closing

[8:51:54 PM]

remarks? >> Yes. I would also again like to emphasize about family gatherings. We must as a communities -- family is so important. I will just emphasize that family means the world to us. Some of us have friends that we are very, very close to. But we are relational. And when we see people, we have to hug 'em. We need to sit close to 'em. Because they are family, they are friends and we cherish those relationships. But it's going to be so important for us to continue, one, let's just not do it. I mean, that is the -- the number one recommendation for us not to go outside of our home. And have those get-togethers with individuals that don't live with you. Secondly, if you must, because some people must,

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and we, you know, we understand that. Take every precaution that you can take. Put the mask on. And if you have others that are sitting around, tell them to put their mask on. And you socially distance and you have that conversation. And enjoy those loved ones and make sure that you are doing everything possible that you can do to -- to prevent the spread of disease. Lastly, I would like to just remind individuals that flu season is seven weeks away. We are definitely going to roll-out a flu campaign. It is going to be essential that everyone gets their flu shot. It is so important for us as a community. Last year was a very difficult year for Travis county with flu cases. And if we combine an

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increase of flu cases and covid-19, we are definitely going to overwhelm all of our systems. And so if we can do some things ahead of time to be preventive, and get the flu shot and encourage others in your circle to get the flu shot as well, that would be a wonderful thing for our community. Thank you. >> I will say that we've got to push past this plateau. As director Hayden said, we've got to focus on what's happening in and around the home to really push past it. We also need to ensure that folks who have been exposed to covid-19, folks who have any of the symptoms and there's lots of them now, any of those symptoms need to take a self assessment, need to sign up for testing and get tested. And finally, when you have a

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positive result, we need folks to help us by talking to our disease investigators, by talking about where they've been, about who their contacts are, so that we can box it in. Again, this takes a community effort. It takes community engagement, it takes community cooperation. For us to get back in the situation where we have controlled spread of disease and we can get our kids back in the classroom. >> Finally, I would like to just add in the words of madam curie, an ounce of prevention is worth -- an ounce of prevention is worth a pound of cure and -- and as both Dr. Escott and director Hayden has said, we

need to continue to be vigilant in our prevention activities and prevention measures that we're taking to make sure that our -- that our families and loved ones are safe. And that we can beat this

[8:55:59 PM]

disease down to a low level. So I'll just leave it at that. >> Thank you. That concludes our media availability for today. Thank you to aph director Stephanie Hayden, Dr. Mark Escott, epidemiologist Janet Pichette and the pool rather -- and thepool reporter for joining us today. Thank you. >> Thank you.

[9:00:58 PM]

>> Good morning, I will be the moderator for today's media availability Spanish interpretation of this media availability is on atxn 3. To start, Austin public health director Stephanie Haden will say a few words followed by Dr. Mark Escott, then Austin's public health chief epidemiologist Janet Pichette, then we will open it up to the pool reporter who will answer questions from the media. Stephanie, over to you. >> Good morning, thank you. I want to start today by talking about family gatherings. When we think about family gatherings, I am thinking about when we travel over to other extended family members outside of our home to have gatherings, whether it's a birthday or any other type of celebration. We have made a decision, as a community, to do those in person. Well, the challenge that we have with them is when you

[9:02:00 PM]

have events where you are with family, or others, that are in your personal circle, you make the decision to let down your guard. Things are happening such as individuals are not wearing their masks, they are not socially distancing, because what you feel like is, this is my family, and I am very close to them. And this is true. This is your family. And family is so important to all of us. But it is going to be important for you to continue as if you are going in public with other individuals that you don't know. It is going to be important for us to really do things different. We really need to try to figure out ways of how we can socially distance, wear our masks and practice good health hygiene. And that is so important.

[9:03:02 PM]

We are seeing more cases that are connected to individuals having parties, et cetera, with family and friends. Please make good decisions so you don't cause an increase in covid-19 cases. Lastly, I want to

remind everyone about our testing locations. Please go to the website, schedule a test. If you are unable to schedule the test, please call 311 or a nursing hotline and get them to schedule a test. We have Saturday testing at walnut creek off of rundberg and at givens park on Saturday. And at dove springs at the library. Please make sure you take advantage of these locations. Thank you. >> Thank you, director

[9:04:04 PM]

Hayden. I just wants to reiterate what director Hayden just spoke about, about the social gatherings. We have to remember that diseases spread through person-to-person contact. And that spread is more easily happening when people are face-to-face. Which tends to happen more often when we are around people that we are comfortable with. We're not social distancing, we're not wearing the masks, and, again, I think that it goes back to -- to a -- to a feeling of comfort that someone doesn't look sick, so they can't possibly have covid-19. We know that almost half of the covid-19 cases are asymptomatic or mildly symptomatic or in a stage where they are not yet symptomatic, something called presymptomatic, where the disease can still spread, but the person doesn't look sick. As director Hayden said, we have to practice those social distancing that

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masking in all of those visual impairments. -- In allof those environments. Not only when we are at stores, shopping for groceries, for clothes to back to school, but when we are with family and friends. We have to push past this plateau that we are seeing. We've had a great run over the past two weeks of rapid declining cases thanks to those protective actions that folks have been taking. But we've hit a wall. And we're starting to see a little bit of a bounce in terms of new admissions to the hospitals as well as new cases. We've got to push through that, which means that we have to take even more protective actions. We have to go back to our mindset that we had in March and April. When we were all staying home, when we were really limiting our travel outside of the home. Because we have to be in a better place to get our kids back in school and hopefully get businesses open more in the future. We've got to do better.

[9:06:05 PM]

And I'm concerned that if we don't do better, we're going to be back in stage 4 territory in terms of the hospitalizations in the short term. I do also want to point out that -- that as director Hayden mentioned, we have lots of different options for testing. And we've been seeing a decrease in the number of individuals who have been signing up for testing. As a result, we are going to lower the threshold for testing, which will allow some asymptomatic testing to occur again. So we are encouraging folks to go to our austintexas.gov/covid19 website to take a self assessment, even if you have been there before. You

can take it again and make a determination if you are eligible for that test. With that I will pass it over to Janet Pichette.

[9:07:06 PM]

[Background noise]. >> Make sure that people understand the concern about social gatherings and potentially exposing yourself to individuals who are outside your home. Including your family members. We at Austin public health have been investigating numerous, numerous cases where people have been affected because of social gatherings or family gatherings in their home. And so now is the time, even though the cases may be declining, for us to remain vigilant, just like we said last week. We're in this for the long haul and we need to continue to -- to be vigilant in our preventive measures. And that includes those measures that will -- that will protect you. Even if it is exposure to your own family members. So those things are very important. I would also like to add that today marks six months

[9:08:09 PM]

since Austin public health actually activated their department operations center to respond to covid-19. [Audio cutting out] Staff working in January, following up on numerous passengers who were returning from main land China and other areas that were considered hot spots in the world and we were monitoring those individuals twice a day. So you do have a public health workforce who has been hard at work. And often unseen by the general public as far as the response to covid-19. And I just want to -- to give a shout out to my staff and the staff of public health who have worked very, very hard on this response. And, you know, we still have a long ways to go. And to get over this hump, we need to make sure that we remain vigilant in our preventive measures. >> Thank you, now to our

[9:09:10 PM]

pool reporter, Chris Neilly from community impact news with the questions. >> Hey y'all. All right. The first question is from community impact. It's for Dr. Escott. Dr. Escott, you said that you want the community to be at a stage 2 or lower by the time school returns. Does getting to stage 2 allow the community to avoid the expected spike in transmission once school begins? >> I think we need to get as low as we possibly can before we introduce students back into the classroom. You know, if we have a stage 3 or stage 4, it's going to be more difficult to not only open schools, but to keep schools open. We've seen over and over again, across the country and across the globe, that when we reopen too quickly, while the disease is still spreading efficiently in the community, that that opening is short-lived. And closures come soon after. As soon as a week after

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schools have reopened they are closed down again. We want a reopening plan that's going to -- we don't want a reopening plan that's going to result in a situation like that. We value in-person education for students. We recognize the importance for the education, the socialization of students. As well as the number of incredible support services provided by our school districts. And we also value the continuity of operations. We don't want to be in a situation where we're turning schools on and turning them off in a representative cycle for the next six months or a year. So our goal is to find a plan working with our school districts and other stakeholders to ensure that when we reopen, we do it slowly and progressively as the situation allows. Certainly if we are in a stage 2, by September 8th, it will put us in a much better situation to reopen schools and keep them open.

[9:11:12 PM]

>> All right. The next question is from KXAN. UT announced it has purchased three new machines that will allow it to test 5,000 people per day. And get results back in 15 minutes. Has Austin considered a similar move to help speed up test results and how much of a game changer would this be? >> So Austin public health has a -- an [indiscernible] Analyzer. You can't do 5,000 tests a week on that machine. It takes about 15 minutes per test per person. So it's very, very limited in the number of tests that could be done. Even if you run it around the clock. So my understanding of UT's plan is that they are going to use the rapid analyzers for some tests, but still heavily rely on other tests for the bulk of the 5,000 they intend to do per week. I think we need to have more rapid testing.

[9:12:12 PM]

In addition to the pcr testing, they are rapid antigen tests which can also provide those rapid results. But we need a significant shift in the availability of rapid tests and the cost of rapid tests in order to really open things substantially and decrease the risk and really allow us to -- to box in the disease as much as we can. >> The next question is from the statesman. Can you discuss what trends have emerged in the past week and any indicators that concern you? Based upon other countries and states that have been through periodic surges, what can we expect to see in the next month or two? >> I'll start with that and Janet may want to comment on it as well the future is a bit hard to predict. We have certainly seen many, many circumstances across

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the globe where jurisdictions have seen a rapid decline in cases, followed by a bounce. And I'm concerned that the plateau that we're seeing right now is indicative that we may have a bounce in the initial return. I think the future is able to be changed by the actions that we take as a community. By continuing those protective actions that director Hayden spoke about earlier, but also ensuring that we don't take additional risks which are unnecessary. Which will place the community at risk. And these are some of the heavy decisions that are weighing on us in terms of athletic programs, extracurricular activities and other gatherings. Because we have to decide on our priorities as a community. If our priorities really are to get kids back in the classroom, to allow businesses to stay open, then we've got to minimize the risks that we can in order to be in a safe place.

[9:14:17 PM]

I think when we have seen resurgence of disease in countries and other jurisdictions, it's been because they have taken too much risk too early. And we want to learn that lesson from them, not by learning it ourselves and taking the advice that they have given, which is -- which is don't be -- don't be too hasty in your decisions to reopen and take risks. >> I would like to add, you know, just from our observations here at Austin public health, we do see -- it's exactly what Dr. Escott is saying. People are letting their guard down, as people have been re-- reentering the workforce, clusters within workforce settings, work site settings across the city and other clusters related to visiting restaurants or bars and things like that.

[9:15:18 PM]

I do want to point out, I mentioned this a few weeks ago, we know what happened in 2019 following H 1 N 1 influenza, which was a novel strain of the influenza back then. We had cases, our first wave occurred in the spring and summer months. And it did die down about this time of year. And then when school restarted, we saw an increased spike in cases and a second wave that exceeded the wave where we had -- at the first wave. So it caused surges to some of the emergency departments and things like that and we were -- we wanted people to keep that in mind as they continue to be vigilant in -- in their prevention activities. And, again, if we can put ours in the situation where -- put ourself in the situation where we have the lowest possible cases and we are definitely on a downward

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path to the number of cases, it puts us in a much better position as we reenter schools. So -- I don't want people to forget about 2009 because I think it is a good predictor of how behavior influences the spread of disease within the community. >> I would like to add that, you know, as a community, we have established priorities. Right now, you know, health and safety is number one. But then when we think about the education, you know, of our children, you know, whether they are k-12 grade or college

students, education should be our top priority. And if we set that as our top priority, everything else falls behind that. So our goal is to make sure that as a community we are providing education to people that need it the

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most. There is going to be a need for -- for students to have that connectivity to the internet and all of of the resources they need in order to be educated. So education unlocks the key to poverty. So as a community that should be one of our top priorities. >> Okay. The next question is from CBS Austin. Asking about the convention center. What's the latest status of the alternative care site at the Austin convention center with icus now below surge capacity and the hospital bed situation improving? Are you considering any changes to the field hospital? >> So the acs is -- is -- is built out, obviously we're not staffing the acs because of the improved situation in the hospitals. But it stands ready to activate should we need it again. We've got no plans to

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demobilize it at this stable. We will continue -- at this stable. We will continue to watch and -- stage. We will continue to watch and wait to determine if it's needed. If it's needed we will take actions as necessary. >> Next question for Kut. Have you considered recommending a move down to stage 3 of the risk based guidelines? If not, what trends are keeping you from making that decision? >> Again, I think we want to wait until we have two weeks at least within stage 3 to make that transition. As I mentioned earlier, we've hit a plateau. We are starting to see a trend to increase in terms of the hospital admissions. Yesterday was 41, which is the second day in the past several days that we've had more than 40 admissions. My concern is that we're going to bounce back into the stage 4 territory in the short term in we don't continue to take those

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protective measures. We want to be [audio cutting out] Changes in the staging because that staging indicates a decreased concern, decreased risk. I'm not sure that we're there yet. >> I think it's going to be important for us as well, we definitely don't make decisions independently out of our collaborative group. And so we have those conversations and just this week we were alerted that hospitals were out of surge capacity. And so that was really good news for us as a community. And we want to stay on that path because we want to keep things as minimal as possible. So when we make the decision to go back and re-evaluate that, it's a collaborative process. And we will be consulting all of the partners across the community. >> Next question is from

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austonia, for Dr. Escott. You said last week that aph is considering offering rapid antigen testing. It's aph anticipating that beyond the testing at UT, what equipment would be needed and how long until such tests might be available? >> So we have a team exploring the option of antigen testing. Those tests are currently run on machines on devices which would need to be acquired and, you know, they are investigating the availability of those kind of machines. And if it's practical for us to operationalize that. As director Hayden mentioned, in the past we have contractors who are doing testing for us now. So part of that discussion is with those groups to determine if they have antigen testing available and if not if they can acquire that technology.

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Again, antigen testing isn't quite as good as the pcr testing. But it's probably good enough. And if we can increase our availability of rapid testing, it allows us to differentiate those positive cases sooner and allows us to do case investigations sooner by -- by Janet's staff. And allows us to contact trace sooner. So really it would be more effective at the boxing it in strategy, particularly as we see case numbers decline, we'll have a greater chance of containing this and keeping it contained if we can get those rapid results. I will say that -- that the turn around time for our pcr tests, the nasal swab tests that we are doing now has substantially improved to one to two days for the vast majority of our tests that we are sending off. So that is a positive that

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should help us also in that case investigation and contact tracing process. >> Yeah. Just a follow-up to that. What was the cause of it, you know, the turn around time reducing for the swab tests? >> It's really decreased demand. Of the testing. And increased capacity from the labs. When we look across, over the past couple of weeks, we've seen a decline in our -- in the number of folks who have signed up for testing. A decrease in the number of folks who are coming to our neighborhood testing sites, so in an event that we had this weekend at sacred heart church and we are getting the sense from other jurisdictions that they are also seeing a decrease in those who are seeking testing. So I think those are helping. I will also say that antigen testing is becoming more prevalent in the community and folks who - who are

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able to, sometimes seeking private testing of antigen testing, which is also increasing the turn around time for our pcr tests. >> I would just like to add that -- that, you know, when we were seeing those long turn around times for laboratories, many of these laboratories are national laboratories that are being impacted by surges throughout the United States. So while we were experiencing surge here, other communities within Texas and outside of Texas were also seeing that same surge. And so that demand is -- if you recall like the whole southeastern United States was having a surge at the same time. So they were also, you know, having a lot of -- of lab results that were being submitted to these laboratories which was increasing that turn around time. So hopefully the -- the declining numbers helped

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improve that considerably. And, again, like Dr. Escott said, the increase in the use of and antigen testing that's something I think we are looking at right now to what kind of impact that's having on our numbers. Many of the rapid antigen tests that are submitted to Austin public health and to the state are considered probable cases. And so they are not prioritized as confirmed cases for case investigation, but we are trying to see what the impact on our caseload is related to that. >> Next question is from univision. To what do we owe the recent spike in cases? Realistically speaking is it possible for us to go down to a stage 2 by September 8th? If so, what changes do we need to implement now? >> I mean, I'll just continue to add on to that by saying, you know, there's a lot of unknown as far as what's causing the increase. I mean, I would like to think that people are

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continuing to wear masks when they are outside and that's been my observation when I've been out in the community. I would say that, you know -- that's why we're trying to look at the rapid antigen tests right now and seeing what kind of impact that is having on our caseload. Could be that someone doesn't want to wait in a line for a few hours to get a rapid antigen test -- I mean a pcr test and they may not want to wait a long number of days to get the results back. Because they want to be able to move about. And not be confined to home while we wait for their results. And the rapid antigen does provide that ability to provide a quick test. So again we're trying to see what kind of impact that is having on our caseload. >> This next question --

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sorry Dr. Escott? >> I was going to follow up and reiterate what Dr. Hayden said in her opening statement. How we push past this plateau that we are seeing now is really paying close attention to how we're acting outside of work and outside of our business to grocery stores or other places like restaurants. I think the key to breaking through is to ensure that we are eliminating those gatherings

where we can. Not having the barbecues, not having the pool parties, you know, delaying birthday celebrations. Or doing those virtually. I think this is the piece that we haven't cracked yet. Because it's more difficult. Because it happens behind doors in people's homes. We really need folks to understand that this is how we get to stage 2. We can do it. We've got almost a month, a little over a month for us to do that prior to school opening.

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And if we all work together, if we are committed to that primary goal, as director Hayden said, of getting our kids educated, then we can do it. If -- if we are distracted, if we choose to take risk, we will not get there. It will put us in a much more difficult situation to reopen schools. >> Okay. The next question from co-op radio on this testing question. As we approach the end of Travis county stay at home order, it's been said that take the only way for people to go back into public is with a wide-spread functioning testing strategy. How many tests must Travis county organizations administer per day in order for testing to be adequate? How short of a turn around time for results is needed to manage the return and are we prepared for the necessity of expanded testing volume when the stay at home order expires?

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>> I'll start and say that we want to see our percent positive below 5%. How many tests that's going to be is going to depend on how much disease is spreading. But that's certainly our goal. You know, we need rapid turn around times. Ideally, less than 24 hours. You know, really ideally, in a perfect situation, test results before that person leaves the testing site. Because the -- the time to intervene is when the test is done. And what we've done to help with that is to -- to ensure that folks are receiving that information at the time of testing. That they have information about the need to protect other family members or work mates by staying home, by isolating at home or utilizing our isolation facility to separate themselves from household members while they're

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waiting on those results. We have also started passing out personal protective equipment for folks being tested so we can ensure that they have masks and other supplies to stay safe. Director Hayden and the team from Austin public health, as well as emergency operations center, are -- are working on plans to -- to increase the -- increase the distribution of masks to our community. Because we still have folks in our community who lack the resources to -- to have masks. And, you know, the more we can support those protective measures, the better situation that we're going to be in come September. >> I would just like to add -- oops. [Overlapping speakers]. I would like to add that it's not just the testing strategy. It is an

effective prevention strategy. We need to have an ongoing effective prevention strategy and that is the commitment by our community

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to follow prevention measures, to protect their loved ones. And I'll just leave it there and let Stephanie chime in. >> Thank you. Actually, I agree with you, Janet. Because testing is very important. The department submitted a -- a testing plan, that will take us through the end of -- of December of this year. And noted how it's going to be essential for us to be flexible and ensure that we are providing testing in targeted communities. But I also agree with -- with Janet and Dr. Escott. We have -- we must add additional measures in place. Where we are providing masks as well as teaching health hygiene, hand washing, et cetera. So we're providing that information to -- whether there's camps or whether individuals are at home,

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providing those skills and that additional information, talking about social distancing. So the prevention plan is ultimately to mitigate the spread of disease. So we need the testing. But we need all of the other additional measures in place as well. >> Okay. The next question is from Austin business journal. What do you attribute to lower rates of testing -- what do you attribute the lower rate of testing requests to? Are you expecting a relatively immediate rise in tests after the testing thresholds are lowered or are you worried about other factors keeping the rate of test requests low? >> We know, in the past we have learned from our perspective during this response is that when we make an adjustment to the way as individuals go in and

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enter their information is to do the assessment. It does allow for more individuals to be tested because they do meet that criteria. So it's going to be important for -- so it's going to be important for us, if individuals may have gone through that process and they were not able to take a test. This will open that opportunity for us to have more individuals testing. So that is really important for us as well. >> And I think the other -- the other thing that -- factor that's influencing that is that there's just the availability of more testing out there in the community. So whether it be a rapid test or rapid antigen or antibody test or pcr test, there's just more people able to provide that test to the community. >> Okay. Next question is from KVUE. A few weeks ago austin-travis county got up to a little over 2,000 tests per day, according to state

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data. By the end of last week, testing was done to around 1200, a 40% reduction. Now back up to around 1800 as of yesterday. How are you feeling about the testing capacity in austin-travis county and why are we seeing it fluctuate so widely, especially a big drop like we saw over the course of July? >> As I stated earlier, the department does have a testing plan and strategy. One of the things that's really important for us is to ensure that we are testing individuals that have been exposed to covid-19 or have -- feel like they have some level of symptoms. So we really have got to emphasize that it's still important for them to come in. Even if individual may have noticed that there was a delay, with the test results coming back to Austin public health, it's still important for them to take those

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measures and schedule and come in and take those tests. The other thing that is really important is that when -- when individuals go to the testing site, our staff have been able to provide them some additional information about testing as well as providing them information that they can provide their employer [audio cutting out] Is important for them to isolate at home so they can [indiscernible] Those results. So those are several of the reasons why it's important to ensure that individuals are getting the tests. And so as we made the change, we know we will see more individuals come through our testing sites. But there's more testing available in our community than what we've had when we first started testing. Austin public health knows that we're not going to be the only provider of

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testing. Individuals will make a choice that -- that they may even want to come through our site or they may see a -- another area where they can go and test and get the results back sooner as Janet stated earlier. >> I will just add, we also have to remember that we have good evidence that -- that, you know, over the past couple of weeks, that the disease transmission has been decreasing. So less people are getting sick. Less people are exposed. And it's logical less people would need or want to be tested in that circumstance. I think we're going to see fluctuations throughout the next year in terms of that demand for testing and Austin public health, along with our partners, believe that we have adequate capacity right now to to manage those fluctuations in demand. We are continuing to work on revision of our plans, looking at other testing options for the future.

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But we are in a good situation as a community right now in terms of -- of availability of testing. >> All right. The next question is from us at community impact. You know, last week we heard that greenbelts would be reopening in some limited capacity. But, you know, in-person programming at parks and facilities like tennis courts and basketball courts and golf courses and pools that remain closed, where do we need to get to as a communities in order to open those -- open those facilities back up? >> We're -- I'll start. We are working with our parks and recreation department regarding a rollout plan based upon our stage of risk as a community. As well as the risk of those individual activities. We have discussed the greenbelts and reopening those. We've had a couple of greenbelts closed because

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they had attractive nuisances in terms of standing water. That standing water is now gone which makes it less of a threat. But our parks and recreation department has done a great job of creating processes to ensure that when those greenbelts reopen, they do so safely. They are limiting the access so the numbers of folks who can access those sites and we will continue to review those plans. I know people want to get back out on the tennis courts and on the golf courses and we want them to as well. We believe in the value of that physical activity. And the need for folks to -- to get out of their house. Again, we don't want to take risks right now -- risks right now, particularly when we are teetering between stage 3 and stage 4 in materials of hospital admissions. I think once we've had a solid two weeks in the stage

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3 territory, then we would be willing to examine taking further risks. But right now, if our priority is getting kids back in the classroom, we want to be very limited and measured on the risk that we take to avoid creating a situation that would put reopening schools at more risk. >> The department, as Dr. Escott has said, has worked very closely with Austin, with parks and recreation department. Our department has established calls, as well as communicated via emails. As we look at reopening, we are going to do it in a phased approach. We must go very slowly. So we will not put ourselves in a position where we will overwhelm our systems. You know, I think that, you know, it is great for individuals to get out. We understand that this is something that -- that individuals are passionate

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about. It's great to get out and exercise. And do those things that are really helpful for our body. And we -- we understand that and recognize that. But we also have to put the health and safety of our community first. We cannot make the decision to open all of those things at the same time. Everything has to be a phased approach. In every approach that we have, in this community, whether it is our park

and recreation system, whether it is our schools, our colleges, our businesses, we must have a phased approach as we reopen. >> Okay. This one is from KXAN. Is it possible that you will recommend students in Travis county don't return to campus at all this semester? Or possibly this year? >> We are working with the

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school districts and we have provided some guidance to the school districts. It's really important for us, as we work with the superintendents, health and safety is number one. And as I stated earlier, education is our priority right now. And so -- but we must keep in mind of all of the other health and safety concerns, that we may have as a community, within the guidance that we provided, we have provided a staged approach, as I stated earlier. So it's going to be important for us to look at the ability for them to be able to fully operate and provide the education and the -- in the most safe and effective way. So at this time, we cannot provide a decision about what would be our recommendations. Our recommendations solely depend on what is happening at the time from a safety

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perspective. And we will continue to work with the superintendents as well as charter schools and any other schools that may reach out to us and ask us for technical assistance. >> I'll just add on to that, that -- you know, there's a lot of very practical challenges associated with opening schools and keeping them open. We have campuses that don't have school nurses. Campuses that have had school nurses, we've had many school nurses in the county that have resigned or who are not able to work in person due to risk. In addition to that, we have a challenge with our staffing in our schools. Teachers and other staff. We look at our -- at our teaching staff, they said well, you know, we've got substitute teachers. On a good year.

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On a non-pandemic year, we don't have enough substitute teachers in our county to fill in the gaps. This year, with the pandemic in place, the likelihood that we will be able to maintain school operations with any significant staff outages in terms of staff who may be sick with covid-19 or something else, staff who may be exposed and quarantined due to covid-19, means that it's going to be very difficult for continuity of operations to happen on school campuses. So we've had this discussion with our superintendents. And that discussion has been that -- that they need to be ready, the school districts need to be ready for the fact that -- that at least at some stage during -- during the fall in particular, that -- that their school may have to close again. That means having a default

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availability of all virtual so that we have that continuity of education. We don't have interruptions like we had in the springtime. And I think if we prepare for that, I think if our school districts prepare for that, it allows us to adjust, as director Hayden said, based upon the risk in the community. I'll tell you now that our recommendation will be regardless of where we open in terms of stages, what stage we're in, that we open at 25% maximum occupancy of the school. So that those school districts, those individual schools, those teachers, have an opportunity with a small number of students in place, to work through all of the new issues. How classrooms are going to be operated, how transition between classes is going to be done, how students are going to be screened if they're going to be screened on the way in, how children are going to be fed, how they're going to be bused. These are all new challenges

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for our teachers and our teachers and school staff are an incredibly valuable resource. We have to respect that this is challenging for them. And that there's risk to them. And we need to keep that risk as low as possible, particularly as we begin the new school year. >> Okay. The staying on the school district question, this is from CBS Austin. The aph guidance report to school districts is about to come out. Dr. Escott you just mentioned 25% capacity recommendation. But can you all give us an overview of some other major recommendations that will be included in that report? >> The report is basically designed to -- to provide more clarity on which elements are really important and which are recommendations that school districts could do if they have the capabilities.

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One of the challenges with the CDC guidance and tea guidance is that if -- they list a lot of ideas. But don't provide a lot of clarity about where school districts should prioritize those efforts. So we have prioritized those efforts. And there's, you know, not a lot of surprises. It involves recommending mandatory masking. It involves recommending mandatory education for, you know, hand washing, personal hygiene, et cetera. It involves social distancing. One of the measures involves the possibility of decreasing the social distancing as the risk decreases in the community. We have evidence to suggest that a distance of at least 3 feet decreases the chance of transmission by 80%. As you go beyond 3 feet, that protection increases.

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So, again, as our risk is higher, we want to be as protective as we possibly can as the community risk decreases and we have controlled transmission of the disease, may be able to take a little bit more risk by moving students closer together, allowing additional students to have in-person education. Again, those documents have been -- have been sent out to -- to our superintendents, as well as some other stakeholders for input and -- once we have that a final draft, we will show that publicly. >> Okay. From Kut, are you concerned that the new admission average has plateaued and will stay at this level for some time? >> I'm concerned that it could -- could level off and plateau for some time. I'm more concerned that it's going to bounce. And increase again. And that's why we really need that -- that redoubling

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of efforts in our community to ensure that -- that we're doing things safely. Again, I think that we've done a great job when people are out and about. When they are going to the gas station or grocery store. Going shopping for clothes. I think they are wearing masks, I think they are paying close attention. I think they perceive risks in those circumstances. I think where we can do better, as director Hayden said in the beginning, is in our personal interactions with family and with friends. We don't perceive our family and friends as risks to us. But in this circumstance, they could be. That's why we are encouraging folks to avoid interactions with people outside of your household, unless you absolutely must have those interactions. If you do, to follow the same guidelines that you would if you are shopping or at a gas station. Wear the mask, social distance, be as protective as possible. We simply must do this together if we want to get

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our kids back in the classroom. >> All right. This is going to be the last question from co-op radio. It appears that ISDs, especially in uil sports are going their own ways regarding openings. What can be done to with the start of uil sports and the potential for flare ups in austin-travis county. >> I'll start off. I'm sure director Hayden and Janet Pichette may want to add. I look forward to reviewing UT's plan regarding their stadiums. I have met with the president's office. I have met with the team physician at UT. We've had some discussions over the past several months. But I'm concerned. I'm concerned about the idea that on September 5th, three days before schools may reopen, that we're going

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to have 25,000 people in one place. I think that would be a big mistake. I think that has the potential, as we talked about early in the year, of lighting a fire that -- that could spread throughout this community. We talked about this in terms of south-by-southwest early on. We talked about the dangers of large

events. And having people from different parts of town, different parts of the state coming together in one place. I understand the -- you know, the stadiums are big and having a smaller number of people is going to be more protective than filling it. Of course it is. But we still expect with 25,000 fans that more than 100 people, if disease transmission is what it is today, would be positive. And that -- that turns from 100 to hundreds and then thousands. And my major concern is that if we have a football game on September 5th, with 25,000 people, that by

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September 19th, we're going to be closing schools again. And kids are going to be learning virtually. So, again, with he have to have a conversation as a community. Do we want to take the risk of college sports with stadiums with thousands of people? Do we want to the risk of high school sports with stadiums with hundreds or a thousand or a few thousand people? Or do we want to focus on education? Do we want to focus on ensuring that we can get our kids back with their teachers, back with their counselors, back with their friends in a safe way? I vote for education. If we can do education well, if we can get our kids back in the classroom, at that stage we should have the discuss about the until then, it doesn't belong on the table. >> All right. I think that's all we've got. >> Thank you, Chris.

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Before we wrap up, would you all like to give any closing remarks? >> Yes. I would also again like to emphasize about family gatherings. We must as a communities -- family is so important. I will just emphasize that family means the world to us. Some of us have friends that we are very, very close to. But we are relational. And when we see people, we have to hug 'em. We need to sit close to 'em. Because they are family, they are friends and we cherish those relationships. But it's going to be so important for us to continue, one, let's jus not do it. I mean, that is the -- the number one recommendation for us not to go outside of our home. And have those get-togethers with individuals that don't live with you.

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Secondly, if you must, because some people must, and we, you know, we understand that. Take every precaution that you can take. Put the mask on. And if you have others that are sitting around, tell them to put their mask on. And you socially distance and you have that conversation. And enjoy those loved ones and make sure that you are doing everything possible that you can do to -- to prevent the spread of disease. Lastly, I would like to just remind individuals that flu season is seven weeks away. We are definitely going to roll-out a flu campaign. It is going to be essential that everyone gets their flu shot. It is so important for us as a community. Last year was a very difficult year for Travis county with flu cases.

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And if we combine an increase of flu cases and covid-19, we are definitely going to overwhelm all of our systems. And so if we can do some things ahead of time to be preventive, and get the flu shot and encourage others in your circle to get the flu shot as well, that would be a wonderful thing for our community. Thank you. >> I will say that we've got to push past this plateau. As director Hayden said, we've got to focus on what's happening in and around the home to really push past it. We also need to ensure that folks who have been exposed to covid-19, folks who have any of the symptoms and there's lots of them now, any of those symptoms need to take a self assessment, need to sign up for testing and get tested.

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And finally, when you have a positive result, we need folks to help us by talking to our disease investigators, by talking about where they've been, about who their contacts are, so that we can box it in. Again, this takes a community effort. It takes community engagement, it takes community cooperation. For us to get back in the situation where we have controlled spread of disease and we can get our kids back in the classroom. >> Finally, I would like to just add in the words of madam curie, an ounce of prevention is worth -- an ounce of prevention is worth a pound of cure and -- and as both Dr. Escott and director Hayden has said, we need to continue to be vigilant in our prevention activities and prevention measures that we're taking to make sure that our -- that our families and loved

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ones are safe. And that we can beat this disease down to a low level. So I'll just leave it at that. >> Thank you. That concludes our media availability for today. Thank you to aph director Stephanie Hayden, Dr. Mark Escott, epidemiologist Janet Pichette and the pool rather -- and thepool reporter for joining us today. Thank you. >> Thank you.

[10:02:09 PM]

>> The Steve Adler 2020 state of the city address. It is presented virtually. Share along your thoughts using #atxcotc. We will begin right now. >> Mayor Adler: Thank you. Mayor pro tem, colleagues on the council, city manager, city staff, my neighbors and fellow austinites. It is true that the current state of our city is anxious, troubled and hurting, but it's not the complete truth at this moment. We are also so

much more than that. In an almost curious way, the real state of our city is anxious and hopeful. Even as we manage a set of

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inescapable challenges so stark as to stretch the imagination, we look to a future precisely because it is uncertain and provides us a once in a century opportunity to no longer be bound by who we were a year ago. Some greater power seems to have reinvented us all. This much change all around, in almost everything, gives us an almost infinite sense of freedom to do what it takes, to actually become all that we aspire to be. So here we are now confronting challenges unlike anything we've ever seen before. So where do we begin? In times of such great uncertainty what should be our guiding light? I think we begin and look to justice. Now, this could have been a speech only about covid-19 and every discussion of things that matter, our families, our health, our jobs, businesses, our

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schools, our best laid plans, the virus is the elephant in the room. The dac film this -- in the dark year this film has been, the coronavirus is the supporting actor that stole the scene. Everyone knows the arc of the virus. The events came fast as we canceled south by southwest and then moved to avert a public health disaster with stay at home orders to slow the spread of a virus we were still learning about. We didn't know if the community would join in such an extreme measure or if incredible disruption would stop the virus. Both did. We saved thousands of lives in our city alone. I want to pause to thank on behalf of a grateful city Dr. Escott, director Hayden, Juan Ortiz, Eric Carter, Dr. Myers and Dr. Johnston and judge and now senator Eckhardt for having such a significant role with so

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many others in helping to keep us safe. We all want the local economy in our lives back as we knew them before, but the governor's decision to reopen before we had sufficient testing and tracing in place and before our numbers were low enough compounded the challenge. We went on to more permissive phases without knowing the impact of the preceding. We tried to open businesses as they had operated pre-virus as if the virus was gone. Leaders at the national and state levels gave destructive or ambiguous messages about what we needed to do to prevent a surge. So the surge came roaring back. Truth is the virus was never gone, it just hides waiting for us to invite it back into our lives. And that's when we showed what Austin can do. We rallied again, focused on

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masking and distancing and avoiding groups. Again we stopped the trajectory, we saved more lives, this time becoming a statewide model for what's possible. We learned we have the ability to control the virus by our behaviors and we glimpsed a future where more was possible. Today it appears as if we might be at a plateau. Now, that's better than a surge, but it's still dangerous. The virus is real and the ineffectivity in our community is still too high. You want a sustained opening of businesses and schools, drive down the infection rate further than we have right now. Infectivity in our community right now is about 10 to 15 percent. We need to get under five percent. And by the way, any crowd at all gathering for UT football is not going to help us get there. I read that the university is considering gathering 25,000 people for football games and I hope they're not

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really going to try to do this. I'm not sure there's anywhere in the world that's having gatherings of that size at this point, even in places with lower virus infections. See, our choices have consequences, people die from this virus. Many people who live through it are carrying injuries that may be with them the rest of their lives. Risks we take with masking and distancing or attending large groups puts at risk the sustaining of the opening of schools and businesses for us all. The virus is more than just an attack on our physical health. It's also a devastating blow to our economic health. Unemployment is at unimaginable levels, businesses have shuttered, some temporarily and some lost forever. Many of our neighbors don't know how they're going to feed their families or whether they will be evicted from their homes. Tenants struggle with rent and homeowners and landlords struggle with mortgage

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payments. Our hospitality and creative workers and industries so greatly a part of our economy and our culture are reeling and for many it's too late. The city is putting more than \$200 million into programs and direct aid to mitigate economic impact from the crisis to keep us healthy. I want to especially thank director Briseno and director holt-rabb for incredible work helping to get aid and relief out to our community. But it's not enough. We need more help. Congress needs to pass the cares 2 act and it needs to provide support directly to cities so we can continue to help ourselves. But covid-19 is also a moral challenge. In many ways it makes this moment even bigger than all of that. Covid-19 is not just killing

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people, its impacts are disproportionately health felt by communities of color. Black and Latinx Austinites are getting infected and dying at higher rates than our neighbors. How many of us sat at home while we were shelter in place from the storm and watched essential workers, construction workers, health care workers force to take risks the rest of us could avoid. That we had susceptible and at risk neighbors was no longer theoretical. It became very real. And yes, we worried about whether there would be toilet paper on the shelves, but we began to notice perhaps for the first time the economic first responders that were working to restock the shelves. Covid-19 highlighted that we lack the transportation infrastructure to get people to the jobs that make this city run. It showed us the

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generational vulnerability of neighbors of color who have been systemically denied access to health resources. We saw during the pandemic the health of immigrants, poor people and those without homes and interconnected with our own. We saw that homelessness is not just about people without homes, it's also about nearly 40% of those experiencing homelessness being African-Americans. Homelessness is a racial issue. A particularly cruel result of displacement and disinvestment and despair. Our stay at home mandate revealed the housing insecurity of hundreds of thousands among us. Covid-19 made it clear how many essential workers lacked access to the essentials. And as if there was any way to avoid seeing the racial contours of the covid-19 crisis, another challenge,

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forever intertwined with the virus, was heartbreakingly clear and infuriatingly common. When we watched George Floyd plea for his life and call out for his mother before dying beneath the knee of a police officer, overwhelming numbers finally began to disabuse themselves of the fantasy that people of color are equally valued, protected and safe. Even by those sworn to protect us. In Austin Mr. Floyd's death came mere weeks after the shooting of Mike Ramos, a tragedy we have yet to explain and incalculable loss to those who loved him and to his mother most of all. We were not bystanders to the tragedy in Minnesota. Like cities around the country, we too have been living this perverse cycle of police violence, community outrage and precious few answers.

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The fever of the virus and of our city through the lens of justice and race is one we should not and cannot close our eyes to. We can see it everywhere around us and in everything that we do. Like the mirror that doesn't lie, this crisis is laying bare injustices that have been too easy to ignore for too long. We just haven't dealt with it. It's been a challenge too large, too intractable, too difficult. In fact, it's the kind of challenge that society can only pick up and resolve when confronted with a moment of such upheaval

that fundamental change is not a choice, but it's the only option available. History tells us that sometimes it takes a monumental strategy to put us on a fundamentally different and even historically right and just

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path that we would not otherwise have found. Sometimes great C changes and direction and inertia necessary for us to fundamentally and transformationally change a society's future happen only because of great disruption. Only when our current dreams seem shattered are we forced to dream anew, to see our world and ourselves differently. When we can no longer do what we have always done, we can realize the dawning of a new day and a new focus. On new dreams. Let me give you two historic examples of what I'm talking about. The first is the story of Austin's dam as related by former UT president fenves. It seems in the late 1800s Austin was dreaming about its future, what it would grow up to be. The leaders at the time looked enviously at the growing number of mill towns in the northeast and how their economies were boosted

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by building dams and harnessing the power of water for energy to drive what they hoped would be new manufacturing. Austin, the manufacturing center of the southwest. It didn't work that way. They built the largest dam, I understand, in the world at that time, and then a storm came and washed out both the dam and the dream. And the land surrounding the dam would never develop into manufacturing, but instead would take its place as a part of the university of Texas. From the debris of one future came the eventual realization of Austin as a city of ideas. Another example is the new deal rising from the great depression. Up until most recent times this was the depth of economic chaos. Over 20 million people lost their jobs. We know all the stories. Out of that crisis, however,

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we saw the initiation of new ideas and tools that can be enshrined to this very day. Public works products and social security -- projects and social security and other new deal programs that for the first time at such a scale dealt with the relief for the unemployed and poor, recovery of the economy and reform of the financial system. From these examples we should draw courage and hope. Our history is a city and a country is one of responding to crisis with patience, generational investments and the ability to correct our mistakes. And the bigger the crisis we face collectively as a community, the greater the opportunity for big ideas that represent fundamental change. We get to decide if covid-19 is ultimately remembered as an historical backdrop on our city's March to address justice and race and

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inequities as we have never done before. But whether the meanness and destruction of the virus becomes the dominant memory. Let's act boldly now to become the city that we want to be, fair, prosperous, resilient, not despite the challenges of the moment, but because of them. Because of the freedom to change direction that only comes from great change forced upon us. Let's talk about homelessness. Austin has the opportunity, the need, the obligation and responsibility to move decisively to end homelessness in our community. Austinites living on the streets and in the woods have dramatically shorter life spans and increased vulnerability to violence and sexual assault. For all of the discussion around this topic, no one wants this for our neighbors.

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Absolutely no one. For too long, though, we were content to not think too hard about it because we didn't see it. We didn't see the suffering, we didn't see the injustice. We didn't see it because we didn't want. It made us uncomfortable. We adopted policies that were intended to move it along and to hide it. I am proud this community has embraced the discomfort that comes with big challenges. And that we are working together on a real solution to homelessness, to send it, not just address it. I am thankful this community rejected calls to return to a time when we asked the police to harass the least fortunate so we could avert our attention from their needs while doing little to resolve their plight. To the people who signed you to the petition because they were desperate for a solution for people experiencing homelessness, I

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want to say that I share your impatience. Having chosen this -- more than just this path and having reject the false promise of cosmetic fixes, our work is incomplete unless we follow through with the commitment to house the homelessness. This will require us to do a better job of inclusively managing shared public spaces. Covid-19 made that commitment even more urgent. Our response to this pandemic brought the city and its non-profit service providers to work together as never before. We've been able to dramatically increase the number of hotel beds to transition people off the streets. We focused on how our crisis response systems function. We've come up with a clearer map than we've ever had before on how to move forward with this challenge. We need to invest in affordable housing and prevention efforts that make

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homelessness rare, and a diversion and rapid re-housing programs that make homelessness brief. And we need to significantly invest in permanent supportive housing that ensures that homelessness is non-recurring for those who successfully rise above that experience. The scale of resources to end homelessness is great, but the solutions are real and they are achievable. Austin has shown we know how to solve this problem as we did by reaching effective zero for veterans and something that we have shown we can make great progress on as we have with youth homelessness. It's also something that this community has been eager to invest in as we did with the historic 250-million-dollar affordable housing bond in November of 2018. And we will again vote this November, I hope, for funding to address displacement. Now is the time. Our moment of opportunity to

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build on that work and to act boldly to make our city more just. We know that 38% of our homelessness population is black, over four times greater than the demographics of the county as a whole. When we work to end homelessness we are also doing the important work of addressing the symptoms of racial injustice. I want to thank deputy city manager Rivera vandermyde and director shorter for such important work they are doing helping to provide for those without homes. Let's talk about mobility and transportation, project connect. With much of the city complying with stay at home orders and guidelines to protect themselves and help fight the spread of covid-19, our roads and highways seem eerily empty. Ridership on public transit

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plummeted. Our relief from traffic was short-lived. More and more of the economy reopened or adjusted operations. Congestion has returned to I-35 and mopac as Austin's eternal frustration. Avenue although many fewer people were not riding our buses and commuter rail, capital metro was still carrying tens of thousands of riders a day. These essential workers did not have the option to work from home or the option to drive to get to the jobs that all of us needed done. In our community far too many of the people most in need of affordable, reliable rapid transportation to meet their daily needs and improve their lives don't have it. As a result many are forced to spend disproportionate amount of their income on dangerous ways to get around or they're losing time, and in too many cases risking their lives to make use of inadequate transportation

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options. Project connect is a bold transit plan with a just and accessible city that we aspire to be. It certainly addresses traffic, but it will do so much more. With light rail, a downtown transit tunnel to speed up travel, no matter what vehicular mode you choose, new metro rapid lines and vehicles and a transition to zero emissions fleet, project connect will connect our entire city creating new opportunity for austinians, reducing our dependence on expensive personal vehicles and save lives. The expense and burden of owning a car? Estimated to be in excess of \$10,000 per year on average. It shouldn't be the price of admission to participate in our economy. Project connect is not just a transformative mobility program for our region. It represents a generational investment in a more just

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and equitable access to opportunity for whole swaths of our community who live in transportation deserts. Project connect, once fully built, will bring more frequent and rapid transportation to jobs and education and health care for tens of thousands of black and brown households. The essential nurses, medical technicians and grocery clerks and countless others, more of us have recently come to appreciate as ever before. The potential impact is enormous. Consider that over 200,000 people of color live near what will be new metro rapid stations. Nearly 55% of those who live near proposed Orange and blue rail lines and nearly 80% of those near the green line stations are people of color. Tens of thousands of households living below the poverty level do not have access to cars.

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Over 57,000 people in poverty and nearly 26,000 households without cars are located where we'll have new metro rapid stations. The blue line will serve over 26,000 people in poverty and nearly 10,000 people -- 10,000 zero car houses. The Orange line will serve 29,000 people in poverty and 11,000 zero car households. We're going to be able to expand and improve service to our communities in the eastern crescent with commuter rail and rapid bus lines. New commuter bus transit on pleasant valley could cut the commute by 30 minutes or more, giving people time to spend with their families. We must acknowledge that major transportation investments in our past have done more to deepen

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equality, to degree combat rather than connect and to displace. We must learn from that painful past and ensure that we do not leave these injustices. We must ensure that the very communities that we intend to serve with transit are actually able to keep living in those areas once the improvements are in place. Along with the historic investments with transit will come an historic effort in the affordability of communities near our transit investments. Making land for affordable housing before gentrification takes hold. Building thousands of permanently affordable homes while preserving existing affordable

homes. New programs developed collaboratively with residents of the neighborhoods impacted to keep people in their homes. No other city has embarked on a project of this magnitude in a way that learns from the mistakes of the past and makes real meaningful investments to ensure equitable outcomes.

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In November I hope and I believe our council will give voters the chance to right many transportation wrongs in an historically grand way. And I want to thank assistant city managers and executive director Clark and his board chair Wade Cooper for helping to shepherd this initiative to well in positioning our community for this action. Let's talk about policing and the budget and let's think big. What if we really wanted to make our city safer? And we're willing to press the horizons? Are we really willing to engage in the reimagining of policing that it could make us safer? And what does it mean to reimagine policing? While we're at it, what do people really want -- do

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people really want to defund the police? You know, I am anxious for us to put the politics and hyperbole aside and talk about the choices of desires to make us more safe and the pathways for whatever we want to do. For example, why is it that we expect our police officers to be our first option in responding to mental health disruptions? It seems that too many of these police calls don't go well. I don't don't we expand the availability of mental health professionals so that the police role is one of backup in case these professionals need help? If we could farm much of this activity out to these others, we might not need as many police officers. We should find out. So many people ask me if they should call 911 or 311 for their issue, I'm not always sure of the answer. But maybe another question is why do we need two different sets of operators?

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What if there was only one number or one set of operators trained to immediately forward every call to where it's supposed to go? Or maybe if the 911 were not in the police department, fewer of the calls would be sent to the police. Maybe the police department or the taxpayers could save some money even while the public is getting better in touch with the right person, if we no longer made the police department pay for 911. We should find out. The last several years our local law enforcement leadership working with criminal justice attorneys has been examining whether to put civilians, scientists and doctors in charge of an independent forensic lab. Maybe that would help with the perception of impartiality. Maybe the court should be paying for this work rather than it coming out of the police budget. We should find out. Some have suggested that we

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should explore whether internal affairs would be better able to do its work if its investigating officers were not part of the same police force they're expected to investigate. And should the police department have to pay for it? We should find out. What about the academy, where perspective police officers receive their initial training. About half of the curriculum is set by the state, but about 500 hours of instruction are directed by us locally. Do you think we should consider redirecting our half of training to much more intensive training on issues like mental health intervention? Would the training be more responsive to the community generally if the academy administration were civilians and police officers served as adjunct professors. And if so, would it really need to be the police department that paid for this? We should find out. One of the areas where we

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have too much violent crimes associated with family violence. These must be horrible calls for police responding to situations where a family member has injured another. In this city we have places where people can go with their children to be safe and protected before the violence occurs, but right now if they call many are put on waiting lists because we don't have enough available space. If we want to do more to fight family violence, is it better to invest in people who respond to the violence once it's occurred or in providing more shelter space to avoid the violence at all? We should find out. It seems like many if not most calls answered by the police and the fire department for that matter are health related. This is what ems does. Maybe they're more trained for this type of call. Maybe increasing the number of ems personnel would mean

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there would be less we would be asking the police department to do. Maybe such a change in who responds to medical calls might save the taxpayers money. We should find out. These are the kinds of things that are involved in reimagining police. Reimagining how we deliver public safety. You know, I'm really looking forward to the continued conversation with my colleagues and the city manager and staff on these items next week. Here's what I'm thinking might be the way to go next week for me. I support engaging in the reimagining of the police department and how we achieve public safety in many different ways. I support the process that city manager cronk, the deputy city manager Rivera vandermyde and muscadin have put into play to evaluate together with the community ideas such as those I just

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went through, including whether and how any idea makes sense and how it will be achieved. And thank you for this purpose. This concept is gaining acceptance in large part because you are entrusting it. So I thank the three of you. That's quite something in this day and age. I do not see how we actually make any of the things happen that way. If we want real transformative change we have to be able to do the work necessary. This will take all of us working together, digging keeps, resolving conflicts, removing barriers, being our most creative, innovative and adaptive. For some the path seems more clear. Ultimately there would be no lasting reimagination that is sustained without putting in the time, resources and deliberation. These are important decisions. This reimagining process, however, has to happen fast and some of the ideas have

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to be done now. To demonstrate the seriousness of this inquiry and to provide greatest transparency, I support removing elements such as those I just talked about from the police budget now and putting them into a transition, transition budget category. If you put in the things- that I've listed, that transition budget would contain well over \$100 million in will elements that are currently in the police budget. And then to make sure that we actually do the work to evaluate, recommend, be ready to execute where appropriate, I support only authorizing expenditures out of the police budget and the transition budget for six months. That would mean in six months none of these budgets would be funded without council affirmative action, creating in essence a second budget process in six months on these matters.

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There would also be no need to wait six months for budget amendments if they are ready or if a councilmember wanted to bring one more quickly. I believe that the academy curriculum lacks sufficient confidence in the community, that it will move police personnel to the kind of culture and approach most desired, and we don't know how long it will take us to get that. Therefore I do not see how at least a November academy class can go forward as planned. This is difficult for me because I believe that the academy is the best way we have to place culture change agendas among our officers, and these cadet classes provide us with our best opportunity to diversify our officers. We need to examine appropriate force levels today as part of any reimagination that gets executed for functions inside the police department are undertaken elsewhere or

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handled in ways that are intended to provide increased public safety. And we need to better understand in the next few days the overtime reserves to see if there are monies there that could be moved to mental health intervention that still needs funding or to increasing capacity of ems. And finally, from at least a purely -- from at least a purely public safety perspective, we need to commit to funding and operating more transition and permanent supportive housing for those without homes and those that need a safe place to go. I want the demonstrators and the marchers and the advocates to know how much I respect, admire and appreciate their efforts to impact the debate that we're having at city hall. It's made a significant difference in the nature and substance of the conversation that we're having, and I hope that this commitment portends for an

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incredible high turnout at the polls in November, something that we should all commit to. And I want our law enforcement officers to know that your mission and your safety is paramount to me and this council. I know the discussions that center around considering new or different ways to achieve safety and be heard by some as an indictment of performance. I can't help what others say. I do know that the conversation among the dais is focused only on our joint mission, you and us, to find the best ways to keep our community safe. The discussion I hope we have over the coming few months is one in which I hope dissipates because there is so much for all of us to do. Finally, on this subject, I want to address police department leadership. The discussion that we're having in Austin about trying to find the best ways to provide for public safety

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is the same as is happening all over the country. We need partners and advisors in this search that are open to exploring and building a new idea. We need the full data to be presented for the objectives considered. We need not only an openness to consider change, but a key desire to move past the status quo and to look at public safety more broadly and even to ensure that we are best equipped to deal with unsafe moments after they occur. We need more than just a willingness to accept change when that happens. We need a champion for change at its best. In years past, the state of the city address would have ended about here. After having laid out the big things that we need to

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do, and these big things are all transformational, ending homelessness, delivering project connect, citywide rapid transit and reimagining policing and public safety. They rise to the moment. But let's also start talking about us. The success of Austin and Texas began at the expense of its slaves. The first census in 1825 showed Austin with 450 slaves, 35% of the total population. By 1860 the number of

slaves were increasing faster than the population at large. Colonization laws gave settlers up to 4,605 acres of land and an additional 80 acres of land for the slaves they had. The blacks were left from voting in 1902 with a poll

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tax. Segregated in public transportation in 1906. For many prevented from voting in primaries in 1923. And we all know in 1928 Austin adopted a land plan that forced African-Americans to leave their homes and move to the eastside of town. And in 1932 we passed -- in 1932 we passed ordinances that removed all of those that had not yet been forced to. A century and more of deliberate segregation, compounded by a lack of investment over generations, and our own local version of the institutional racism have had disastrous and completely predictable results. Extreme wealth and wage disparities, poverty rates for Travis county blacks and hispanic residents are two and a half times greater than the poverty rates for whites. In Travis county, 28% of all people under the age of 65 who are low income have no health insurance, but hispanic residents most

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likely to be uninsured. While black residents believe for eight percent of the -- account for eight percent of the total adult population, in Travis county 23% of all people booked into the Travis county jail are black. A recent report by the urban institute and the center for policing equity finds that black motorists are four times more likely to be arrested after being stopped by the police department as white citizens. These statistics reflect not a deficit of ability or ambition, effort, but rather a shameful combination of racist policy, compounded by decades of inattention and disinvestment by Austin's privileged, mostly white leadership over the ensuing generations. We've done a lot to address some of the messages of institutional racism. I appreciate the work of

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professor pierce burnet for the work she did with the task force on that subject. She's leading an incredibly wonderful university on the eastside of town at houston-tillotson. We should all be thinking about providing greater support for that gem in our city because none of us are doing enough. Our pre-pandemic economic success and stratospheric growth hid and thus delayed the magnitude of the reckoning that Austin's legacy of racist and systemic inequity that it's acquired. We've been taking concrete steps, but moving too slowly and people are suffering as a result. We have to acknowledge the roadblocks to prosperity for people of color in Austin who are set intentionally and their impacts will be felt for generations unless we act. We must harness the energy of disruption to make Austin a city of real opportunity for all. It's going to require a

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commitment by each of us to address affordability, displacement crisis to expand health care options and transportation infrastructure to every corner of the city to ensure that our institutions are just and equitable. And more appropriately, divide the pie. I'm adding my voice to those mayors across the country who are calling for congress to develop and execute a national program of restitution for descendents of slaves in this country to address the yawning chasm of economic disparity that began with slavery and widened over generations of destruction over the shameful scourge of Jim crow and remains to this day. We must also do the work here. We would not be alone in this work. Cities around the country, Asheville, Providence, Durham, Tulsa and others, are only up to the physical,

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emotional and economic violence visited upon people of color by the communities where they belong. And tonight I'm asking council and the community to begin a planning of a pathway to atonement and restitution. There is already movement in this direction in our community and we should support those that are trying to find the way forward. It's going to require us to be intentional about addressing our history and righting the wrongs. It is the work of saying, as we do, black lives matter. I believe covid-19 will eventually be overshadowed by the big ideas, but even more important will be why and how we do the big things. Importantly, each promotes justice when analyzed through an equity lens. History will remember 2020 as the moment that pointed us in the direction of

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justice. Because this was the year that forced us to see injustice unlike any time before. Like someone grabbing and holding our face between their hands and not letting us turn away, forcing us to look at the unfairness around us and our part in perpetuating it. Last year as I gave the state of the city I stood at a podium in city hall chambers and said race issues remain our most significant equity challenge. This was a year ago. You think those words resonated then the way that they do today? There is no justification I said then, for having a 10 year differential in life expectancy depending on whether you live on the east or westside of town. And that was before the coronavirus. The truth is that last year

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we had yet to really grasp the enormity of the opportunity gulf that separates our neighbors of color from many of their white counterparts. 2020 has thus far been a troubled year. I believe it will turn out to have been the kind of necessary trouble that congressman John Lewis exhorted us to make in the name of process. Never has the resolve been so great to live in a more fair and more justice society than it is today. That hope and dream, the sense that things are somehow different and more different than they have ever been is wrapped in a feeling of hope and optimism that is equally unique. The time is now, the drum beat grows. The time is now to ensure we exit this time as a more just city than we were when we entered. We can do this if we're not

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scared to think big. This is the moment to define who we are. We should dedicate ourselves to doing justice and not in little ways. We must rise to the moment and change history. Motivated of violence by agents of law enforcement will not occur. Perhaps only in a time such as these when our routines and inertia are so utterly disrupted can we be freed and forced to dream and act big. We can get swallowed by the challenges or we can see them as freeing us to think in grand ways and differently and truly deliver a new kind of tomorrow. So let's do big things. Let's end homelessness, let's bring real mobility to Austin, let's reimagine how we keep one another safe. Let's address race and do

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something about correcting centuries of injustice because it is the fundamental injustice that fuels so many others. I want to note also that I think that most everything that I have said here tonight, about the principles and values and goals and aspirations and priorities that guide these efforts are shared by all of my colleagues on the city council, but I want to say what an incredible honor it is to serve with them. And I want to thank my chief of staff, Leslie, and my entire staff. I learn so much from them. And let me conclude by recognizing that doing these three big things will require a major disruption in the status quo. All of these challenges and others require a reckoning with racial disparities that

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exist in every corner of life in this city. We have to recover, but shame on us if we rebuild systems as inequitable as before. Let us embrace the remarkable gift it is to have so much undecided and up in the air. Let's celebrate the opportunity born of the necessity to rebuild. Let's commit to be guided by a search to deliver justice. Let's join in a disruptive recovery, seizing the moment to rebuild in a just and equitable way. Thank you.

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>> Good evening, I'm Loria Chen and I'll be moderating tonight's media availability focused on tonight's state of the city speech given by Mayor Steve Adler just a few minutes ago. We've had some questions submitted by media outlets in advance and Mayor Adler will answer a few questions from each media outlet. Any unanswered questions will be answered after this availability concludes, and with that we'll get started with our first question. The first question comes from Luis DeLeon at KVUE. Mayor, bear with me. I'm pulling up the questions. Mayor Adler that's okay. >> The first question is: Has the city's efforts to combat homelessness in Austin been reduced due to the COVID-19 pandemic and are there any plans that

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could take effect in 2020 to help with the homelessness issue? >> Mayor Adler: You know, the pandemic actually increased the attention that the city has given to those experiencing homelessness in our community. When you look at other cities around the country, one of the most susceptible populations to the virus were the communities that were experiencing homelessness. And in so many of those places there was a cluster, and multiple clusters that formed and became problematic in ways that, quite frankly, we've seen here in nursing homes. But we were able to cocoon in large measure so many of the people in this community. We were able to create a task force that were able to find the virus when it APD and isolate people. We created our protective

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lodges, pulling our large numbers of people experiencing homelessness and putting them into hotel rooms. We've actually had now all the service providers and stakeholders working together in ways they never did before. We have five, I think six coming online motels now that are providing housing for people. I think we've learned a lot. We're going to exit this with several of those facilities still in place, even after the virus. We just had at the city council this past week a report that showed strategically how it is, so we launch this concerted community-wide effort. So I think we are poised right now to start taking the steps to do it.

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>> Can you hear me now? >> Mayor Adler: Yes. >> The next question comes from Phil Clifton at Austin Monitor. She says, quote, we need more than just a willingness to accept change if it happens. We need a champion for change at its best. Does that mean you are calling for a new chief? >> Mayor Adler: I did

not call for a new chief, I called for a chief that would embrace those values. >> Okay. The next question comes from Kevin Clark at KXAN. First question is: Which aspects of APD's budget do you pledge to move into the six-month transition budget you mentioned in your speech? >> Mayor Adler: I think that all the things that I mentioned in the speech would be included in that. The forensic lab, the 911 call center, but I also would add professional standards. By that I mean internal

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affairs and training. I think we need to look at parks and lake patrols, victim services, traffic enforcement, support services, financial management, booking and processing support, equestrian, canine, explorers, cutting overtime and poi. Best as I can figure all those things add up to a little more than \$100 million. >> Okay. Next question again from Kevin Clark at KXAN is: Covid-19 has hurt many people economically. What would you say to struggling homeowners who are skeptical about voting for project connect due to the anticipated tax increase? >> Mayor Adler: You know, I recognize that there is a tax implication of project

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connect, but I also think that one of the most important things we can do to build our city and build our economy is to invest in a program such as this. We will be out of this virus and when we come out of this virus, and one of the ways that we will come out of this virus more vibrant and stronger the jobs associated with this kind of a capital project. But as we talked about in the speech, it will change the city and its future. You know, it's \$23 a month is the tax implication on an average home, and I recognize that's real money. But I also think that at this point in time for people that recognize that the quality of our life is so important, we need to do this project. Voters were confronted with this choice 20 years ago. I wish they had voted to do

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this then so that we would all be enjoying it now. >> Okay. Next question is also again from Kevin Clark at KXAN. What specific plans, if any, have been discussed within the city as far as restitution is concerned? Which stakeholders would be involved and what would you like to see? >> Mayor Adler: I think that the conversations concerning atonement kinds of issues are happening now out in the community, and I'm sure that I don't know all of them. I don't know of any formal conversations that are taking place within city government, but I think that should change. And I think that we should begin by listening to the initiatives that are already being discussed out in the African-American community. >> Okay. And this seems to be our

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last question. It's from Joe Clifton at Austin monitor. She has a question that mentions you referenced earlier about transportation investments in the past that encourage dividing of the community by race.

Is it a reference to recent decisions? Is it about I-35 or something that happened back in the 1920s? >>

Mayor Adler: I think a lot of the decisions that we've made with respect to transportation have had that kind of dividing element. Certainly I-35 is an example to build a highway that divided the city according to the 1928 line and putting I-35 certainly had a physical barrier there. But I also think that we have done many other transportation projects, transportation projects that have moved east and gone through neighborhoods without us taking a look at the things that we should be doing to try to preserve the

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communities. You can see that kind of thing on Riverside, you can see it on 183. So it's not just that one project, it's -- I am real proud that the option being considered by the city council this week has a 300-million-dollar component in it to deal with displacement. It's about time. >> Okay. That was our final question. And that concludes this media availability for the evening. Thank you everyone for joining. Good night.