

# City Council Special Called Meeting (Joint Meeting with Travis County Commissioners Court) Transcript – 05/11/2021

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[9:05:10 AM]

>> Judge Brown: Travis county commissioners court. Little may 11, 2021, 9:05 A.M. Meeting at 700 lavaca with commissioner Travillion and commissioner Howard and we have commissioner Gomez and commissioner Shea joining us remotely. Mayor, I will hand it over to you.

>> Mayor Adler: Judge, go to see you again and the court. Going to convene the Austin city council portion of the special called meeting at may 11th, 9:05. We're going to -- we have a quorum present as well, and when we get to questions I think today we start at district 10 going to district 1, and I remind everybody to ask one question. Judge, turn it back to you.

>> Judge Brown: Thanks, mayor. Do we have any callers for the Travis county comment portion?

>> No, sir.

>> Judge Brown: All right. Thanks, Larry. All right. Well, let's start with our

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briefings, and we'll go in the same order as always, so we're going to get a briefing from Dr. Escott and assistant city manager hayden-howard, and then we'll go through members of the commissioners court with one question each and then members of the city council and the mayor one question each, and then we'll close. So without anything else, Dr. Escott, if you are ready, please go ahead.

>> Dr. Escott: Thank you, judge. Let me turn that on. Can you all see my slides okay?

>> Judge Brown: Yeah.

>> Dr. Escott: Again, thank you for the opportunity to update the court and city council on our covid-19 response. This is an update of our covid-19 progress towards herd immunity. You can see that we have about 38% of individuals in Travis county, that's of the entire population who are fully vaccinated. 13% who are partially

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vaccinated. Additionally, we have 6% who have had confirmed covid-19 and have estimated an additional 13% bides on the U.T. Modeling consortium's estimates for actual disease burden in the community. As you can see, we're making significant progress. We've seen the portion of the by close down for those who are still vulnerable, which is at least 30%. Again, when I say at least 30%, that's because this graph -- or this pie chart assumes no overlap between those who have had covid disease and those who have been vaccinated. While there's certainly some overlap, it's not clear how much overlap it's. Looking at our international numbers actually there does not seem to be a lot of overlap between those two. As reminder, we still want folks who have this covid-19 to get the vaccine. The vaccine does provide broader immunity and certainly there is still

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benefit in folks getting the vaccine even if they've had covid-19. But this puts us at an important point because we're starting to approach that 70% mark of combined disease and vaccinations. So we may start to see some significant changes when it comes to disease trend as other jurisdictions have seen at a similar point. Probably the first to reach this sort of more than 50% population that has shared data is Israel. We're also seeing a similar impact in El Paso, who had a 50% drop in new covid cases after they exceeded 50% of the population vaccinated. So again, our hope is that we will see continued downward trend in our covid-19 cases and hospitalizations, but overall success really depends on all of us who are

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eligible to get that vaccine so that we can progress towards normal. The fda certainly helped us out yesterday in that -- in that mission to get our population vaccinated by expanding the eua for the pfizer vaccine to include 12 to 15-year-olds. So I want to talk a little about this and I know there's a lot of questions in the community about the safety and efficacy in this age group. So basically as a part of this they did a ram doneized control of 26%, about half received the actual vaccine, half received a placebo. They found those who received the vaccine had similar side effects to older children, pain in the arm

where they got the injection, muscle aches, headache. Those symptoms generally lasted one to three days and

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as in older people more common following the second disease. Regarding efficacy, as we discussed earlier in this year, the efficacy piece for the 12 to 15-year-olds is a little different than from the original studies in adults. So what they did is they looked at the immune response inside the group from 16 to 25 to see if there was a similar immune response for those who were 12 to 15, and in fact there was. This was an anonymous inferiority study meaning those responses were similar between those two groups. Additionally, they assessed the cases or the efficacy of the vaccine in that 12 to 15-year-old group. They found that in the placebo group 16 kids developed covid-19 and zero in the vaccinated group. So the calculated efficacy

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at this stage is 100%. And, you know, I want to caution that no vaccine is really going to be able to achieve 100%, 100% in this study group, but the bottom line is it's a very, very effective vaccine and a very safe vaccine. You know, this is a decision that individuals, that parents need to make for their children. I can tell you that last night and this morning I've been looking for pfizer vaccine for my 15-year-old son. So I certainly have confidence in the vaccine and my hope is that many others in the community will as well so we can get our kids vaccinated and move forward in our quest for herd immunity. This is an update of our new confirmed cases in Travis county. Yesterday we reported 101 cases. That was after a very low day before of 19 cases.

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Overall our moving average is 68, which is a decrease of 23% compared to one week ago. So again, we're continuing that downward direction for the past couple of weeks in terms of new cases, which we're certainly happy to see. There is some variability across the region, however, and we are not seeing as similar drops in some of the more rural areas in central Texas. So again, we not only need to focus on our community, on Austin and Travis county, but we need to ensure that folks outside of the metro are receiving the message and also being encouraged to be vaccinated. This is an update of our new admissions to the hospital T yellow is the moving acknowledged. You can see a hook at the very far right and that was admissions for yesterday which was 21 which brought our moving average up to 16. We had spent three days

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under 15, so in that stage 2 territory, but you have Friday through Sunday, with an increase yesterday. That's still a 6% decrease of that moving average as compared to a week ago. So certainly pleased with the overall direction that the admissions are heading, but we'll continue to watch that data this week. I had discussed last week the potential of moving into stage 2 this week. With this change yesterday, we'll have to watch the data for a bit longer before we make a determination about transitioning of stages. This is an update of our hospitalization data, so again, the blue is hospitalizations, Orange, our icu and gray ventilators being used for covid-19. Hospitalizations yesterday were 109 with a moving average of 107, that's a 16% decrease as compared to one

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week ago. Our icu utilization, yesterday 31 with moving average of 37. That's down 20% from last week. Our ventilator use 17, with a moving average of 20, which is on 20% decrease as well for ventilator use. So again, overall good direction. We would like to see it dropping a bit faster, but certainly some of the lowest numbers we've seen since October. Looking at the overall picture of the state, the state reported 2200 hospitalizations statewide for covid-19. That's the lowest number since mid-june. This is certainly overall progress being made in the battle against covid-19 across the state, which we're certainly pleased to see. This is an update off our hospitalizations by age group. There's a couple things I want to point out here. You see that the older age

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groups are generally trending in a downward direction this week, and when we look at the 80 plus and 70 to 79, significant decreases from where we were ten weeks ago or so. The thing that concerns me most about the graph is the gray line, the 10 to 19 age group. This is the highest percentage of hospitalizations we've seen since this pandemic began by a factor of 50%. 50% higher than the previous highest. So there's a couple of factors involved in that. Number one, we've had lower overall admissions this week, but also because there's a significant increase in the number of individuals hospitalized in that age group. Again, that number is seen on the right column. Overall decrease in number of hospitalizations last

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week, but an increase from 5 to 13 for admissions in in a 10 to 19-year-old age group. There have been eight individuals between three years old and 17 years old who are hospitalized in the past week,

including a 10-year-old, a 12-year-old, a 13-year-old, a 14-year-old, and two 15-year-olds. So again, we have to remember that when we look at the vulnerability of the community, and while that vulnerability is decreasing, the vulnerability in children is not because they don't have access to vaccine yet. We've just opened up the window for 12 to 15-year-olds so hopefully that's going to impact trends here, but this is what was seen in Israel when the adult population was vaccinated, they saw a surge in young people and teenagers in particular. So this is a warning for parents, even though the

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overall threat is decreasing in the community, there is still -- their children are still vulnerable and they are going to be vulnerable until they are vaccinated. So it is important despite the fact that the risk for hospitalization and death is much lower for this age group, it certainly happens and it happened 13 times in the past week for kids under the age of 19. So please, please continue to advocate for vaccinations now to include children as young as 12. This is an update of our hospitalizations by race and ethnicity. We can see a significant increase in the hospitalizations for our latinx community and an increase in percentage for our African-American community. When we look at the details of where those changes were, so again these are hospitalizations by numbers

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of individuals in each category, we see that there was an increase from 52 to 55 in our latinx community, a big drop in our white non-hispanic community members who were hospitalized, and no change in the number of individuals from the African-American community hospitalized. So the big changes this week is that significant drop by about a third in our white non-hispanic community members who were hospitalized last week. So again, we're continuing to see disproportionate impacts in our communities of color. I will say that seven of the eight individuals under 17 years old or younger were from communities of color. So again, it is -- it is striking our communities of color more dramatically and we need to continue focus efforts in those communities

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which acm hayden-howard will discuss later. This is our overall positivity by week. Last week we were reporting 3.5% positivity, a decrease from the previous two weeks. Again, continue to head towards that 3% mark that we really like to be under, and I think that will coincide with a significant decrease in activity. So we'll continue to monitor that. This is the breakdown by race and ethnicity. Our latinx community dropped from 6.2% to 5.4% last week. Our African-American community dropped from 5.2% to 4.7%. Our asian-american community had an increase 3.4% to 4.2%. And no change in our white non-hispanic community who has been at 3% for both weeks.

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This is that positivity broken down by age group. We see see clustering happening here. You can see that the old and the young groups, so that less than one and one to nine as well as our 70 to 79 and 80-plus age groups are clustered around that 2% mark. We see that our 80-year-old -- or our 60 to 69-year-olds are right about 3%. We had significant drop in that 10 to 19 age group in terms of positivity. But still the individuals who are that 20 to 29 to 50 to 59 are still clustered around that 5% mark. Again, it's important that we continue to test. This is how we better control the disease by identifying those who have covid-19, by having them stay at home until they are better, and that reduces the transmission risk to other

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people. Again, as a warning for young people, particularly individuals younger than 30, these can be cold symptoms, these can be a minor sore throat, a stuffy nose. You know, cold-like symptoms. So it may not be dramatic in these age groups, but it's important that if individuals have those symptoms they get tested right away to help prevent transmission to others. A look at the positivity broken down by school age in our school-age children group. There is data from 5/2 to 5/8. Again, continuing the trend of those two being over the community average as well as the elementary and pre-school being under, 1.6% and 2.2%. So again, we continue to see

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clusters in our middle schools and high schools. They continue to be related to athletics activities as well as after-school social activities. Again, it's important that we use caution in those areas to avoid not only disease but also significant impact on those athletic activities. This is an update of our long-term care facility dashboard. We continue to see a decrease in the activity there as compared to several weeks ago. Four cases in the last 14 days, 20 in the last 28. The overwhelming majority of nursing homes and assisted living facilities have zero cases. So again, it is clear that we have herd immunity in those facilities to a large extent we have a two facilities, I believe, that have more than one or two cases, so very, very small

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numbers even when we do see cases at those facilities. Again, we remain in stage 3 for now. Our hope is that we will continue to see a decrease in admissions to the hospital and that we will fall under that 15 threshold again with the possibility of transitioning to stage 2 later this week or next week depending on that data. I do anticipate that we will revise the health authority rules in conjunction with a transition to stage 2, which will relax some of those guidelines that we have sent out previously. Again, we will update that once we transition to stage 2. With that I will turn it over to assistant city manager hayden-howard.

>> Hayden-howard: Good morning. First of all, I would like to acknowledge our nurses. Nurses week started

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may 6th, ends on the 12th. We've had a group of our nurses that have been involved this entire time, but have really played a key role in providing so many vaccines in our community. And so we definitely want to acknowledge our nurses in the department, ones that have volunteered with us, as well as all of our other partners that have nurses. So if you happen to see a nurse, just tell them happy nurses week. I definitely told my mom happy mother's day as well as happy nurses week this weekend. Next slide. When we look at the dashboard, we're seeing 387,000 vaccines that have been provided in our community. And when we start to look at the demographic data, the

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Asian population has received 17.28% of these vaccines, African-Americans have received 7.7%. Our hispanic population has received 31.5%, and our white population has received 37.5%. And so just kind of really keep in mind this is Austin public health. It also includes the Cota efforts as well as community cares data is what we typically do track. Next slide. You will start to see a change in our dashboard update schedule. So starting -- so starting on the 15th, you will no longer see it update on Saturdays and Sunday. I would like to really

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acknowledge our epidemiology staff as well as the data entry folks, et cetera, because they have been working tirelessly every day of the week ever since February of 2020. You know, we were able to let them observe a few holidays along the way, but we've always continued to update our dashboards. And so this is going to be a change, but what will happen is that on Mondays you will see the update. Now, the two dashboards that affects is the covid-19 surveillance and it is the staging one. The other ones have always only been updated once a week, so this will not affect them as well and it will not also

affect our vaccine -- our other vaccine dashboard. Next slide. Austin public health has provided 300,000 first and

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second doses of our vaccine. Last week our team was able to provide 13,000 vaccines, continuing to work with the child care in schools staff as well as tracking the senior population with first and second doses. And then we typically share the information for -- from the Texas department of state health services at 107,788. And so that is inclusive of all providers in Travis county. Next slide. We are starting a pilot partnership with aid this week. As you all may be aware, aid has had several food distribution events, and so we have selected four campuses that are mobile

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team is going to be working with them this week. These are the campuses listed, and this is based upon being able to look at a north and a south location as well as title 1 schools, and then lastly looking at where the -- where there is the largest demand. These are the sites where, according to aid, they have more people come to these campuses. And so our staff are going to continue to, you know, work with them. You know, we'll continue to have our -- you know, our other pilots, et cetera. Next slide. This is an event that we have coming up on -- on the 16th of may. We will also be at our lady

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of Guadalupe church. As you also know, you know, we have really, really transitioned to our neighborhood model, and these are examples. This past Saturday we were at greater mostly sunny Zion Baptist church providing vaccines. And so our team will continue to be in the different locations and will be able to share with you like I'm going to share on this next slide, on our website you will see that, you know, we're starting to have a snapshot where folks could go on to our website. They will be able to see where all of our partners are. Now, this was a snapshot of what we had of last Friday. And so we know it's definitely going to be changing. You have the ability to --

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you know, to go on to the website and look and see where we are as far as the hours, locations, et cetera. We are still doing appointments, but we're also really emphasizing that we have all of our clinics



are walk-up clinics. Our other partners as well are doing walk-up clinics. And so when you are on the site and you are looking for that information, you will notice that as well. Next slide. What we wanted to be able to bring today, and this is just a snapshot from may 1st through may 7th, looking at the folks that have scheduled appointments versus walk-up appointments. And then the walk-up percentage. And so we know that, you know, we're still seeing more folks with scheduled

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appointments as opposed to walk-up appointments. But the process is working really well. Our teams have established a really nice way to be able to move people through the process, and then that way, you know, folks don't spend as long at the locations. And so our team will continue to refine those efforts, but we'll continue to have these types of process, especially for the ones that are, you know, open and they are walk-up appointments. We know that we will have certain locations where we are in partnership, you know, with locations. So, for example, with the board and care facilities, our staff are going there. And working, for example, with Travis county deaf services, for example. And so those are examples of actual closed pods where

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we're working with a specific population in that space. And so our -- so our team will continue to work through that and make sure that we are addressing the needs in our community. Next slide. This is -- we wanted to share this with you, the centers for disease control has now taken over the vaccine finder, and it is now [vaccines.gov](https://www.vaccines.gov). And so no matter where you are, you can go to or phone and you can text the information and add your zip code, and then it will provide you a list of locations that is near you. And so this service is actually is operated by the center for disease control and the U.S. Health and human services. And so as things move along

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and things are more -- the providers have registered, et cetera, they are also tracking that as well. And it's also tracked at the state level by the Texas department of health services. Next slide. As Dr. Escott shared earlier, our vaccinations for 12 years and older, as you all know, Austin public health does receive the modern, which is approved for 18 years and older. However, we are going to be working with our partners as they are providing the pfizer vaccine through the Travis county drive-allow sites, with U.T. Health, but we're also reminding folks about the Walgreens, CVS and HEB. One of the things our staff are finalizing is that we

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have a shots for tots clinic that is in north and south Austin, as well as partners with the vaccine for children provider. And so our staff work very closely with them, make sure they are trained and et cetera. And so between those two entities, the shots for tots and vaccine for children provider, they will be able to provide more of the pfizer in our community. And so you'll see that on our map. We will list that information as well so everyone really will have a better birdsy eye of where pfizer is available. Next slide. We wanted to spend more time on the incentives, and Austin public health is continuing to work on a

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process, but what we have really been encouraging business owners to do in our community is to really just basically step up and say, you know, you are willing to be able to -- you know, whether it's a coupon, you know, a discount off a service or something like that, our hope is that business owners will take that initiative to be able to offer those coupons, et cetera, in our community. We are also working with our grass roots organizations because, as we know, the grass roots organizations that the city has our contracts with, which are seven, and United Way has their contracts with, those groups have started to meet. The United Way has joined our session with our grass roots organizations, and now we're going to pull all of them together as our next step. And so basically having them

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to look at what type of incentives that we could put together. With the grass roots organizations, you know, they are able to receive those solicitations from the public as opposed to the city of Austin. The other thing is, you know, we are just encouraging employers to allow their time -- a time off for their vaccine appointments. That will not overall affect their leave time. We know that the ability to kind of go and get a vaccine, but we also think what is also important for employers is to also allow that time. So if an individual has, you know, any kind of side effects and are not feeling well after they've taken the first or second vaccine, allowing them that time and looking at how you could put in place a process where they are not using their sick leave or their vacation. So it's just incentives like

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that we know will definitely be able to help folks make a decision as we are just working very closely with our outreach partners and our grass roots organizations. Next slide. We are in partnership and, you know, we are really excited about our initiative hash tag take the shot atx. And so working with our

soccer team here, we are very excited about that and have actually put together a couple of pas. We should be able to run those. We shared them with the county so we would be able to do so. Hopefully this is going to work. Are you all able to run the psa?

>> Judge Brown: Good question. Media, are we all -- you all

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have that ready to go or do you want to try that at the break? What do you think? Sounds like we may need a few minutes.

>> Hayden-howard: Okay. Last slide. I would like to take this time to introduce to you some of you have probably met her in her role as assistant director, a few have worked closely with her so far. This is Adrienne, the interim director of Austin public health. And so Adrienne is going to be presenting next week moving forward with Dr. Escott and providing you the updates. And so I just wanted to make sure to introduce her today, let you know that we're going to be transitioning

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over to her. I will continue to attend the meetings and definitely be a part of the conversation, but I wanted to introduce Adrienne to you today. Do you have any comments you would like to make?

>> No, thank you, just good morning and I look forward to working with all of you. Thank you.

>> Shea: Welcome.

>> Hayden-howard: Well that is correct -- well, that concludes our presentation so we are available for questions. Thank you.

>> Judge Brown: Thanks. Just the only update from the Travis county vaccine side is I'm really excited about the map that you've put together, and so this weekend again at the expo center we're going to have the pfizer vaccine Friday, Saturday, Sunday from 9:00 to 5:00, it will be a drive-thru. And as soon as the CDC says we can give it to -- officially give it to 12-year-olds to

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15-year-olds, we will do so. And Dr. Escott, maybe that's already the case. I thought it was questionable this morning. Then we also have the teams constable morales and chief Bailey are leading going to different locations around eastern Travis county and hopefully we can get those locations to you so you

can get that on the map. I will pass it on to commissioner Gomez if you are there and if you have any questions for the team.

>> Gomez: I don't have any questions, judge. I think the reports that we're getting are promising. So look forward to us continuing to make progress. Thanks.

>> Judge Brown: Thanks, commissioner. Commissioner Shea.

>> Shea: Good morning, everyone. My usual thanks to everyone who is involved in this. We know you've been putting in just incredibly long hours. Hopefully you are starting to get a little bit more of your lives back as we're making more progress on viox nations.

-- Vaccinations.

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I heard a story the other day and I think I'm remember be this right, they were saying close to 50% of people who have had covid are experiencing ongoing effects. I don't know that they were saying that it was 50% having a long covid, but I personally know someone who is head of a major health corporation who had access to the finest medical care on the planet and who is suffering months and months later from very serious long covid. Can you just talk a little about that and is that 50% statistic accurate?

>> Dr. Escott: Commissioner, I think that number is high. I can certainly look at the latest data and get back to you with the percentage on long covid. I think we all have to be very cautious about what we know and don't know about the long-term implications.

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We are certainly seeing data emerge which raises concern about the long-term implications to include brain injury in the form of depression and anxiety as a result of covid. You know, people particularly when we talk about younger people, you know, they always raise the concern, well, you know, they don't really have a bad course of illness, except for when they do, except for when they are hospitalized, except for when you sort out later there's anxiety and depression associated with that infection. You can't take that piece back. The side effects from the vaccine, sore arm, muscle aches, you know, tiredness for a day or two is nothing. It's similar to what we get with the flu shot. There should not be this much controversy about getting this vaccine. It was very thoroughly studied.

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It was proven to be even safer and efficacious than initial studies indicated. It's something that we need to do and we have to realize again that not only do we have the implications from the covid illness itself, but as I said before, you have the potential for reinfection. Looking at our data for Travis county alone, the reinfection rate is about four times that of the breakthrough rate for those who have been vaccinated. 96 breakthrough cases out of more than 600,000 represents a .01% chance of covid-19 after infection. So far, 379 reinfection cases confirmed. So that's -- that's why we want to stress the importance of getting the covid vaccine even if you've had the disease. But our hope is you get it before so you can avoid the

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acute illness, but also the long-term potential consequences.

>> Shea: Thank you.

>> Judge Brown: Thanks. Commissioner Travillion?

>> Travillion: First, I would like to commend you all for the work that you've done to plan for and reach out into historically under served communities. I know that you've done a lot of great work because I've watched you do a lot. As we look at the map, I think that this is a very useful tool, and I appreciate the map. And I know that things are improving. I still want to redouble our efforts until we get through the juneteenth process and hopefully we can effectively get as many shots into arms as possible. As we talk about how we incorporate the 12 to

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15-year-olds, I'm interested in making sure that we do work through our community schools and we do work through our public schools. Those are places where kids and families are used to going. And I might be missing some from the list, but it seems to me that community schools provide an incredible opportunity for us to go into neighborhoods, and if we are able to send mobile teams over to those places, I think it can be very successful. So schools and community centers because they do exist where infrastructure doesn't exist. And then churches. I'm glad that we used greater mount Zion. I think they run a fantastic operation over there. But let me just say this. If you remember, hb6 and

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hb7, they specifically took souls to polls away from the community because it is so effective. I think that we really need to redouble our efforts specifically with churches. And there's several churches that are large churches that have significant populations. And I imagine a number of people still need to be

vaccinated. You know, greater mount Zion is great, St. James, mt. Sinai, Wesley united methodist, St. Mary's in pflugerville. I think that that is a very effective way to get to communities working at churches, and I think that's been demonstrated by voting as well as other things that happen there. I want us to make sure we're redoubling our efforts there, and I'm also wondering whether we have been able to add any service providers from trusted

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communities. When we talk to the naacp or the urban league or the black leadership collective, African-American harvest foundation, central Texas area health initiative, I want to make sure that we're reaching out to folks who have trusted relationships in the community. And make sure they are working in schools and community centers and churches to maximize the access that we have to those communities. So I guess my question is how have we incorporated them or what is our progress on incorporating those entities.

>> Hayden-howard: So commissioner Travillion, in March we kicked off our faith-based initiative. That team actually stood up in April of last year to just address the testing,

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et cetera, to work with those facilities. They have pivoted and so now they are working with those faith-based churches. You know, the greater mount Zion, the St. James, we were there last month, and so basically what those churches are doing is collaboratively we are assigning a location, and so all of those folks are referring folks. So for example this weekend they were referred to several churches came together and they referred over to greater mount Zion. Last month the same thing collectively, we're able to refer to St. James. And so that model seems to be, you know, working pretty well. We have talked with the pastor in pflugerville and they are willing to allow us to be in that space. And so as we transition from

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the pflugerville recreation center, we'll be transitioning over to locations like that. The urban league is one of our partners that we are -- one of our grass-roots organizations that are working with us in this space. And so we have that -- we have seven organizations that are working very closely with us. So we, you know, we're moving through that process. As far as the juneteenth process, our staff have identified several locations where we would be able to provide vaccines and are going to collaborate that and work with our working group that typically meets on Fridays at noon. So we are able to have events

leading up to juneteenth and then make sure we're providing vaccines at several locations. And so that will be on our maps. And so, you know, we're

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always, you know, looking at ways to improve our mobile team are the ones that are at the schools providing those services. And then for the pop-up clinics, it's a combination of our folks that typically will be working at the largest sites like your del valle or your burger to transition to be at, for example, how we were going to be at givens park and at the catholic church this weekend. So those folks were able to shift things around and be at those neighborhood models, so we are continuing to do that.

>> Travillion: Thank you so much for your thoughtful work, and I also would like to make sure that we are working with cap metro to make sure when we do have sites and we're not sure that we have -- that folks can get to those sites and we work with cap metro to see how they can help us facilitate moving people.

[9:51:56 AM]

>> Hayden-howard: Actually, commissioner Travillion, they have been an outstanding partner. They started with us, I'm going to say probably back in February. If you just give them a call and let them know where your appointment time schedule is for your vaccine, they are providing free transportation to individuals to be able to get to, you know, any of our kind of sites where their routes are. So that has been a really good partnership with capital metro.

>> Travillion: All right. Thank you so much for your work.

>> Hayden-howard: You're welcome. Thank you.

>> Judge Brown: Commissioner Howard?

>> Howard: Thank you very much. I had a quick question about the shots for homebound individuals. Do you think it's time that we could add capacity to that program if we had, like, firefighters or folks that were able and

[9:53:02 AM]

knowledgeable to give shots? Do you think the need exists?

>> Hayden-howard: I will say that we have been able to keep up with the demand. Our teams have, you know, have really been able to go out and provide that service. And as you know, we have pivoted and

so whenever they call in to request a service, if they have additional folks that they would like to receive a vaccine, if they just let us know, our staff will go prepared with additional vaccine to provide that in their homes. We have been working with the fire -- with the fire department, and, you know, we'll continue to work with them. And so, you know, the -- I think we're probably at a point where we're just kind of looking at, you know, how we are still needing to pivot a little more to our neighborhood model. And if they have the

[9:54:03 AM]

available staff, we have been working with retirees from the fire department, and so they have been able to help us kind of this leg of the process. And so we can definitely be able to get more of the data about folks that are calling in and scheduling the -- through 311 and our staff for those homebound appointments, and aid reencan bring that back next week.

>> Howard: Thank you.

>> Judge Brown: Commissioner, I will pass it over to you, mayor, and city council.

>> Mayor Adler: Judge, thank you. We're going to start district 10, work up to district 1. And each of us get one question. Councilmember alter.

>> Alter: Thank you. Lots of mothers were grad to

[9:55:04 AM]

here about the 12 to 15-year-old opportunity. I would appreciate some clarity, is it officially authorized, how do folks access it in Austin. You know, it's 12 to 15-year-olds, so clarifying you still need a parent with you. We as aph have mostly had modern, to my knowledge, and this is just for pfizer. What are the options for getting the pfizer and how do we do that in an orderly manner so that everyone who wants that shot can have it. But I just feel like we need clarity for the parents anxiously awaiting this for a long time. And I'm not sure -- you mentioned the hundred percent effectiveness, which is awesome and we should definitely have messaging that's what we know at this point. But we need to be able to tell people they are

[9:56:04 AM]

available here or there or whatnot and here's where to look for pfizer options.

>> Dr. Escott: Councilmember alter, yes, it is approved for 12 to 15-year-olds. However, it may take a day or a few days for those that have online registration to allow them to register. I know that because



I've tried to register last item this morning for my son. CVS still has it at 16 years old. My advice is look at the map that Stephanie talked about. People are looking for pfizer. Pfizer is the only vaccine approved for that 12 to 17-year-old group. The others are 18-plus. So pfizer is what folks want to look for. The cvs have them, HEB, and there are other providers that have them as

[9:57:05 AM]

well. I did want to clarify something else that I misspoke about earlier, and that's reinfection versus breakthrough. On commissioner Shea's question. There's four times the number of people who have had reinfections, it's actually 33 times the rate for reinfection as compared to breakthrough infections due to the much smaller denominator. So again, even folks who have had covid, even 12 to 15-year-olds who have had covid need to get their covid shot. It is very, very effective and, again, it's more evidence that the vaccine is much more effective at preventing infection than the disease itself.

>> Alter: I think it would be really helpful as part of the messaging you send out to us to share if we could get the appropriate messaging that we need to get out for that age group

[9:58:06 AM]

and sending people where they need to go instead of all of us reinventing so, so there's some clarity in the messaging, that would be very much appreciated as soon as possible. Thank you.

>> Mayor Adler: Thank you. Judge,

>> Mayor Adler: Thank you. Judge, do you have a psa?

>> Judge Brown: We do.

>> Let's come together and protect our community.

>> In Texas, everyone over the age of 16 is eligible.

>> Mayor Adler: We're not seeing it, though.

>> Judge Brown: You're not?

>> Take the shot.

>> Take the shot.

>> Judge Brown: Play it one more time.

>> Hey, Austin, let's come together and protect our community.

>> Mayor Adler: We still don't see it.

>> It's not on the screen.

>> Together, we can see a brighter future ahead.

>> Take the shot.

[9:59:08 AM]

>> Sounds good, though.

>> Judge Brown: The public can see it. I guess y'all cannot see it, is that correct?

>> Maybe just send us the link, and then we can watch it, and also promote it on social.

>> Judge Brown: It looked really good.

>> That would be great.

>> Mayor Adler: Thanks, judge. It sounds good. All right. We're going to continue on, then.  
Councilmember tovo.

>> Tovo: That's great. I'm really glad that the pas are continue to move forward. I think those are really effective. I love the one that you showed last week and I look forward to seeing this one, the soccer, with mls. Councilmember alter really asked a question that's on my mind this morning. And I'm still not entirely clear on what the answer is, at least for the county. I have been up all night, too, trying to check CVS, H-E-B, all the others. None are updated, as Dr. Escott indicated. And maybe judge brown or Dr.

[10:00:10 AM]

Escott, could you help me understand -- there was a passing comment to that with regard to the weekend for the county sites, the county drive-through sites. What's the situation there? And do you know if any of the walk-up sites -- are there other walk-up sites that have adjusted their eligibility? It's not clear to me whether it's just the online platforms haven't made that shift, or if the sites themselves - some of those that are doing walk-up with pfizer are also not doing that shift. So, I'm sorry. Those were all jumbled into one, but it's the same basic question.

>> Judge Brown: I'll see what I know about Travis county, then Dr. Escott, you can go. This weekend we're going to have three days of pfizer at the expo center. Northeast Travis county, where the rodeo often is held, 20 minutes from downtown, a 12-minute drive from manor, decker lane, and right by decker lake.

[10:01:10 AM]

So, it's, you know, an easy enough drive, especially on the weekends, there won't be any traffic. It is set up as a drive-through. We're doing it from 9:00 to 5:00 all three days. Last weekend and the weekend before it was all no appointment needed. That is my hope and goal, that it will be the same way this weekend. The team that is running it has not officially said that, but that's certainly what I'm urging them to do to make it a drive-up without appointments. And that is what I know. And then these teams that we have also have the pfizer vaccine, so they would do the same thing. They would open it up to people -- so, expo -- everything that we're giving out will be 12 and up. If the CDC says we can do it, we're going to do that. These teams we have going to individual apartment complexes and schools in eastern Travis county led by constable morales and chief Bailey will have the

[10:02:10 AM]

same rules. They will not be appointment-driven. They will just be we're here, ready to give you a shot. Dr. Escott, do you have anything to add to that?

>> Tovo: Just to clarify, judge brown, those teams will all adjust to the new guidance. So those mobile teams going out to apartment complexes will also be doing 12 and up?

>> Judge Brown: Yes. Anywhere -- if we're allowed to do it with pfizer, we will do that.

>> Tovo: And is there any question about whether you're allowed to do it? I guess that was --

>> Judge Brown: Dr. Escott, you can clear this up. I thought I saw the New York Times saying, some panel of the CDC had to still bless it or something, but maybe that's an old article I was looking at.

>> I'm certainly not aware of that. From my perspective, it has been approved. I don't think there's any reason to wait any longer.

[10:03:11 AM]

So, 12-15. And I think, you know, to answer the overall question, generally speaking, the walk-up sites are going to be easier to adjust because they already have consent forms, they already have a process for those minors who were going to get vaccinated. So it's going to be the online platforms that are going to take a bit longer to readjust. We'll try to follow up with CVS and H-E-B today to get an idea on timeline for that adjustment.

>> Tovo: Thank you.

>> Mayor Adler: Okay. Thank you. Councilmember Ellis.

>> Ellis: Thanks, mayor. My line of thinking was very close to where councilmember alter and tovo are. And so I won't rehash it. But in some of the information that you can get us, it might be helpful for parents to know if

[10:04:11 AM]

they need to bring some sort of id or documentation. I know the adults, they had to make sure they knew who was who, at least. So that information might be helpful. Do you know how schools may track who has been vaccinated? I know they care about other vaccinations that happen at certain ages, and so even though they probably won't be announcing who is and is not vaccinated, parents may just really appreciate knowing how many of their students' peers have been able to get vaccinated, just so they can tell their kids when to wear a mask, when not to wear a mask. Do you know how schools will be handling that information?

>> I don't know at this stage. I anticipate that we will want to identify vaccination rates in schools, so de-identified information. So we'll work with our school districts on that. We do that for other

[10:05:12 AM]

vaccinations, dshs does that for other vaccinations, to identify risk. I don't imagine that we're going to see a requirement in the short term, because it's still under eua. When we see transition from eua to full approval for this vaccine and others, I think we will see more schools, more universities, more workplaces, particularly in the healthcare industry, that will require it for their people.

>> Ellis: That's really helpful. We had seen some transmission among extracurriculars, so I hope we can avoid that moving forward. And I'll just say very briefly before passing the microphone, I would really appreciate if there was some consideration for the Berger center to have an accommodation for people who ride the bus or use a bike to get around. We've gotten some questions about that being the closest location for some constituents,

[10:06:12 AM]

and they're trying to find locations that are bike-up and walk-up that they can get to. So I would really love if there was a way to make that work.

>> Mayor Adler: Okay. Thank you. Councilmember pool.

>> Pool: Thanks, mayor. I don't have any questions, just thanks to all our staff for their work.

>> Mayor Adler: Okay. Councilmember Kelly.

>> Kelly: Thank you. As many of us have heard, prop E passed and our city manager and his team are working hard to respond to how this will affect our unhoused neighbors. We'll hear more from him later today, but in the context of that and considering how CDC guidelines have in some ways inhibited how we can help or even count our neighbors experiencing homelessness, I do have a question for Dr. Escott. And that is, do you have any recommendations on how the city of Austin's efforts to help our unhoused neighbors move away from unsafe areas will be impacted by CDC guidelines?

[10:07:15 AM]

>> Mayor Adler: You're muted.

>> Sorry. Can you repeat that one more time?

>> Kelly: Do you have any recommendation on how the city of Austin's efforts to help our unhoused neighbors move away from unsafe areas will be impacted by current CDC guidelines?

>> You know, we've had discussions about, you know, how to deal with our unhoused population. I think there's, you know, a lot of ongoing discussion that does need to occur to ensure that we can keep people safe, not only from covid-19, but from other issues that affect them disproportionately. So I don't have any answers at this stage, but certainly look forward to ongoing conversation.

>> Kelly: Would you be able to loop my office and myself into those conversations, please?

>> Certainly.

[10:08:16 AM]

>> Kelly: Thank you.

>> Mayor Adler: Okay. Thank you. Councilmember kitchen.

>> Kitchen: Thank you very much. And welcome, Adrian, if you're still on. We'll look forward to hearing from you next time. So, my question is just a followup. I appreciate all the information that people have been asking about. And this may be for Dr. Escott. Dr. Escott, can you give us an idea of what you're seeing and/or planning for with regard to the variants? I know we're starting to see in other states, at least, the variant from India, a variant from other places. So is there anything that you can share with us at this point about Austin? I guess the first question is, are we seeing any of these variants yet? I'm not aware -- if that's a

[10:09:16 AM]

question for you. And the second aspect of the question is, what if anything can we do to prepare for that evenuality?

>> We are seeing variants, as is the rest of the country, 161 variants so far, most of which are the uk variant. We have seen others, including the Brazilian variant. We are working on a way to report that publicly so that the community can know which variants are impacting us most at this stage. I think the best way to plan for that right now is surveillance and getting vaccinated, and, of course, continuing those protections that we have in place including masking. Again, if we do these things in combination, if we continue the protections, the masking in particular, while we continue

[10:10:17 AM]

that vaccination effort, it decreases the risk of these variants taking hold here and allows us to impact transmission more effectively. I think the long-term issue is going to be a bigger challenge. As we see hotspots like India happening, you know, we can expect to see other hotspots in other densely populated places with, you know, relatively poor healthcare infrastructure, like são paulo, like Nigeria, other places that tend to be the focus of the emergence of variants for other diseases. So I think we have to work hard. Mexico City would be another example. I think we have to work hard. And again, as soon as we achieve the goals locally, we've got to pivot our efforts to vaccinate the rest of the planet, otherwise this is going to continue to be a challenge for

[10:11:18 AM]

us.

>> Kitchen: So, Dr. Escott, there's varying degrees of information out there about the different variants and the effectiveness of the vaccines. Can you just zero in on us -- zero in for us on the variants that we need to be most concerned about vis-a-vis the effectiveness of the vaccines?

>> Councilmember, the challenges at this stage -- many of the variants, we don't have a great deal of information regarding the efficacy, because we haven't really seen the two mix, vaccinated people and the variants in a way that allows us to effectively calculate. Certainly some of the data suggested that the south African variant was a particular concern in eluding current vaccination effort. Even in circumstances where there's decreased efficacy --

[10:12:20 AM]

so, decreased protection from getting the infection -- we are seeing ongoing efficacy in terms of decreasing the risk of hospitalization and death. We can expect that small changes to the proteins of the

virus may still allow people to get the infection, but the vaccine effort, the immune response, because it is comprehensive, will provide some ongoing protection. Again, this is one of the critical things to monitor around the globe so that boosters can be manufactured to address those new variants that may have changed enough to be impactful in terms of the overall vaccine efficacy.

>> Kitchen: Okay. Thank you.

>> Mayor Adler: Thank you. Councilmember Casar.

[10:13:23 AM]

>> Casar: I remember back in March there was a goal set here --

>> Mayor Adler: Can you speak up?

>> Casar: Better? Having trouble? Okay. I'm going to call in on my phone.

>> Mayor Adler: While councilmember Casar calls in, councilmember Renteria.

>> Renteria: Yes, mayor. Sorry about this. I've got a little headache this morning. But I want to just thank all the nurses that have helped us to reach this milestone that we're at right now, but we still need a lot of help from our citizens. You know, if we're going to open up the pools and our rec centers, they are going to have to take a vaccine shot. We cannot open up, you know, our facilities with this high of infection rate that's going on. So y'all need to take that

[10:14:24 AM]

vaccine shot. Please take the vaccine shot. Thank you.

>> Mayor Adler: Thank you. Councilmember Casar, are you with us? Maybe not quite yet. Councilmember Fuentes.

>> Fuentes: Thank you. My question, I guess, is around the map that we have created. Is that map -- I missed the part of whether or not that map is live yet on the website. On the vaccine locations?

>> Yes. The map is live on the website and the team will -- as soon as they receive the updated information from the partners, they will update it again based upon -- you know, as soon as we receive that information.

>> Fuentes: Okay. It would be super helpful, because I know that the -- I'm a little concerned about our efforts in southeast, given the recent changes.

[10:15:25 AM]

You know, central health moving their clinic to pflugerville. We relocated the Cota vaccine operation to the expo center. That leaves our montopolis community and our dove springs community with one standing vaccine clinic at the southeast public library. I know these targeted efforts we're doing with the vaccine program in partnership with the apartment association, or the apartments that you will be targeting, that will get us into targeted neighborhoods. But without having that information on the map, I'm really concerned that our community is going to miss that information and they're not going to know that they can just go around the corner and have a vaccine clinic available to them, especially since we've had a few of our standing clinic relocate. And the other question I have is around incentives.

[10:16:25 AM]

Thank you so much for looking into that and for providing us an update on those incentives. I really think that is a strategy we're going to have to really lean into. And the information you shared today is a good start. One area that I know other cities are doing is they're offering a \$50 gift card to individuals who drive their friend or family member to a vaccine clinic. So I really would like for us to explore more opportunities where we have financial assistance provided. And the funds that city council just received from the American rescue plan, I think that might give us some flexibility in how we can provide incentives. And so I just wanted to share my thoughts on that. And my question -- mentioned grassroots organizations. Can you elaborate on how we might work with those grassroots

[10:17:27 AM]

organizations around incentives?

>> Yes, councilmember Fuentes. I think I'm going to take a step back, because I want to address your concerns about the services south and southeast. Austin public health is working with del valle to establish a clinic there several days a week. And so we will be in that space. But in addition to that, chief Bailey and constable morales are looking at sites in that southeast corridor as well. And so that information will be populated on the website for folks to have it as well. And so just, you know, kind of keep that in mind and we'll definitely share that with you. Secondly, you know, city of Austin employees cannot solicit business owners. And so what tends to work with

[10:18:27 AM]

our grassroots organizations -- there are nonprofit organizations. And being able to have them to reach out to partners that they have worked with in the past that may have done, you know, sponsored events for them, etc. They're looking at how they can reach out and be able to get those incentives within that



organization and/or kind of collaboratively in the process. As you know, we have our nonprofits, which are seven. And then United Way has their nonprofits. And so they're really going to collaboratively work together. You know, share forms, share tools, share stories, make sure we're, you know, mapping everything so we'll know where all of them are, etc. So that is a part of the work that they will be doing. I can ask staff to do some other research into those types of

[10:19:32 AM]

incentives. You know. And then follow up with you.

>> Fuentes: Wonderful. Thank you so much. I appreciate it.

>> Mayor Adler: Thank you. Councilmember Casar, are you back with us?

>> Casar: Can you all hear me okay now?

>> Mayor Adler: Yes.

>> Casar: Great. Thank you. So, back in March, I think everyone laid out a plan or goals of trying to get to something like 70 to 80% of adults being vaccinated. Of course that was well before we had the level of supply we have now, well, before we had some of the information we have now. Have we -- are we still holding on to that goal, or have we calibrated to a different goal? Where are we at on trying to decide, you know, what we think success looks like for the number of adults we get vaccinated in the community? I think that goal, as you had set it, was what we were trying to get to between end of may or June, if I remember that from back in March.

[10:20:35 AM]

>> We have kept that goal in place of 70%. According to the Texas department of state health services, last I checked, Dr. Escott may have checked this morning, but it was a little over 50% of folks that had received their vaccines. Because we don't only want to look at what Austin public health is doing. We need to make sure that we are concerned with what's happening Travis countywide. And so, you know, the way the state health services has set everything up, all of the hubs -- even now with the change, transition between 12-15, folks can go to any of those hubs and be able to get their child vaccine. And so that's the other thing, maybe, for folks to keep in mind. Any of those hub providers that are providing pfizer, they can

[10:21:35 AM]

go to those as well. Escott, you may want to chime in as well. But that is still our goal.

>> Thank you, acm hayden-howard. So, yes. We're a bit over 50% in terms of the total population vaccination. But we're 61.5% of adults in the community who have received at least one dose. So we're making great progress towards that 70%. I think when we talked about it earlier this year, it was of that adult population. So we are certainly on track to meet that. Again, now that the threshold for vaccine has dropped to age 12, it makes more folks eligible. And our community, it's estimated 60,000 individuals between the ages of 12 and 15. So it's not a huge addition, but certainly an important addition, because those individuals age 12-15 have high rates of

[10:22:36 AM]

interaction with others, which makes spread in that group much easier than it is for older members of our community. So, again, as Stephanie mentioned, we are focused on that goal. We don't want a long tail in that pursuit of herd immunity. And that means that all of us, everybody in this community needs to be talking about vaccination. Every church on Sunday needs to be talking about vaccination. Every group that meets needs to be talking about vaccination. There are still persistent and unfortunate myths, misinformation that is still being perpetuated to this day that we have to address in order for people to get past that misinformation and get a shot in the arm.

>> Casar: Thank you. I just wanted to check on that goal, because my suggestion is that it could be really helpful for people to see how we are

[10:23:38 AM]

doing on a graph towards getting to a goal, because I've seen -- as we've seen through the entire pandemic, this is a community that can work together when they know what it is we're driving towards. So just like we were trying to bring down hospitalizations to a certain point, bring down cases, if we know we're at 61 or 62% of adults vaccinated and we're trying to get to 70%, I think it's really helpful for people to see where we are, how many more we need each week, and that goal line. And then as we recognize we also want to do younger people and teenagers, what the goal is there, because we know that this only keeps us safe in so far as we all participate. So if we can actually -- I think the dashboard, for example, still has the percentage of folks of different backgrounds that are over 65 because that was where we were before on vaccinations, was really focused on really just getting the

[10:24:39 AM]

highest-priority communities with fewer vaccines, or in a different place, it could be useful. These presentations, our dashboard, etc., to show how close we are to getting to that 70% or whatever the

goal is now that we're adding people as young as 12 years old. So that's my suggestion, so that we can tell -- message to the community how far we have to go and what their goal is.

>> Mayor Adler: Thank you. I don't see the mayor pro tem -- oh, there you are. Mayor pro tem, your turn.

>> Harper-madison: Thank you, mayor. It's just as well. I didn't have any questions. Thanks for recognizing me.

>> Mayor Adler: I just want to again greet director stirrup. Not an unfamiliar face, because she's been with us a couple times here on this call. But I also know that she's been absolutely in the trenches over

[10:25:40 AM]

the last 15 months. So not somebody new to this. She's been intimately involved this whole process. I saw that the president may be announcing today that Uber and Lyft offering free rides to people until July 4th to go get vaccinations, so people should follow that to get additional assistance in getting to vaccinations. I just want to report that -- and thank the health equity medical volunteers, the physicians that are volunteering to help spread clinical health. They're running a second dose clinic in northeast Austin this weekend with chief Bailey and esd 11. Thank you to the chief for providing that medical sponsorship position, but also thank you to Austin voices,

[10:26:42 AM]

child, inc., as well as Travis county and Travis county collaborative. They're meeting next week with aid districts to see if they can supplement and expand the reach of the district's clinical care staff in conjunction with Austin public health. Thank you, assistant manager Hayden for that. And then moving that out to other districts to really promote the pediatric vaccines. Just a quick question, Dr. Escott. We're seeing a lot more direction coming out on CDC stuff, and a lot more movement with respect to group size. I know that's always been a confusing issue in the city. Do you anticipate taking another look at group sizes and how that relates to numbers, and masking and distancing?

>> Mayor, we do anticipate relooking at the group size.

[10:27:44 AM]

It is confusing and challenging for people to interpret. So I anticipate when we transition to stage two that we'll probably eliminate the language regarding group size and focus more on indoor versus outdoor with differences in spacing for indoor/outdoor, masked or not masked. Certainly the data that

we have point us in the direction that airborne transmission is more of a concern. And I discussed that with y'all a couple of weeks ago. The CDC echoed that messaging last week. So in other words, masking is more important, distancing is less important in terms of what protections we need to do to transmit disease, particularly indoors. So I do anticipate significant adjustments there, as well as some revisions of the language regarding vaccinated versus

[10:28:44 AM]

unvaccinated workers.

>> Mayor Adler: Thank you. Judge, I think those were all the questions that we had as a group. Again, thank you for letting us join you at the joint meeting here today. Thank you to the court. If you don't have anything else, judge --

>> Judge Brown: One thing for councilmember Fuentes. I actually just texted constable morales and chief Bailey and there's a list. And we'll get it in more details to you for this weekend. But it looks like they're going to take their team to ACC highland, hillcrest element and del valle on Saturday, Nelson field again, Douglas landing and montopolis Thursday, and as I get more details on exact times we'll make sure that Stephanie Hayden gets those to add to that graph. Thanks for that.

>> Fuentes: That's great. Thank you, judge.

>> Judge Brown: Yeah.

>> Mayor Adler: Assistant city manager hayden-howard, can you

[10:29:44 AM]

send the link to that map to all the council offices so that we can promote it, that kind of equity page so that we make sure we can get that out to people?

>> Yes, sir, mayor. We can send it to you. We'll have Bryce send it to you.

>> Mayor Adler: Thank you. Go ahead.

>> Travillion: One other item. The fda has authorized the pfizer vaccine for 12-15. They're just waiting on CDC approval.

>> Judge Brown: Okay. Sounds good. Thank you, commissioner. I think that is everything from our end, mayor, if you want to . . .

>> Mayor Adler: Okay. We'll go ahead and adjourn our meeting today on may 11th, 2021. The time is 10:30. Council, I'll see you this afternoon. We have a special called to be able to identify issues for staff that we want to be part of the after-action report on the

[10:30:46 AM]

storm, as well as being present to answer questions. Check the message board post that councilmember tovo put up. See you guys then.

>> Safe.

>> Judge Brown: Thanks, mayor. We're going to adjourn for five minutes to --