

# City Council Special Called Meeting (Joint Meeting with Travis County Commissioners Court) Transcript – 05/18/2021

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[9:05:34 AM]

>> Judge Brown: Judge Andy brown calling to order the Travis county commissioners court meeting along with city council. It is may 18th, 2021, 9:05 A.M. And go ahead, mayor.

>> Mayor Adler: Judge, thank you, and again, court, thank you for allowing us to join with you. Steve Adler, Austin mayor, convening our special session here with Travis county commissioners court. Tuesday, may 18, 2021. The time is 9:05. We have a quorum present.

>> Judge Brown: I have a knock-knock joke.

>> Mayor Adler: I'm sorry?

>> Judge Brown: I have a knock-knock joke. Knock knock.

>> Mayor Adler: Who's there?

>> Judge Brown: Orange.

>> Mayor Adler: Orange who?

>> Judge Brown: Orange you glad we're doing another joint session.

>> Mayor Adler: It's a bad joke.

>> The answer is yes.

>> Travillion: Before we

[9:06:35 AM]

meet next time. We'll talk about this, young man.

>> Judge Brown: We'll start off with the normal run of things where we hear from Dr. Committees -- Dr. Escott and do we have director hayden-howard still?

>> Adrienne.

>> Judge Brown: We'll of we've have our believes and then through questions of commissioners court and then city council. Try to keep it to one question in the interest of time. First let's go to the Travis county comment line. Are there any callers today?

>> No, at this time we have no callers, sir. Thank you.

>> Judge Brown: Okay. All right. Dr. Escott, if you are ready, please go ahead.

>> Dr. Escott: Thank you, judge brown. Before I get started, I would like to welcome Dr. [Inaudible] Who is joining us today.

[9:07:37 AM]

The doctor has been appointed as the permanent health authority and will hopefully be confirmed Thursday by council and next week by commissioners court. She has served the past 13 years as the health authority of bastrop county. We're certainly excited to have her joining the city of Austin team. Dr. Watts, I don't know if you want to say a few words, but the floor is yours.

>> Good morning, everyone. Thank you, Dr. Escott. And I'm really excited to join the Austin public health team and this team of individuals who have worked so diligently to curb the spread of covid-19 in this community and have done some amazing things in public health. I look forward to working with each and every one of you. Thank you.

[9:08:37 AM]

>> Dr. Escott: Thank you, and again, excited to have you. I'm going to move over to my slides. Just give me just a moment. There we go. Again, thank you, judge and mayor Adler, commissioners court and city council for the opportunity to update you all in a joint session which we most enjoy on our covid-19 update. So I'm showing you here our update and our progress towards herd immunity in Austin and Travis county. You can see that we now have 40% of our overall population who is fully vaccinated.

[9:09:38 AM]

Another 13% partially vaccinated. So 53% of our entire population is at least partially vaccinated, which is fantastic progress. We have another 6% of individuals who have a confirmed case of covid-19, and an estimated additional 13% that had covid-19 but was not diagnosed, and that's based upon some modeling from the U.T. Modeling consortium. That leaves us right now with at least 28% of our community still vulnerable to covid-19. Again, these numbers assume no overlap between vaccinated individuals and individuals who had covid-19. There's obviously going to be some overlap, so at least 28% of folks have neither a vaccine nor history of covid-19. I'm going to talk a little later about the importance of individuals who have had covid-19 to get vaccinated

[9:10:39 AM]

and I'm going to share numbers regarding breakthrough cases and reinfections to illustrate that point further. But again, making good progress. This is an update of our new confirmed cases in Travis county. You can see that over the weekend and for weekends in the future, we are not going to report cases, so all of those cases from the weekend, Saturday, Sunday and Monday, will all be reported on Mondays. So yesterday our three-day total of new cases was 105. So that brings our moving average down to 52, which is a 45% decrease since the beginning of may. So certainly impressive progress there. When we look at other communities that have achieved that 50% threshold or higher for vaccinations, it's about that stage where we see cases dramatically decline. So we were expecting that we

[9:11:41 AM]

were going to see significant decreases once we pass that threshold. I'm glad to see we are, in fact, dropping cases rapidly. This is an update of our new admissions to the hospital. We had a great weekend with 13 admissions on Saturday, four admissions on Sunday, seven admissions yesterday, which brings our moving average to 14. That's a 22% decrease since may the 1st. I want to talk a little bit more about the admissions. We have noticed that our cases have been falling faster than our admissions numbers. In addition to that, we noticed that case numbers outside of the msa, metropolitan and statistical area, and beyond, you know, further out in central Texas, those case numbers were increasing. The rates of active cases in the more distant counties are much higher, three to

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five times higher than the per capita rate that we're seeing in Travis county and in places like Williamson county. So that got us thinking what is the influence of admissions from outside of the msa. Remember

that when we designed these tools, it was really to assess the impact on the hospitals. Now that the risk of overwhelming surge is rapidly dissipate, now a concern is are we providing accurate information for our community in terms of guidance in the risk based guidelines. So when we look those numbers, and I want to thank Dr. Lauren Myers for putting to this graphic. What we're seeing here is the total admissions. The red are admissions from Travis county residents, the blue are admissions outside of Travis county, but within the five-county msa, and the green are admissions from outside the msa.

[9:13:43 AM]

So that adds up to 100% or 1.0 on this graph. You can see that in the green area on the bottom, those admissions from outside the msa, the impact of those admissions has been increasing over the past several weeks. In the past it accounted for about 5% of our total admissions. Now it's been between 10 and 15% of those admissions. And when we look at transitions of stages, when we look at in particularly the impact as our admissions go down locally, that impact is going to increase. Even, you know, what we've been seeing normally between one and three admissions from this outside the msa area, those are very impactful as those numbers drop in the overall admissions. To give you an idea of where those admissions have come from in the last 90 days,

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this is a heat map showing those admissions throughout the state of Texas. Again, this includes part of the time we were still in surge, so you can see some distant counties including El Paso and the valley in here. But you can see from the heat map that the largest impact for admissions for our hospitals within the msa is from those -- those counties which are immediately adjacent to the msa. So again, some significant impacts that we're seeing from these outside counties. So when we take into account the impact over the past couple of weeks, what I'm showing you here, our current moving average based on all the numbers of all the admissions to the hospitals in the msa is 13.85 on that seven-day moving average. When we exclude admissions from counties outside of the msa for the past 14 days, that drops the number to

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12.71. Similarly, when we look at the impact over the past 14 days, under the current model, including those admissions, only four of the last 14 days we were under 15 or that stage 2 threshold. When we take out those outside admissions, ten of the last 14 days were below stage 2. Nonow, because of this, because of the significant decrease in the cases that we're seeing, and later I'll show you the positivity as well as the other key indicators, we have made the decision to transition to stage 2 effective today. And I'll go through what that means in our risk based guidance. But we feel confident that we are in a place

where the stage 2 restrictions are appropriate, and that's thanks to the great work our community has done to continue the masking, continue the distancing,

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continue getting vaccinated. These investments are paying off by the decreasing numbers of cases and decreasing hospitalizations. This is an update of our hospitalizations. Again, the blue is showing our overall hospital bed utilization. The Orange are icus, the gray are ventilators being used. Yesterday we reported 85 individuals hospitalized from covid-19 with a moving average of 101, which is a 24% decrease begins the beginning of may. Our icu numbers, 29 yesterday with a moving average of 25, a 22% decrease. And our ventilators, 17 with a moving average of 18, a 25% decrease since may 1st so again, making very good progress. We haven't had admission numbers in the 80s since the first or second week of

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October. So very, very good progress. Again, this has taken us seven months to get back down to those levels so we still need to be cautious, we still need to mask and get vaccinated, but certainly a better situation than we have been in the past few months. When we look at the hospitalizations overall for last week, 103 down from 135, that's a 24% decrease in the overall admissions week other week. An impressive and rapid decrease. We've seen some further compression of some of these numbers by age group. Relatively stable overall in that 50-plus age group. We have seen the 50 to 59 group decrease. We have seen the 60 to 69 increase a little bit, 20 to 24 last week, but we are

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starting to see some compression in younger age groups, particularly 30 to 39 age group. Again, we need to continue to see young people getting vaccinated. Young people while their risk of hospitalization and death is much lower than older individuals, we still have, you know, a dozen or more people in that younger age group, that 20 to 29, 30 to 39 age groups being hospitalized every week. So it's important for our success and for their own personal protection to get vaccinated. This is a breakdown of the hospitalizations by race and ethnicity. We see a significant decrease in the numbers of individuals from the latinx community in the green hospitalized last week compared to previous 55 to 34. Relatively stable in our white non-hispanic community, 41 to 46. And a decrease in our African-American community admissions, 22 to 16.

[9:19:51 AM]

Again, we have seen disproportionate impacts in communities of color and we'll continue outreach efforts, we'll continue the vaccination push in those areas in particular, and interim director will discuss that a little later. This is update of our positivity week over week, and I'm excited to report for the first time since we've been tracking this data, we are under 3%. So 2.7% for last week and that's with more than 9,000 tests reported in through our data feed. So significant drop from the 3.6 the previous week. We anticipated that we would need to drop below 3% to enter into stage 2, and we're essential certainly seeing that align with the hospital numbers. Very excited we are down that low at this stage.

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When we look at the positivity data by race and ethnicity, we've seen improvements across the board. Our latinx community moved from 5.4% last week to 5.2% this week. African-American positivity 4.7% to 3.6%. Our asian-american community, 4.2% to 0.7%. And our white non-hispanic tests, 3.0% to 1.8%. So again, improvements across the board. We obviously have more work to do particularly in communities of color. We encourage folks to continue to get tested. If you have any symptoms associated with covid-19, yes, it could be a cold, yes, it could be the flu, yes, it could be allergies, but if we continue with the assumption it's covid-19 so that we can find out, we can

[9:21:52 AM]

quarantine, we can protect other members of the community, we'll continue to drive these cases and hospitalizations towards zero. So please get that. There are plenty of places still out there to keep pre-testing so we encourage folks to do that. This is an update of the positivity by age group. Again, we see that relatively across the board decreases. Everybody, every age group is under 5%. We did see an increase in our younger age groups, in particular our less than one and one to nine age groups. Again, these age groups because they are smaller numbers of people and smaller numbers of tests are more likely to have week to week significant variations. But again, it's also important to understand that individuals under the age of 12 have a vaccination rate of zero. So we expect that the relative impact of cases is going to shift younger as

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more and more people in the older age groups get vaccinated. Again, the risk is not dissipated in the same way for these younger age groups as it has for age groups where vaccination is available. So we have to continue to protect our young people. We have to continue to protect our schools, to protect summer camps and those other places where young people congregate because their risk is not going

away. This is an update of our positivity broken down by school age groups. So for our high school age individuals, positivity was 4.4%. Middle school, significant decrease, 1.5%. We saw an increase in our elementary school positivity to 3.1% last week. And pre-school 2.3%. Again, all of these groups are under 5%, which is great. But again, we have to remember that risk is still

[9:23:53 AM]

there for our school children. Those school children still need to mask. Those school children still need to avoid congregating in groups because that's where we're seeing transmission happen. This is an update of our long-term care facility dashboard. Again, we maintain low numbers in our long-term care facilities. The last 14 days only six cases. 17 cases in the last 28 days. Again, we see very small clusters in a couple of facilities. The vast majority of facilities have zero cases. Again, as the CDC pointed out, this will be a place where masking and those precautions need to stay strong because we have a concentration of people who are at high risk. Yes know vaccinations are not 100% effective, so in circumstances like nursing homes, like long-term care

[9:24:54 AM]

facilities, like when you visit a loved one who has significant underlying health conditions, we need to consider stronger protections in those circumstances even if folks are vaccinated. This is a new slide that I'm share. This is related to our concern we've detected in Travis county. As you can see that the primary variant is b117, the U.K. Variant, a total of 147 of those cases have been identified. One of those individuals has been hospitalized. The p1, which is the Brazilian variant, three cases, zero hospitalizations. The two other ones are California variants. The b147 and b129, a total of 48 cases, no hospitalizations and no deaths related to those

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variants. So again, as we've seen over the past week, the current vaccinations, particularly the pfizer and the modern, have shown to be very good against these variants. And we're hopeful that we can continue to vaccinate people and drive down the risk of transmission so that we can avoid new variants forming and the introduction of other variants which may be more illusive in terms of the protections of the current vaccines. This is a new slide as well. Related to breakthrough and reinfections. I wanted to provide this to show this information but the comparison between breakthrough and reinfection risk. We have a total of 103 breakthrough infections from folks who have been fully vaccinated. That's out of 526,255 of our community members fully

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vaccinated. That's a rate of .02%. So very low rates of breakthrough infections. We did have six hospitalizations as a result of those breakthrough infections. All of those individuals over the age of 50 and have experienced two deaths, all of which were over the age of 70. So again, very, very effective protection against covid-19, very protective against hospitalization and death. Again, the hospitalization and death are now zero, but certainly much lower than the risk of getting covid-19. When we look at reinfection, these are reinfections which are still under investigation so these numbers may change, but this is the data currently. 387 potential reinfections identified so far out of 83,366 confirmed cases. That's a rate of 4.63%.

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So this is 200 times the rate of breakthrough cases. In other words, if you've had covid-19 and you've recovered, you need to get a vaccine. Because you still have a significant risk of reinfection associated with covid-19, even though you've had it. The vaccine is much, much more protective than the disease itself, so we strongly encourage those folks who have had it to get it. Out of those 46 hospitalizations and five deaths. Again, significantly higher numbers of hospitalizations and deaths from those reinfections than from breakthrough infections. In addition to changing into stage 2 of our risk based guidance, we have published our health authority rules and I want to go through some highlights. It's nine or ten pages so

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there's lots of details, but I want to cover some of the big areas with you all. So we start out with some expectation for individuals. And this is individual behavior anywhere they are. For unvaccinated or partially vaccinated individuals, we expect them to continue to wear a face covering when they are outside of their home. So when they are in a public place, when they are visiting others, when they are at private gatherings, any of those circumstances they should be wearing a mask. They should be maintaining three feet of conditions from others. And that three feet is based upon the evidence that we have in hand which is that in the presence of masking, three feet appears to be good enough protection for those who are wearing a mask. Again, there are circumstances where you may need to be more protective, but as a general rule the three feet seems to be protective enough. Those individuals should also avoid large gatherings. Again, when we think about the ongoing risk, and I

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welcome CDC's sharing of their guidance and data which is if you are vaccinated, you are very well protected. If you are not vaccinated, you are not. So the real risk right now for folks who are unmasked are to those folks who are unvaccinated. Yes, there's still a risk of breakthrough infections, but much lower for folks who are unvaccinated. For fully vaccinated individuals, the expectation for our community is that they will continue to wear a face covering and/or distance from others when there is an increased risk to unvaccinated individuals. I'll talk in more detail about what we mean by that. So we've also broken it down to indoor and outdoor sites. As the CDC shared, there's certainly strong evidence outdoor sites have much less risk than indoor sites. Due to the increased ventilation. So for outdoor sites when there's less than 2500

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people gathered, those outdoor sites may implement a policy and post signs that fully vaccinated individuals can be present without masking. For gatherings that are 2500 or greater, they must maintain a masking required position and policy. Unless they receive specific written approval from Austin public health. Again, there are some circumstances where larger events may be able to offer this masking optional for fully vaccinated individuals, but due to the size and the challenges with obtaining accurate information about vaccination status, and the higher risk associated with concentrations of individuals, it is going to be required for those gatherings that are over 2500 for now. For indoor sites with less than 500 people gathered, so this is going to be your

[9:32:08 AM]

typical restaurant, shopping store, your typical business, if 500 people or less are gathered that is correct business may implement a written policy also and post signs where fully vaccinated may be present without masking. If it's over 500 -- or 500 or more, they have to have facial coverings required. Again, due to that higher risk. So there's some exceptions to these rules where masking is going to be mandatory regardless of the size of the gathering or size of the facility. The ones that are included in the health authority rules, hospitals, health care facilities, long-term care facilities, and congregate shelters. These are homeless shelters, these are other shared living facilities where folks who may be more vulnerable than others.

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Also covered under other policy or law are jails and prisons, mass transit including buses, trains and air travel, as well as schools. Again, I want to point out and stress the importance of masking in schools. Schools are largely unvaccinated in terms of the students. We still have higher risk for transmission in schools. Yes, their risk is lower for hospitalization and death, but when we look at other countries that --

where we are, the real surge in cases they saw were for younger people, people under the age of 19, school age children. Again, we need to continue to protect those schools, protect those students in those schools and continue masking in those circumstances. Again, the CDC in our focus is on three real situations where masking is more

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important. That's when there's high concentrations of high-risk people, nursing homes, hospitals, et cetera. High concentrations of unvaccinated people like schools, and high concentrations of people, crowds, large events. So again, we've taken away the caps on events, we've taken away some of the restrictions, we've lightened the restrictions on distancing. And certainly believe that this is a measured step of relaxation consistent with where we are as a community. Again, we're hopeful we will continue the progression down towards zero, and as we do, as we enter into stage 1 of risk, I anticipate these rules will lighten further. I don't anticipate that we'll have the need to have these kind of restrictions for very much longer. But that depends on all of us continuing those

[9:35:12 AM]

protections, continuing to mask and distance where appropriate, and continue to get vaccinated, which is the best protection that we have. So again, we're moving to stage 2, having dropped below that 15 threshold and been there ten of the last 14 days. That means that folks who are vaccinated for private gatherings can go without masks. Those who are partially vaccinated or unvaccinated and those private gatherings still need to wear their masks. For travel and dining and shopping, again, the masking depends upon the policy of where they are. For mass transit and travel, it's going to require masking for vaccinated. For dining and shopping, the mask depends upon the policy of the business that they are entering. So again, we need folks to continue those efforts. We need them to be respectful of the policies that are in place in the

[9:36:13 AM]

places they are visiting. Because it is up to that business to determine. Just like if they require shirts and shoes to go in the pop, if they require masks, you are required to wear masks. If an individual doesn't wear a mask and a mask is required, they can be asked to leave. Again, we get back into that trespassing situation if an individual doesn't leave. Again, our community has done very, very well, they've been very compliant with these guidelines and my expectation and hope is that will continue. These are the things I just said. Again, I want to stress one other point. And that is that the safest position is vaccinated and masked. And I want to stress this because we're going to have folks who are fully vaccinated, like myself who may want to continue to wear a mask in a public place. Maybe they want to ensure

[9:37:14 AM]

other people around them feel comfortable with them being there. Maybe they have a high-risk medical condition and want that have that extra layer of protection. Maybe they have a loved one at home that is immuno compromised and don't want to take that risk. It is okay for people who are fully vaccinated to continue to wear masks. That's the most protective thing to do. But our hope is that people will continue to get vaccinated and as our situation improves, as our cases and our hospitalizations continue to decline, we can further relax these rules. With that, I will turn it over to interim director stur.

>> Thank I, Dr. Escott. Good morning everyone. First off I would like to give a brief update on our vaccine dashboard. These numbers represent the

[9:38:15 AM]

vaccinations delivered by community care and aph combined. Ending last week we were at 13,115 doses delivered. And our cumulative total for the community, we passed our 400k benchmark with 412,117,000 vaccines delivered. Next slide, please. Our data from dshs shows Travis county vaccinated by age, and you can see our age for age 12 and up, 60% have one dose. For our age group of 65 and older, almost 81% have been vaccinated with at least one dose, and about 69% are fully vaccinated. Next slide, please.

[9:39:15 AM]

So updates on our operations. At the last session there were some questions about where we could tell the community to go to get their kids vaccinated. And so there are a few public operated sites. U.T. Health is one of them. The other is at the Travis county expo center. Still encouraging parents to visit [vaccines.gov](https://vaccines.gov) for the latest on clinics and pharmacies providing the pfizer vaccination. Austin public health is in the process of preparing to be able to deliver the pfizer vaccine. We hope to be able to do that as soon as the middle of next month. And if we are successful in receiving that authorization, we will be offering those shots at our shots for tots clinic. Next slide, please. No. Next slide, please, Dr. Escott. Oh, I can do it now.

[9:40:20 AM]

I can. I see it, but it's not advancing. Here we go. So these are where our clinic locations are. You can see that we're still at the Delco center. We're at little walnut creek library, and continuing operations at the southeast library. Additionally we continue to work with Travis county to clinics in the del valle area. Next slide, please. There we go. My computer is slow today. I apologize. A few events to let you all know about, we're going to be at sacred heart church this weekend on Friday and Saturday. I referred to the partnership with Travis county so we'll be at del valle high school this Saturday as well. And last week we talked

[9:41:22 AM]

about a lgbtq plus event which was unfortunately rained out so we're hoping to be able to hold that event on the 23rd of may. And last but not least, we really want to continue to encourage our community to come together to protect one another and be vaccinated. And who doesn't like a taco. This Saturday torchies taco is providing a free taco to the first 500 people who show up to get a vaccine. I can't think of a better reason to come out and keep yourself safe and enjoy a tasty treat. With that I will turn it over to the commissioners and council if there are any

[9:42:23 AM]

questions.

>> Judge Brown: Thank you. Commissioner Gomez, do you have any questions?

>> Gomez: No, sir, I don't have any. Thank you.

>> Judge Brown: Thanks. Commissioner Travillion, do you have any questions?

>> Travillion: Yes. Well, first of all, I would like to thank you for the significant work that continues to be done. When I looked at this number and I was fixated on 12, how many 12-year-olds? I think this number is -- everybody 12 and over, not just 12-year-olds. Do we know the number for 12-year-olds who have been inoculated since last week?

>> So currently we are not able to present that data.

[9:43:24 AM]

The team is working on breaking it out by

[indiscernible]. So once we are able to -- fashion we'll be able to share.

>> Travillion: Thank you. One quick thing. Have you all seen the covid distribution and racial disparity study done by the community resiliency trust? It was released last week, I think. If you haven't seen it, it addresses specifically what's going on on the eastern crescent and lays out strategies for transportation, access, zip code specific strategies, and then other suggestions for collaboration. So I would really like to sit down and take the report and go through it thoroughly and think about things we can do, particularly --

[9:44:26 AM]

>> I am familiar with that.

>> Travillion: They are familiar?

>> Yes.

>> Judge Brown: Your audio is -- director Sturup.

>> Travillion: I would really like to sit down with you and work out specific things that we can do as we work towards juneteenth events.

>> Judge Brown: Yeah, I think she's having a --

>> Definitely. We have seen the report developed by --

[indiscernible]

>> Judge Brown: I think we lost her. Good point. Commissioner Howard, do you have any questions? No questions. Right on.

[9:45:26 AM]

So Dr. Escott, are you able to hear me okay? Okay. I just wanted to go through a couple scenarios on mask wearing or not. I know the new rules might be confusing for some folks. I think there's been -- with what the CDC said last week and then what we're doing now, I just want to try to clarify a few things. Do you know, like a couple of situations. If I'm walking down the street, I've been vaccinated, do I need to be wearing a mask?

>> Dr. Escott: No. There's not a need for fully vaccinated persons, particularly if they are walking alone, to wear a mask. They help you with your allergies, but covid-19 protection is not necessary.

>> Judge Brown: Okay.

>> Dr. Escott: Now, some folks will still want to wear a mask and that's, again, it's protective to wear a mask but it's not

[9:46:26 AM]

required.

>> Judge Brown: I've got two kids, four and six years owed. If they go to a playground and there are other kids there, should everyone be wearing -- all the kids be wearing masks, in your opinion?

>> Dr. Escott: Again, the most protective thing is to wear masks, particularly amongst individuals who are unvaccinated. That's going to be everybody under the age of 12. You know, it depends upon what kind of playground it is, whether or not it's classified as a site or not. You know, I think it's wise for those neighborhood playgrounds, community playgrounds, other areas that neighborhoods may have to post signs with those expectations. Those signs should say, if you are unvaccinated, please wear a mask. If you are fully vaccinated, you don't have to. And that's the minimum. Again, some communities may

[9:47:27 AM]

choose to still require masking for everybody. But what we've done is leave it up to those individual communities to decide if they want everybody masked or if they want to allow fully vaccinated people to go unmasked. Again, different businesses, different communities are going to make different decisions about that. Those options are safe in terms of, you know, what the current data is showing us.

>> Judge Brown: Okay. Thanks. And then so my parents who are older and vaccinated sometimes see my kids, quite often see my kids now thanks to their vaccinations. Since my kids obviously aren't vaccinated, is there any -- what's your thought if they are indoors with my parents, who are vaccinated, but still otherwise at high risk because of their age. Is it best practice for the kids to wear masks in that situation if they are

[9:48:29 AM]

indoors?

>> Dr. Escott: It is best practice for them to wear masks. Again, that decision is personal for individual families. Some families have a higher tolerance for risk than others. And some are, you know, okay with accepting a little more risk. So again, that's an individual and family decision on whether or not the children should mask. It is safer for them to mask.

>> Judge Brown: And again in general, indoors is still less safe especially for people not vaccinated would be not a bad idea for them to still wear masks indoors wherever they are.

>> Dr. Escott: That's right. The risk of exposure indoors is much more significant than outdoors. The more recent evidence, you know, that we discussed a few weeks ago now is that airborne transmission plays a larger role than we expected. Which means that air flow and ventilation is more important than we thought. And distancing a bit less

[9:49:30 AM]

important. In that circumstance, indoor spaces, particularly indoors spaces that are poorly ventilated, are going to lead to higher risk for transmission. That's why things like buses and trains and those really enclosed spaces with not great ventilation are still requiring masking as a mandatory policy. Similarly, in private settings if you find yourself in those kind of circumstances, you need to use more caution.

>> Judge Brown: Saw some. Thanks so much, Dr. Escott. Mayor, I will pass it over to you.

>> Mayor Adler: I appreciate that. Colleagues, we're going to go districts 1 through 10. Mayor pro tem is not with us today. Councilmember Fuentes?

>> Fuentes: Thank you, mayor. My questions are -- and thank you to our Austin public health team for getting the vaccine map up on the website. I did find it and just want to highlight for anyone who

[9:50:31 AM]

is watching that is on the city of Austin website where you can find a map that shows our vaccine clinics. I did want to add that we're still missing the pop-up vaccine efforts that the county is doing, and if we could get the del valle rotation added to the map since that is happening this weekend, that would be helpful in getting that information out. One item or one comment I wanted to share is that we hosted a pop-up clinic at hillcrest elementary in the 44 zip code this past weekend where the del valle community coalition advertised in advance that they would be handing out HEB gift cards. I believe there were ten \$15 gift cards and that worked really well getting people out to this vaccine pop-up clinic. The feedback I received is there were individuals who showed up and said hey, I heard about the gift card, I'm here to get vaccinated.

[9:51:32 AM]

I wanted to share the anecdotal note and I'm very happy to see we have an incentive plan for Delco this weekend offering that gift card for the first 500. My question is around incentives and I wanted to see if you could speak to a little bit more on any other plans that we have around doing incentives, any other strategies we can expect that our public health department will be proposing as we move forward.

>> Thank you, councilmember Fuentes. Hope hopefully miaowed is better now. So we are working with the

[garbled audio]

[9:52:32 AM]

>> Mayor Adler: It's hard to hear you. If you turn off your video, can you be heard better?

>> But yes, we do understand that we want to

[indiscernible]

>> Mayor Adler: Can you all hear director Sturup (? I think if you turn off your video, I think your audio might be better.

>> If not I can try to call in.

>> Mayor Adler: That sounded better if you can just keep talking. We've lost what you said the last few minutes.

>> Oh, okay. So what I was saying is we will continue to work with the vaccine planning team to figure out other ways that we can support and encourage

[9:53:33 AM]

our community to become vaccinated.

>> Director Sturup, I missed that first part. I think you were mentioning a restriction around municipal governments offering incentives. Could you speak more to that? I just want to highlight for the public that we see the news headlines, I believe the state of Ohio is offering a lottery, you know, if you get vaccinated, it could turn into a one million dollar weekly lottery. Certainly other governments are moving towards this effort in offering incentives. It would be wonderful if our Texas legislature also would put some attention to this, especially since we're in a legislative session. But if you could speak a little bit to any restrictions at the municipal level that we're encountering.

>> What I said was that we want to work with our legal

[9:54:33 AM]



team to make sure that we are within, you know, a good guidance and good practice for a local government. But we do hope to -- we do hope to continue to work on incentive plans. I'm sorry that my video and audio is not working for me today.

>> Dr. Escott: Councilmember Fuentes, it's important that we find the balance between encouragement and coercion. And I think that's what we're seeing some of the criticism about the Ohio system. We want to encourage people, we don't want to -- but we still need them to make a free and informed decision about what to do. So I think that's part of what we have to do is find that appropriate balance.

-- Find that appropriate balance.

>> Thank you.

>> Mayor Adler: Thank you.

[9:55:35 AM]

Councilmember Renteria.

>> Renteria: Thank you, mayor. Dr. Escott, can a parent get a -- contact the virus -- contract the virus and if they are vaccinated -- if they are vaccinated and they go and, you know, with their children, can they also be a carrier? I hear different reports saying if you are vaccinated, you are not going to -- it's not going to affect you or you are not going to have it so that you can transmit -- possibility of transmitting it to your kids. What's the standard on that? I mean, do you have any opinion on how parents should handle that?

>> Dr. Escott: Yes, councilmember. First let me -- I'm just going to share something real quick to clarify some comments and numbers from earlier. If you all can see that. When I spoke earlier, I reported the reinfection

[9:56:37 AM]

rate at 4.6%. It is .463%. So more than 20 times the breakthrough rate, but I did want to clarify that particular number. When we look at the risk of exposure others once you've been vaccinated, the data is still being gathered, but I will say this. There's certainly indications viral load for individuals with a breakthrough infection is much lower for folks that have been unvaccinated. That means decrease risk of transmitting to others. Is it possible, yes, it's probably still possible for those breakthrough infections to cause infections in circumstances. But it's much less likely. Which is why the CDC and why we have relaxed those standards for fully vaccinated people because the risk is very low.

[9:57:38 AM]

Again, if your tolerance for risk is closer to zero, wear a mask in addition to the vaccine. If your -- if the risk, you know, 90% risk reduction is enough for you, then vaccination alone is probably okay.

>> Renteria: And the reason I ask is that, you know, I have great grandkids that I go to visit now because -- and it's always in back of my mind saying, you know, should I hug them and kiss them, you know, and after I've been out, you know, with walking or being inside a restaurant or something like that and coming back and, you know, visiting your family where they have young children and it's always a big concern of mine. Back of my head. Should I just -- what do you suggest, should I go out

[9:58:38 AM]

there and hug and kiss them or should I just wait back and, I mean how many days should I wait until I go out there and do that?

>> Dr. Escott: Again, councilmember, for fully

>> Again, councilmember, for fully vaccinated people, it depends on that risk tolerance and the value of that hug and kiss. I think that's worth a lot, so I'd be willing to take the risk. Others may not. But it's important to know that the vaccine -- this is real-life data. This is post-study data -- is 90 plus percent protective. It's 50% better than the best flu shot that we've ever had. That's how good these vaccines are. So, you know, people that are fully vaccinated can start to behave in a way that they would during flu season, depending on the allowance -- in public

[9:59:38 AM]

places -- of the particular business that they enter. But privately, it's going to be more like flu risk in terms of those individuals who are fully vaccinated.

>> Renteria: Thank you for that.

>> Mayor Adler: Councilmember Casar.

>> Casar: So, I had to miss the first, like, nine minutes of your presentation. So tell me -- I hope that question isn't something you presented right at the beginning, but did you all present demographics and/or geographic -- who it is that aph has been vaccinating most heavily in the last two or three weeks, or the -- since we pivoted to the less mass vaccination and the more targeted vaccination strategy? I'm assuming no, because I think I missed the beginning of Dr. Escott's presentation.

>> Councilmember, I did not speak about demographics of the

[10:00:41 AM]

vaccinations. We do have that on the dashboard. I don't know if we have it broken down by the last two weeks versus, you know, the previous vaccination effort. But we can certainly try to retrieve that data for you.

>> Casar: Yeah, I think it would be useful. I don't think you have to do it every time, but I think it would be useful to present in one of these work sessions how things have shifted from the mass strategy to lately, and looking at the dashboard, it seems like -- it's a little hard to tell exactly the dates -- but it does seem like the places that most vaccines are being distributed that are being tracked here by aph and community care are in 78753 and 58 and 44, and 41, and zero four, and 45. And some of the places where there's been less vaccines and we've had a lot of high-risk individuals and cases. So I think as we pivot, the

[10:01:42 AM]

strategy, it could be useful to show what our role is and how well we're doing it so that one, we can be accountable towards doing it better, but two, if we are reaching those goals and indeed, my look at the dashboard shows that that's what we're doing, then I think it's important to show as well, because I think you were showing that as we were doing the mass vaccination strategy. We saw some of the skew towards certain zip codes. And now as you're doing the more targeted strategy, it seems that at least from the dashboard, you are hitting some of those zip codes that were getting less. So I think a presentation on that, or some clear info beyond the dashboard could be useful so that we're not reading between the lines, but really being able to ask you questions and see that data.

>> And we will work on getting you that data. Councilmember, I will say -- and one of the reasons why I presented the breakthrough and

[10:02:42 AM]

the reinfection rates, which are 20 times higher than the breakthrough rates of infection, is my concern is that because those communities of color have been hit so hard by infection, that there may be the misperception that people who have had infection don't need the vaccine. That is absolutely not the case. They're more than 20 times as likely to get the infection again than if they get the vaccine. So it is really very important for us to all share that message that even if you've had covid-19, the vaccine is better. The immunity is better. It's more comprehensive. And we need to get those folks vaccinated.

>> Casar: It's a strong fact to share, that it's 20 times better. And I think that paired with the targeted strategy that we're pivoting towards along with whatever incentives we're legally able to thoughtfully do,

[10:03:44 AM]

as councilmember Fuentes mentioned, I think will go a long way. So, thank you for including that reinfection and breakthrough case data, and then I think director Sturup, whatever we can do to show what the pivoted strategies look like in the last few weeks, that would be great. Thank you. Unless, I know you're having some trouble with your audio. Do you have any facts off the tips of your fingers? I don't want to bump you to later if you have anything now.

>> Mayor Adler: I don't hear her.

>> Casar: That's okay. Thanks.

>> Mayor Adler: Thank you, councilmember Casar. Councilmember kitchen.

>> Kitchen: Yes. Thank y'all very much. As others have said, and Dr. Escott, this is good news for us. And if we can continue really

[10:04:46 AM]

pushing the vaccinations and being, you know, careful about when we mask and unmask, I think that we can continue on this trajectory. I just have one followup question. And I know it's something I've been asking about. And I just want to see what y'all's current thinking is on it. We had had some discussion about the usefulness, or whether it would be useful to do -- we had started talking about it as reverse 911, and then went to perhaps another approach. But I'd like to understand your current thinking on more targeted outreach or more specific outreach through a mechanism like that. I know it was something that you all were looking into. Can you tell me the status of that?

>> Councilmember, I'm not sure of the status of that. It looks like director Sturup

[10:05:46 AM]

is still having trouble. I'm going to ask aco hayden-how hayden-howard if she might be able to comment on that.

>> Good morning, Stephanie hayden-howard. Our staff has done some additional due diligence. One of the things that -- as we're working with the seven outreach organizations that we have on contract as well as the ones that United Way has on contract, it's essential for us to really be able to get that information from those -- from the people that they're working with. It seems to us that that is a great target for us to be able to reach out to. And so our staff in that meeting, they're going to have the joint

meeting, as I stated last week, United Way joined us with our seven outreach providers. And so now they're going to convene a full meeting with all

[10:06:47 AM]

of the providers there. Because that is going to be able to help us to be able to move that forward. We do have a couple of mechanisms that staff have identified that we have used thus far. And so being able to get those phone numbers from individuals and being able to text them. So being very comprehensive, kind of moving even beyond technology, the door-to-door is also a method that they are using. They're going door to door, because even though a lot of people have cell phones, a lot of folks are not wanting to be forthcoming to give their phone number away because of all of the folks that are, kind of, calling randomly to phones anyway. So, it has to be a combination of those efforts. So we'll have more information after that meeting occurs and what that strategy looks like and how many folks that we will

[10:07:47 AM]

be able to reach out to with that method.

>> Kitchen: Okay. Thank you. The reason I keep asking -- and it sounds like maybe you all are thinking this is not an approach that is a high-priority approach, and that's fine. But the reason I keep asking is that, you know, that's what we did during the winter storm. We actually worked with, you know, a volunteer group and made hundreds of phone calls and texts, because that data is publicly available, those phone numbers and things. And so I'm really just wanting to understand -- if you all think it's not something to pursue, then okay. I understand that. I think the more targeted efforts you're making right now are important. I just think that those are not going to reach the whole community and that, you know, once or twice or maybe three times some kind of push outreach

[10:08:49 AM]

to people through texting or through automated phone calls or something like that is cheap and easy to do, and perhaps it would be helpful. I'm just wanting us to do everything we possibly can to continue to push. I'm very happy about the 53% that we're at right now. But we know that we need to continue to up that in our community, particularly with, you know, concerns about the potential for variants in the future. And I'm just not sure . . . Maybe we can have an offline conversation about it. We've been talking about this for a number of weeks, and like I said, I'd certainly understand if you all think it's not something that's going to produce much. But it feels like we're not doing everything we possibly can to do that kind of outreach. So I'll reach out to you offline to understand this better. Thank you.

[10:09:53 AM]

>> Mayor Adler: Thank you. Councilmember Kelly.

>> Kelly: Thank you. And thank you for that presentation about where we're headed and what's happening regarding covid-19. I'm very excited that we've gotten to where we are, but we need to remember to still be careful. My question, I'd like you to help us understand some of the outreach that's being done to help get vaccines to individuals in our community who are experiencing homelessness, how that's going, and what it looks like now.

>> I can jump in first, Dr. Escott, and then more than happy to have you catch up. I'm joining from my phone. Hopefully everyone can hear me clearly.

>> Judge Brown: Yes.

>> Great. So, initially we had -- community care and their team that provides services to

[10:10:54 AM]

vaccinate the guests staying at the pro lodge. And we are working to expand those efforts for those who experiencing unsheltered homelessness. I can come back next week with numbers, but I'm not sure that we can pull the data that way. But I can ask the team. But we will continue to expand those efforts with community care. And as we shift away from mass vaccination clinics, we'll use our mobile strike teams to partner with P.A.T. H. And partners who do outreach in that space to provide vaccinations for those who are willing.

>> I don't have much to add to that. That was a great center from director Sturup. We have worked hard to protect our population of individuals experiencing homelessness. I think we've done much better than many other cities whose populations were devastated by

[10:11:54 AM]

covid-19 early on. And we learned lessons from those who faced surge before we did. As we look at the shifting situation in terms of our population of individuals experiencing homelessness, it's an opportunity for us to provide that outreach, particularly folks -- you know, as they're moving locations, to offer that vaccination as an opportunity to decrease that risk of transmission. You know, again, we've done well so far, but we've got some more work to do. We certainly have hesitancy among our population experiencing homelessness, so we are working on strategies to find out how we can encourage folks further to get that vaccine.

>> Kelly: Great.

>> Great.

[10:12:56 AM]

Thank you so much.

>> Mayor Adler: Thank you. Councilmember pool.

>> Pool: Thanks a lot, and thanks to everybody who's working daily on these front lines. I appreciate the continued diligence and excellence. I have no specific additional questions. Thanks so much.

>> Mayor Adler: Thank you. Councilmember Ellis.

>> Ellis: I would love to know more about children under 12. Is there any updated timeline of when the next age group might be clear to start getting vaccines, or all the way down into the little ones, is there an understanding of when everyone might be able to get a vaccine, no matter what age?

>> Well, it's still up in the air for younger kids. You know, again, the burden for safety is higher as the risk goes down for the actual disease. So we expect it's going to take longer to get to the younger ages than it did to move from 16

[10:13:58 AM]

to 12. Having said that, those studies are under way. You know, I think we may continue to see drops in age groups as the summer goes on. I think it's likely that children down to age 2 will have an option for a vaccine by the end of the year. But again, those timelines are not solid right now. So, again, when we look forward to the next school year, what's it going to look like. I think for middle schools and high schools it's going to look relatively normal, depending upon our success at vaccination over the summer. Certainly there's enough time. We've got about 60,000 kids between the ages of 12 and 15 who just became eligible. So a relatively small number, a number that we could do in a single week in this county. If we work hard, if parents work hard to take their kids like I'm

[10:14:59 AM]

going tonight to take my son to CVS to get his first dose, if we do that now, then the school year next year looks relatively normal, particularly for those older kids in middle schools and high schools. Younger children, elementary schools, preschools, there may still be some precautions in place where appropriate to try to reduce that risk of spread.

>> Ellis: Thank you for that. And I have appreciated all the questions where people are trying to figure out how they interact with kids young enough not to be vaccinated when they're vaccinated. I personally am happy to keep wearing my mask in public when I'm with people that aren't in my pod. This last year has taught a lot of us about how much coughing and sneezing has been spreading all sorts of virus. I'm more than happy to keep wearing mine until everybody can be safe, and everyone qualifies for a vaccine.

>> Mayor Adler: Thank you.

>> Councilmember, I think love

[10:15:59 AM]

your neighbor is a universal truth. And that's what this is about. That's what we're talking about now. What can I do to be neighborly. It's got less to do with, you know, with individual liberties and some of the stances that have been taken. This is about love your football. Neighbor. If you don't want to get vaccinated for yourself, get vaccinated for your neighbor, for your mom, for your dad, for your kid. It is a remarkably good vaccine and a remarkably safe vaccine. And if we can really embrace love your neighbor, we'll get through this quickly and we will be free from health authority rules and masks and so forth, but not until we're all there.

>> Ellis: Completely agree with that. Thank you.

>> Mayor Adler: Thank you. Councilmember tovo.

>> Tovo: Yes, thanks.

[10:17:00 AM]

I just wanted to say that my teams are at 60%, and I'm so absolutely thrilled to have that new age group of 12 and up be eligible for vaccination and to have so many avenues for getting vaccines among that age group here in our community. And I just want to give, you know, a special plug to those in that age group. I was really amazed. As soon as that changed, just to see on my daughter's social media the number of kids who were sharing that information about where kids could get vaccines, and those opportunities. And, you know, just anecdotally, I know within a day one of my daughters' circle of friends had all gotten vaccine appointments because of that kind of sharing of information. So as we need to continue getting that message out among youth, some of our young people may help us in that and they could be good sources of

[10:18:01 AM]



information. I do want to say, I had a quick question back to judge brown's. And I want to just pinpoint that and say how important it is. You know, we are all beginning to see the end of some of the isolation and some of the quarantining, and the other requirements during this period of time. But we are by no means in a completely safe place yet. Both of my daughters' schools sent out covid notices yesterday. So as we continue to get more and more vaccinated, it just is so important. So, Dr. Escott, director Sturup, thank you for continuing to emphasize the need for precautions and safety even as more and more individuals in our community are vaccinated. I want to get back to judge brown's scenario, and thank you for running through those. Those are answering a lot of the questions that many in our community continue to have. In that scenario where the

[10:19:02 AM]

parents are vaccinated and unvaccinated kids, and Dr. Escott, you responded that it is probably better to mask inside. In that situation, is the recommendation that it's better to mask for the parents' protection, or for the children's protection as they're unvaccinated, or both? I think that's getting kind of confused in some of the conversations and articles and other advice.

>> That's a great question, councilmember. And thank you for bringing that up. We talk about kids and parents in the same household. You have unavoidable risk there. So masking around your own children is not going to be that helpful, because of this airborne primary method of transmission. When you're talking about visiting other children,

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grandchildren or people outside your household, that protection is really -- it goes two ways. Number one, the vaccinated person can still get it and spread it, particularly if contact is close and prolonged. But if you have an individual who is at higher risk, who is vaccinated, there's still the risk of breakthrough infections. So when those individuals who are fully vaccinated and high risk are around those who are more likely to be infected now, they should consider an extra layer of protection, because there are breakthrough cases. There are some circumstances where individuals should be more worried about that. So if they're immunocompromised, if they're on chemotherapy, the vaccine may not mount a

[10:21:04 AM]

significant immune response for them. They may not have the same protections as others. For these kind of situations it's important for folks to have that conversation with their physician about their particular situation which may provide advice. I'm sure that advice will be wear a mask in addition. In

some circumstances, individuals can receive antibody testing to test their level of immunity after the vaccine happens to see if it was a successful vaccination series. So for folks, particularly immunocompromised folks, they may want to consider that as an option to discuss their position.

>> Tovo: Thank you. I should have said the scenario I was asking about was the grandparents, but I think it still holds. You're really protecting both parties in that, both the unvaccinated children, as well as the grandparents who may be at higher risk, even though they are vaccinated. Is that accurate?

[10:22:07 AM]

>> Yes. And again, when we see the breakthrough cases, the hospitalizations and the two deaths, those are in older individuals. Deaths in individuals over the age of 70. I think both of those nursing home residents. So use more caution in those circumstances.

>> Mayor Adler: Thank you. Councilmember alter.

>> Alter: Good morning. I got an email this morning from Ibj that they are, you know, opening up more appointments for the vaccination today, providing 2,000 vaccines today because the demand is so high. So that's great. Very excited about the parents and the kids, and those age groups stepping up. I had a two-part question. First was if you could speak a little bit to how aph or the county is working with the

[10:23:10 AM]

schools to coordinate those vaccine clinics. And then secondly, I'm hoping you can provide some additional guidance for businesses that are trying to decide how they transition from the mask mandate to this new world. We do not have vaccine passports. People do not wear a thing on their head that says they were vaccinated. So can you provide more guidance, you know, through this conversation and can you also detail what kind of guidance the city plans to be providing or has provided that I may have just missed?

>> I can answer the first part, Dr. Escott, about the partnership with the schools. And then I'll let you take it away about the guidance. And so as part of the social service branch under the emergency operations center, the childcare schools task force has reached out to and surveyed the

[10:24:11 AM]

local aisd, all the public schools, including charter schools, to see if they would be willing to partner as a vaccine site. And we got, of course, a lot of takers on that. And so now we're working through our partner providers to see who will be able to actually provide the vaccines. We do have one contract with

a provider who is experienced with pfizer. And so we will leverage those services or that contract to begin partnering with schools to be hubs, or vaccine sites. And as, you know, we come online, we'll be able to do some of that. But our plan really is to engage our provider community to match up with those schools who say they are ready and willing to be vaccine sites.

>> I'll respond to the second part of your question, councilmember.

[10:25:11 AM]

And we will have some FAQs coming out this afternoon to answer some of those questions. We left it open to businesses for a couple reasons. Number one, our stance is that masks in public places, vaccinated or unvaccinated, are still required, indoors in particular, as the default position, because it's important to know that we are not there yet to go to a masks optional situation. So masks are required. If a business decides, then they can implement a policy and post signs about their policy. And I think the decision for businesses really depends on the nature of their business and their clients. So, businesses that cater to unvaccinated people. So, businesses right now that are primarily focused on children, it's probably wise to

[10:26:13 AM]

have an everybody-mask policy, because you're going to have a large number of people who are vulnerable to covid-19. If your business caters to high-risk individuals, it's probably wise to continue to have an all-mask policy. If your business involves interaction with individuals face-to-face for longer durations of time -- barbershop, beauty salons, nail salons, these kind of things, it's probably better at this stage to continue an all-mask policy. So it depends on a lot of factors. And we want to leave that up to the businesses to decide what is best based on their business model. You know, I think right now the status quo has been masking. I think people to a large extent in this community would be okay with continuing that for a little while longer.

[10:27:13 AM]

So, you know, I think it's also part of reading their customers and certainly if they get an indication that a significant majority of their customers are fully vaccinated, they may consider that option for their particular business.

>> Mayor Adler: Okay. Thanking Dr. Escott. You're not long for these meetings and talking to us, but you've done an incredible job over the last year plus, so thank you for that. Good to have director Sturup in her know role joining us. And welcome home to Dr. Lox. So I gather that at a really high level, the presentation today, going down to risk level two is another indication just

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how well we're doing as a community and the vaccination is doing. It's just a reminder how effective the vaccine has been. And we all should be celebrating that, as well as how well we've done as a community with the mortality rate that's as low as it is. So I guess what your new rules say basically is that most places can choose their own mask rules. Good news, science saying anyone vaccinated is protected. But sadly, unvaccinated people are at even greater risk, especially in places where people aren't masking. We're talking about children under 12, in the communities, disproportionately communities of color who remain unvaccinated. So the new rules balance freedoms for vaccinated people with increased risk to those who aren't. I think businesses and people

[10:29:16 AM]

and their customers make choices. So, generally speaking, businesses can make choices, but there are some parameters you've placed on them. Do I understand correctly, gatherings over 2500 people, by rule people would need to wear masks if they're outside. And inside, gatherings over 500 need to be wearing masks. Below that, businesses can make choices. And people can make choices about where they go in. I think that's pretty straightforward. And we'll be good. And I appreciate you continuing to do that. And the new risk chart getting out also helps. I don't have any further questions, judge. I think we'll turn it back over to you.

>> Judge Brown: Thank you, mayor. Yeah, thank you, Dr. Escott, also, for everything. It's been great working with you in this capacity.

[10:30:17 AM]

Looking forward to working with you in your returning capacity going forward. But you've really done -- been a great partner in all of this. Thank you so much. With that, we will adjourn the Travis county commissioners court for five minutes and come back at 10:30 after the mayor -- the city council.

>> Mayor Adler: That sounds good, judge. I have us at 10:30 now. And we're going to adjourn the joint session. We'll convene our regular work session. And let's do that at 10:40. At 10:40 we'll be back on that other channel. Judge, court, thank you.

>> Judge Brown: Thank you, mayor.