

City Council Special Called Meeting (Joint Meeting with Travis County Commissioners Court) Transcript – 08/03/2021

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[9:06:34 AM]

>> I can't resist the chance to just say hello to everybody. I'm in my office because I have a cold. I wanted to tell the mayor that my daughter's restaurant was one of the first in New York to require proof of vaccination and they've been on like every news, you know, media covered this decision for this young restaurant and the people just keep coming and showing their proof of vaccinations. We're very proud of them.

>> Judge Brown: We are live now. This is Travis county judge Andy brown calling to order the meeting of the Travis county commissioners court. Today is August 3rd, 2021. It is 9:07 A.M. I'm meeting here at 700levaca. We have commissioner Gomez and commissioner Howard joining us remotely.

[9:07:34 AM]

Commissioner Travillion is here as well. I will call the Travis county commissioners court and joint session to order and I will hand it off to Austin mayor Steve Adler.

>> Mayor Adler: Judge, thank you. Still 9:07. We will convene our portion of the joint meeting with Travis county commissioners court. This meeting of the Austin city council on Tuesday, August 3rd, 2021. We have a quorum present and are meeting virtually and ready to proceed.

>> Judge Brown: Thanks. Larry, do we have any callers for the public comment portion of the Travis county side?

>> Clerk: At this time, we have nobody on the line.

>> Judge Brown: Thanks. Today we will be briefed on covid-19 related matters as the court has a full agenda today, again, asking that we limit ourselves to one question in the order below that we have gone in the past, so first we go through commissioner court members with questions, then city council members and the mayor, then we

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close the meeting. So I will turn it over to Dr. Walkes for y'all's presentation.

>> We will start district 10 and work our way toward 1.

>> Judge Brown: If someone is talking, you are on mute. But maybe nobody is talking.

>> I was, I was talking. Yeah, good morning, everyone. Can I have the next slide, please? We're here to give everyone an update on the impact of the delta variant on our community. The science has changed.

[9:09:40 AM]

This new variant has challenged our system, our health system, our seven-day moving average has surpassed the threshold for stage 5 at 61 yesterday. We are considering a new guidance that will be released in the coming days to address the concerns regarding the delta variant. This guidance will take into account the fact that our current situation regarding the cases is impacted by the fact that this viral -- the viral load that we're seeing in the unvaccinated people who have covid-19 from this particular variant and the people who are vaccinated --

>> Dr. Walkes, I am admittedly

[9:10:44 AM]

hard of hearing. I can't hear you.

>> You can't hear me? Can you hear me now?

>> If you could speak up, please.

>> Can you hear me now?

>> Yes.

>> Good. My microphone wasn't plugged in all the way.

>> We could hear you, but now I can't.

>> Okay.

>> Judge Brown: We could hear you say okay.

>> Okay? Can everyone hear? Good. Technical difficulties. I'll start again. The science has changed. We have a new variant, the delta variant, and it's impacted our hospital systems and medical systems because it spreads much more rapidly, it's 100 times the viral load that we're seeing in patients that have this.

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We're seeing it in both unvaccinated and vaccinated people at this level. Those who are vaccinated have mild disease, or some are asymptomatic, but for this reason, we are asking everyone to wear a mask to help to stop the spread of this. If we look at our numbers that we are seeing right now, in October of last year, on the 5th or thereabouts when we had a lull, then if you look up through to the December time frame when our numbers matched where we were yesterday in the 400 range, the level of hospitalizations, the rate of hospitalizations was half what it is right now. So this variant, as has been reported in numerous

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publications, makes it more likely for unvaccinated people to be admitted to hospital, and this is what is driving this curve to go up in an almost vertical direction right now. Next slide, please. Next slide, please. So we have been doing sequencing and I want to stop here and just explain that sequencing is done and is approved by the CDC for the purposes of public health surveillance and research. It's not used for diagnosis and deciding to treat individuals for covid-19. We have identified in our community 29 confirmed cases of the delta variant. I think you need to go back one slide, sorry.

[9:13:48 AM]

And this has been found in hospitalized individuals who presented to the hospital sick with covid-19 and they reported that they had been vaccinated, so we sent their information, their test off to the state lab to confirm what type of variant they had. We were also doing this in specialized circumstances where clusters are occurring, and we have seen this variant also picked up in situations where people have

been vaccinated and live in family groups. In the literature, we see that the variant itself is highly transmissible and when you're in group situations where social distancing is not possible and you're not wearing masks, in other words, not using the mitigation strategies that we have been using all along to

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help prevent spread, this variant can move and attack and cause illness in people much quicker. If you go to the next slide, please. I think you have heard on the news that the delta variant's been shown to be as infectious as the chickenpox and I just wanted to give you some perspective on what they were talking about in that sense. We talk about the R -naught value, which is the number of people that someone that's infected can infect if they're around someone who is vulnerable or in other words, someone that's unvaccinated, and this is showing us that the delta variant's R -naught value is higher than the alpha variant, and it's about the same as chickenpox. You will also see that the mode

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of transmission for the delta variant is aerosolized droplets and as is the covid-19. Why am I bringing this up? Because I want to talk about vaccinations. We've heard a lot about herd immunity. We were hoping that we could get to 70 and things would be great, but the science has changed and the science has changed because this virus, just like all living creatures, has found a way to survive by mutating itself. So it's spreading a lot easier in our community, and so it's going to require that we have higher herd immunity thresholds. So where heretofor we were hoping we could achieve herd immunity somewhere in the 70%, 75% range of herd immunity, with

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this delta variant, because it can spread a lot quicker and a lot easier than the previous variants that we've dealt with and previous surges, we will need to have more people become immune by being vaccinated. Next slide, please. When we look at and think about masking, we're talking about that because I like everybody else, when I got my shot, I was excited. We had a vaccine that gave us 95% coverage and yoo-hoo, let's throw away the mask. Then we were told we could. Well, the science changed. We have a delta variant now and this variant is effectively protecting us but not to the level of 95%.

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It's more like 88%. And that's even a little bit lower with some of the one-shot J & J. So because we don't have the extent of coverage, we have a little bit more risk of becoming sick from the delta variant, and the question was asked well, is that also -- is that risk also impacted by co-morbidities, and this is a slide that's looking at limited data that we've collected here, so it's anecdotal and not peer reviewed, but I do want you to look and see what our experience has been in this community, and this is showing that the breakthrough cases that we're seeing, are 50% of the time in people that don't

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have any co-morbidities. So while it is true that if you do contract covid-19 and you have co-morbidities, you may have more serious illness, the breakthrough cases can happen to you even if you're someone who doesn't have co-morbidities. So it's important for us to wear masks and protect ourselves, and to get vaccinated. When we look at the numbers of breakthrough cases that we've had, of the over 800,000 doses of vaccinations that have been given, we've had 1496 cases reported to us. Now, that is probably underreported, because we do not know everybody in the community that's had covid. Not everybody is tested. But if you look at the number

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1496 as compared to 800,000 doses given, you'll see that the breakthrough numbers are not as high and therefore, also support the fact that vaccinations are helping to protect the vast majority of our population from developing severe disease, icu admissions and death from covid-19. If you look at the next slide, please. At the outset, we were seeing a lot of our seniors who were becoming ill and developing severe disease and also dying from covid-19, and an exceptional effort was taken by all of the people in this room, political leaders and public health leaders and medical

[9:20:58 AM]

leaders to protect this group of individuals. Through the last 19 months of this, we took care of our seniors and they were some of the first to receive vaccinations. As a result of that, in many months, it's been that they have had less disease impact in that community. However, again, the science has changed and the delta variant has started to cause some breakthrough cases in that largely well-vaccinated group of individuals in our society. The good news is that it has protected most of them from severe disease. We've had very few hospitalizations and one death that was associated with an

[9:22:00 AM]

individual who actually was in hospice. In the last 14 days, we've had 72 new cases, so again, that's just showing the spread and the ease of spread of this particular variant. Next slide, please. The confirmed cases of reinfection, which is defined as someone who's recovered 90 days ago and it's past that 90-day point, and has now become reinfected, the reinfection rate from covid-19 has also been looked at by our epidemiology team who is doing disease surveillance, and today, we've

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had reports of 443 cases. In previous weeks, I've described, I have shown you this graph and shown that there's been a slow decline over time that was thought to have been possibly because these individuals were receiving vaccinations. That is something that we'll have to look at to confirm. However, in this past month, we've had a surge of sorts in cases in women and the reason for that is unclear and will need to be further examined as we go forward in this and gather more data. Next slide, please. When we look at another group in our population that's precious to us all, our children, we see that the positivity rates have

[9:24:04 AM]

increased and when we look at the numbers of pediatric hospitalizations in our children, there have been over time 647 cases reported in children under the age of 1, with 27 hospitalizations and no deaths reported. The age group of 1-9, we've had 4592 cases reported with 32 hospitalizations and the 10-19-year-old age group, 11,573 cases with 7 hospitalized and no deaths. This increase for some positivity has been associated with activities, extracurricular

[9:25:06 AM]

activities such as strength training camps, volleyball camps and some extended day care situations where a group of children are together and have developed this. The increases that we're seeing in hospitalizations reported by colleagues have also been associated with the spread of other respiratory illnesses like respiratory virus and these increases we're seeing after the mask mandate was lifted and we saw in our community a relaxation in the use of masking. Next slide, please. The next several slides are going -- I'm going to go through quickly. They're looking at the trends in the age groups.

[9:26:08 AM]

In this one it's the elementary school children from the ages of 6-11 and we see that there's a disproportionate representation or increase in the percent positivity in our black and Latino populations. There are some outliers represented here where you see a very low test group number, which means that the 16.7% and the 10% shown for the American Alaska native and native hawaiian and other pacific islander groups respectively are sample sizes too low for us to make any real conclusions of those. However, the others that are represented on this slide have higher sample sizes and show us

[9:27:12 AM]

that this representation of higher positivity rates in our latinx and black communities is ongoing and if you go to subsequent slides, next slide, please, the middle school aged children 12-14, you'll see the same is true. Next slide, please. Preschool, same is true. Next slide, please. And high school. I'm going to move on to this next slide that was presented to us and it's a preliminary look at the impact of the delta variant. We saw a version of this yesterday in a presentation by Dr. Lauren Myers and her group, who have done an outstanding job of helping guide us with modeling throughout this pandemic. And the slide we saw yesterday

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showed the impact on school reopening with and without masks, as it relates to icu capacity, and it was just looking at what happens in our previous scenarios where we were dealing with a different variant in previous surges. I'm showing you this slide that looks specifically at the delta variant because the impact is higher and as I've spent so much time talking about in previous slides, this delta variant is having a much greater impact on our community. So our current working number for the number of icu beds that we have is 200, and that's based

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on having staffing and that is something that I'll speak on later, but that is what our working number is for our icu bed capacity. So if you look at the first graph on the far left, that line which icu capacity is written demarcates the 200 bed level which is what our capacity is. You will see that our current status quo with the trajectory of that curve that we have right now, the green line shows what the impact on hospitalized icu bed capacity will be, should school resume without masking.

[9:30:19 AM]

And the red line shows the impact that masking will have if we continue with status quo. And the purple line shows what will happen with school closure. All three of those scenarios are alarming. If we go to the middle graph, middle portion of this graph, and we look at the projections from the UT modeling group, we see what would happen with moderate compliance use of masks, social distancing, avoiding large crowds, and getting vaccinated. And we see that that curve dramatically flattens and if you

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recall last week I showed you some graphs from a scientific paper that was produced in Germany that showed that with 90% compliance with masking, that we would have a 45-50% reduction or decrease in our curve. You see here with school reopening and no masking, that we will exceed capacity for icus somewhere in mid-october or early -- late September, early October, and if we go back with masking, we will be slightly over our limit, but we could hold our own and if school were

[9:32:21 AM]

closed, we would be well within our capacity limits. Nobody is suggesting that we close school. We say that one more time. Nobody is suggesting that we close school. Our children have suffered learning loss. They need to get back for socialization. We need them to go back so we don't have to teach and work at the same time. We need children to go back to school. But this scenario was given to us so that we can have some intellectual understanding of what the impact could be from a modeling perspective. The last part of this graph with high compliance, somewhere like the 90% scenario, shows that our

[9:33:22 AM]

icu capacity is fine. There's very little percent change between the school with masking and the no school line, and without masking, the number is below the curve as well, which is an interesting phenomenon that is taking into account not only masking, because this doesn't just take into account masking, but vaccinations, whether or not we are really complying with social distancing, doing some of the other measures that we know if we were on to masking would help flatten and improve this curve. So these are our choices.

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And as we are moving forward and evaluating what the new stage 5 guidance is going to be, we are assessing the impact of schools on our case numbers and we are also assessing the impact on our business communities, our other business communities that are providing service industries as well as the hospital, so because as I've said so many times, the science has changed and because we are at a different point in time, the recommendations are going to change to some extent with regards to some of the activities that we do from day to day. But the basic message about masking is the same. It's a drum roll.

[9:35:25 AM]

We have to wear masks, everyone. Next slide. If you look at hospitalization admissions by age group, you'll see that we have a larger number of people under the age of 50 who are being admitted. Next slide. This is another slide to just show the breakdown by age of the admissions that we're seeing. Seeing a disproportionate representation in our black and brown communities, folks who are getting -- who are being admitted to hospital. Next slide. Icu admissions are startling in that we have a lot more people now who are admitted to hospital who are under the age of 50, and

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unlike other surges, they are people that are without any chronic co-morbidities, who are severely ill, requiring icu care, requiring ventilators and requiring ecmo, which is a procedure in which the blood is removed from the body, it's circulated through a machine that gives the blood oxygen and removes carbon dioxide. It is a process by which the body's able to rest the lungs and the heart so that hopefully over time, that person can stay alive. And we're seeing people that are under the age of 40 and as young

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as 19 on this type of device due to this covid-19 surge that we're having from the delta variant. So the choice now becomes vaccination or ventilator for our young people, who may have been stubborn about going to get that vaccine because they didn't like shots or they heard this or that or the other, but we need to now spend time talking one-on-one and educating people about vaccine safety. And yesterday, you may have heard that we had a panel of obstetricians and gynecologists talking about the impact of covid-19 on our pregnant women. This again is something that requires us to be thoughtful and participate when we can in

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spreading the word about vaccine safety. Next slide, please. The hospital admissions by ethnicity, again, larger representation by our black and brown communities who are being impacted because of previous difficulties in receiving and accessing health care and on top of that, having some level of not trusting that what's going to happen if they get vaccinated, but we need to dispel that now. We need to get people vaccinated. Next slide, please. I was asked a question about -- can you go to the next slide? The next slide, please.

[9:39:33 AM]

About where people were coming from as far as admissions go. And you'll see here that there are some zip codes that are having higher representation, overlaps a lot with social vulnerability indexes in these zip codes, which I previously alluded to. Next slide, please. Next slide. Thank you. The question came well, what's the impact of this surge with regard to our counties in the msa contributing more than Travis county residents to this, because we have been, you know, talking about the fact that we reached that 70% mark, and we did, but that was for one dose. We have to get everybody that second dose.

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But this is showing that we have got the lion's share of folks that are being admitted to the hospital, and you see the other counties here represented. What this also says is that everyone, everywhere, has to wear a mask and get vaccinated because we are all in this together. And if we don't do this, we're going to all be looking at overwhelming our hospital systems. Next slide, please. If we look at the impact or the numbers of people in our restaurant and food establishments who have been contracting covid-19, we actually are doing quite well there. And that's interesting, right, because they have been working forward-facing to the public,

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providing service, come what may, since the beginning. And this is interesting to me, because I don't know about anybody else, but when I go to a restaurant, they're wearing masks. So I'm hoping that anybody that's looking at this that has any questions about whether masking works, would look at this and see that it appears as though it does, real-time, because this is an industry that is working day and night to serve the community, and their numbers have remained low. Next slide, please. So when we look at our progress for herd immunity, I'm very excited to say that we finally got away from the 20% vulnerable

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and we're down to 16%. This seems to coincide with what we're seeing and what we have been hearing about from the director. There has been a slight increase and it seems to be going up as we speak in people presenting to be vaccinated and that's amazing, hallelujah, because we need them to get vaccinated. So we're now reporting 16% vulnerable. And 54% of our population, and that's the total population, not just the eligible, that is vaccinated right now. Our challenge is going to be protecting those who are not eligible. Our challenge is going to be whether we're going to stand as a community and everybody gets -- who can get vaccinated,

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gets vaccinated and everybody wears a mask, and that's really what it's going to take until we can vaccinate our children that are younger than 12. Next slide, please. Our hospital systems in a task force that was convened -- sorry. I forgot this slide was there. I have been asked many, many, many times about who's vaccinated in the hospital when they're admitted. And this is data that we've collected and it shows that 81% of the people that are admitted to hospital are not vaccinated. And 16.6% are fully vaccinated. So this really is about not

[9:44:40 AM]

being vaccinated, and so again, it's important for us to get vaccinated. Next slide, please. I jumped ahead of myself. Our hospital systems under the direction of Dr. Escott, convened a medical critical guidelines triage, hospitalized icu triage committee task force, to look at guidance on how we proceed should we get into a situation where the surge overwhelms our capacity in the hospital, in particular in the icu. And we are seeing right now that there have been a number of occasions within the last week, even, where certain hospitals have had to go on what we call diversion, which means they are backed up in the E.R. And they

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are waiting to get people in beds and the ems has to go to a different location until that can be resolved and the bottleneck cleared. So these are guidelines that were originally developed in north Texas and they're based on input from various stakeholders, including the disability community. They have been endorsed by the office of civil rights and this is a quote from the task force. While it is not our hope that the guidelines ever need to be implemented, we strongly believe that our community is best served by having guidelines in place to ensure that all members of our community receive

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ethically sound, clinically objective, practical, non-discriminatory and transparent triage should a mass critical care situation place demands on the hospital systems that exceed our capacity. So this is being adopted to allow for us to do just that, because a surge, should it occur, could happen at any moment. We have many, many, many, many, many cases of covid-19 right now in our community and we have to do what it takes to stop this spread.

[9:47:44 AM]

Next slide, please. So our stage 5 recommendations will include wear a mask if you're high risk, with underlying conditions, unvaccinated, avoid large gatherings, where masks are not required. Help us to get the rest of the population vaccinated by talking with your loved ones, colleagues, neighbors, friends. And those are the recommendations for vaccinated. For unvaccinated, we want people to stay home when possible and avoid gatherings and travel, choose curbside and delivery options. If you must go out, wear a mask while conducting essential activities. So that you cannot get sick and please get vaccinated.

[9:48:47 AM]

I would like to say that we're in this to win it, so I would like us to go into stage 5 with that mentality, that we can do this, we have done this before, we have to course correct, pivot and decide how we're going to do this successfully now, given the current landscape. I live by the mantra that if it's legal, if it's ethical, if it makes good medical sound judgment and if it's good common sense, then it's worth doing, and I believe that everybody in this room would agree with those principles. We have a different thing on our plate right now. We've got school that's going to start very soon and we have children who are unprotected by vaccine. So we're all going to have to decide how we're going to approach this new situation with

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the delta variant, protect our community but most of all, protect our children. Thank you.

>> Thank you, Dr. Walkes. I appreciate the court and council's patience. That was a lot of important information that she just shared about the data and I will do my best to go quickly through some operational updates. I do want to remind the public that these slides will be available in a PDF version

on the aph website for you to download and read at your leisure. So as Dr. Walkes pointed out, the community is continuing to surge. Here at aph, we are continuing to expand our operations in order to accommodate the changing landscape. At forefront is our messaging

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and communications, making sure that the community gets the most up-to-date and current information. Yesterday we held a medical panel press conference that focused on population risks with special advice for pregnant women and vaccine. We continue to increase our response staffing to support case investigation and data entry. We are increasing our call center capacity to help provide support to schools, make sure folks know about testing options, answer questions about vaccines. We are working on standing up our isolation facility, preparing for the event of boosters. We are shifting from vaccine to adding back our free testing options, because we have seen an uptick in the number of tests that our community is wanting. We have the mobile testing option, you can call 311 and

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arrange for a test. We are stationed in the dove springs recreation center and we are also at the St. John's old Home Depot offering drive-through options. We currently have an isolation facility light to make sure we do have rooms available for the public that needs to isolate and can't do so safely in their own home. And we are also reestablishing our long-term care response team. What we want the public to do is get vaccinated. And you know, according to the CDC guidance, wear a mask, maintain social distancing, wash your hands, get tested if you don't feel well. If you think it's allergies and you're not sure, come see us for a free test. Most importantly, please stay home when you are sick. Again, to talk about testing,

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last week we had over 1700 tests performed at our sites, and this slide just shows our options, again. George morales dove springs rec, St. John's, in-home testing available Monday through Friday, and we are continuing to offer facility testing at senior living centers, homeless shelters and other facilities that have identified at least one positive covid-19 case. Here's our dashboard that shows the combined total of vaccines distributed by community care and aph. What I like is the weekly dose number, that is up almost 100% from the last time we reported. I think last week we were at 600 and some odd shots. Then this past operational period, we delivered 1700, the majority of those being first dose. So the message is being heard and I continue to encourage the

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community to seek out opportunities to become vaccinated. When we look at the dshs data for Travis county by race and ethnicity, we are still seeing gaps in our African-American and hispanic community with respect to the percentage of people fully vaccinated. We want all of those numbers to get up to the 70% or better mark. Ahead of myself. One good bit of news, I continue to love this map. Weeks ago, there was a lot of red and that indicated communities that were less than 50%, so there's more green but we are still seeing those pockets where we need to continue to have more focused effort. The yellow indicates communities or zip codes that are at 50% or more. And so 617 continues to be an

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area of focus as well as 412, and I believe that's 58, excuse me. When you look at the distribution by demographic data, this again kind of points out what the dshs data pointed out, that we are seeing gaps in our communities of color. The Orange represents the African-American community where we see 4% of that population has received one dose, and the gray represents our hispanic or Latino community. It is important to note that we do believe there is some undercounting referenced by the other and unknown categories, and those are the blue and green areas, and that has to do with the way that -- the differences in the way agencies report,

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biracial selections or someone chooses other because they are of mixed race. This next slide here shows the distribution demographics for the fully vaccinated population, and again, seeing those gaps in our communities of color, but also wanting to point out that our Asian vaccination rates, it continues to be overrepresented, and I want to give a shout-out to the health equity task force that's part of the emergency operations center. They had an api task force that really focused on using Facebook social media, guiding our translations and making sure that we had focused engagement in those communities to make sure that language would not be a barrier to vaccination. And so as a team, working with the county collaborative, we are

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continuing to look at zip code data to drive our efforts. These are our top eight zip codes. We want to present this chart to show progress over time. Again, the changes continue to be incremental, but we are continuing to hope that with our intent -- excuse me. By our continued focus, that we will help our communities reach the mark. Here are our vaccine operations for the week. We are at southeast library,

little walnut creek and Anna lark center. Those are our static locations. We will be in Maynor and colony park, at a church on Cameron road. I won't do it a disservice by trying to pronounce the name. At the south Austin community church and at turner Roberts and of course, in partnership with

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the county, we will be at the Dell valley opportunity center. In addition to these pop-up events and static locations, our mobile teams are scheduled to be at 24 additional sites this week so we are continuing to push vaccine to our community. And I always like to add some pictures in. Here is just some images of a drive-through event that we had last week. I'm really happy to work with my partners in the county and the constable to make sure we are having a community-based approach. According to dsHS, right now 73% of our population 12 and over is vaccinated with at least one dose, and 63% of our population is fully vaccinated, and so these efforts will continue to be important as we reach our

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community goals of 70% fully vaccinated. We did have a conversation with dsHS over the last week where they identified additional zip codes that should be areas of focus, and these were zip codes like pflugerville, for example. If you look at the overall data, it looks like they are doing well but they do have high percentage or numbers of the population that aren't vaccinated. So that just shows the breadth and depth of our partnership to make sure that we're getting the best and most accurate data, and using that to inform all of our strategies. When you look at our outreach and messaging, I mentioned that we had the joint press conference earlier this week. We continue to put out daily updates on our Facebook pages to make sure that people have information about risk-based guidance. And then we're also promoting

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our reason to vax campaign. We know the only tool we have in our toolkit is promoting and encouraging behavior change, as well as the benefit of collective responsibility. And before I end, I'll share a quick story. I was taking my son to cross country practice this morning. We were talking about end of the summer plans. He's fully vaccinated, one week in. He's excited to be down with the fully vaccinated folks. And I said to him, we might not be able to go because the rates are getting higher. And he's like mom, I'm fully vaccinated. I said I know, but it's important that everyone is vaccinated so that we all stay safe. The virus is changing. And he looked at me and he said, what can we do? My son is 14. And I was struck by the fact that he knew it was going to take collective response to

[10:01:04 AM]

fight this virus. And before I could answer, he said, everyone should wear their mask, right? I said, yeah. And he said, and everyone should get a vaccine. Needles are scary, but maybe I can tell my friends that it's safe. Job well done. If a 14-year-old -- we say teens are not fully developed cognitively -- can get the concept of being socially responsible, I think we can do this. On a plane, the first thing they say, in the cabin pressure drops and those masks come out, you put your mask on first and then you help the next person. So to everyone else who did the right thing early, we thank you. But thousand we need you -- now we need you to encourage those around you to get vaccinated and we need you to wear your mask. Thank you.

>> Judge Brown: Thank you. And I think, chuck, are we going to turn it over to constable

[10:02:08 AM]

morales and chief Ken Bailey?

>> Judge, yes. Chief Bailey with esd11, constable morales with precinct four are standing by.

>> Good morning, Ken Bailey, Travis county fire rescue and the Travis county collaborative. I would like to just point out the collaboration is a joint effort, including ap, Seaton, ACC, the constables and esds. And we were recently joined by Dr. Perry Thomas, helping us reach the vulnerable populations within different pockets of the city this last week. I have a single slide. The county collaborative has done almost 24,000 vaccinations. And we've had 191 unique strike team events over the last 86 days. That's over an 86-day period. And what is probably most notable is that we've had an

[10:03:09 AM]

increase of approximately 65% in the number of first doses that we've delivered in July versus June. And you may recall that we had suggested that we were doing less and less first doses, indicated by this slide. Back in June, we were talking about a decrease. And we're seeing an increase. We assume that that is based on the outreach and then obviously the concerns of the local population to get vaccinated. Constable morales will give you an idea of some of our outreach efforts.

>> Good morning, judge, commissioners, councilmembers, and mayor, mayor pro tem. Constable George morales. An update on what our collaborative has been doing. We focus on nine different types of events that we go out there. We have special events like concerts in the park.

[10:04:10 AM]

Obviously schools, recreation centers, public housing, mobile home parks, med clinics and apartments, churches, and grocery stores. The big grocery store chain for us is jd's supermarkets, and smaller grocery, la fincas around Austin, Travis county as well. Our July totals for outreach were over 9,578 people were contacted for -- that would be phone calls, flyers, text messaging and emails. Along with that, we saw about 4,500 shots go out in the month of July with about 1200 of those being this last week. The upcoming events that we have -- and we're encouraging -- and you heard aph earlier, and the recommendations, is when we have these events, we're focusing on our vaccine clinics

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along with helping our community. Those communities are vulnerable and those that are identified in the eastern crescent. The mobile home park, dove springs recreation center, these are our August events. Lbj high school, Houston Tillotson, catholic high school. We have two elementary schools, lender and J. Houston. A lot of these locations are located in our high areas that are being affected right now. So we're going to go ahead and continue to push our effort and tell everyone if you're not vaccinated, it helps us along the way and it saves lives, folks. The masking -- a lot of this we have, we always take plenty of masks and follow the guidelines for social distancing. And we're trying to do everything as we can to keep everyone safe. Another effort that we spoke about last week was making sure

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that we're accessible to the people, okay. Our idea is to go into these pockets that cannot be reached. And we're doing a great job with all our partners. But I want to give a shoutout, as I do every week, to our community partners, our mobile vaccine team, because every step we take is another person getting vaccinated. So, thank you.

>> If I could very quickly make one additional comment, and something maybe y'all can help us with. I know this last weekend we had the fc game. I know that the judge had made some contact with the fc people. And they were very supportive. And within a 12-hour period, we put a team at the fc game. We didn't do as many vaccines as we may have liked, but they seemed to be committed. And the relationships they have, in these mass events, if you're

[10:07:13 AM]

aware of those or can entice people, we stand ready to try to help with those events and get more vaccines out.

>> Judge and mayor, if I could add one more thing, you've heard a lot about the various pop-ups, strike team locations that aph and the county collaborative continue doing. With the help of our public information folks, our joint information systems that is both city and county as well as aph public information folks, and our web team, we now have a public-facing schedule. I'm just going to share my screen, if you'll bear with me. A simple Google search, Travis county vaccinations, will very quickly get anyone to the page on traviscountytx.gov that includes a comprehensive calendar that shows dates for

[10:08:14 AM]

both Austin public health, county collaborative popups. You can see this is Tuesday, August 3rd. You can see all of the different locations where our teams will be today. And simply clicking on any of these rows, a vaccine clinic, will give you all of the details about the address, the type of vaccine, the operational hours and so forth. So, again, thanks to our web team and our joint information systems for continuing to work to improve our public's access to vaccine information. I see this as a really big win.

>> Judge Brown: Thank you, chuck. All right, aph, Dr. Walkes, and chuck, and chief Bailey and constable morales, thank you so much. So we'll start the question portion now and I'll turn it over to commissioner Margaret Gomez first.

>> Gomez: Thank you, judge.

[10:09:15 AM]

Well, this is really pretty clear to me that the message needs to continue to be, as we started, just as we started. Still wear the masks. The CDC regulations. And now I think just the fact that we're going to people where they are with the constable and the esd, I think is just probably the best way to reach those hard-to-reach people. I think they go to some of the events that are held around town, but I don't know that they step up to say I want the vaccine. And I think that's why the team that is going door-to-door is so important. At least there's a little bit of time there to talk a little bit to them, to tell them why the vaccine is important, and wearing the mask.

[10:10:18 AM]

But, yeah, it's going to take a lot of common sense. But I think we need to push that common sense a little bit more so that they understand why we're trying to get the vaccine and the mask. I don't know what else. What other kind of message we could send or show that would push people that bit further to go ahead and get the vaccine. I think we just need to keep thinking about this and see what else we can do to get more people vaccinated. But it sounds like we're doing a lot of really, really good work. So I

think your son is correct, Ms. Sturup. It's up to all of us to do this. And each day. We just can't give it a rest. So I think that's what the answer is. Thank y'all.

>> Judge Brown: Thank you.

[10:11:20 AM]

Commissioner Travillion.

>> Travillion: Well, I want to spend most of my time thanking the people -- the leaders in this community, and the leaders on this call, because there has not been a bit of information, there has not been a challenge that this team has not been willing to confront. When we ask for information by zip code, they bring us information by zip code. When we ask for information about ethnic communities, they bring us that information. When we ask them to put the information together on where everybody can go to get access to testing and shots, they bring that information immediately. And I want to say thank you publicly to them for doing so, and for the policy leaders for asking for and demanding that we push as hard as we can. I think that it's really

[10:12:20 AM]

important for us to do so. And just to pick up on something that commissioner Gomez said, my grandfather used to tell me that common sense isn't always common. So we have to continue to do the best that we can to get information out and to encourage people. Tomorrow is going to be my 31st wedding anniversary. So I want to publicly thank my wife for being patient, kind, and long-suffering. But tomorrow morning, because of aid, the Austin public health department, Dr. Walkes is going to be there. Because of the Travis county mobile vaccine collaboration, because of precincts one and four, our constables and our commissioners offices, because of the rising stars organization and spurs sports and entertainment, we will be having, at Ibj high school, from

[10:13:23 AM]

9:00 to 12:00 P.M., vaccines, physicals, and backpacks. I just think that it is important for all of us to go into areas that we are personally familiar with, whether it is the high school we grew up at, the college we graduated from, the church that we go to, the clubs and groups that we participate with. It's going to be important for us to continue to set the example. I am not telling folks in a way that I'm trying to convince them of whether they go down there. I'm asking them to do one thing. Wherever you go, please act as if someone that you love -- your mom, dad, grandfather -- are there, and act according to. According to. If you are going there and someone else is going to be there, treat them like family.

[10:14:24 AM]

Protect yourself and protect them. Know where vaccines are being given in your area. Know how to get the ppe that's necessary. But when we start treating each other like we treat loved ones and our own family, maybe we'll respond better to taking vaccines and participating in the process to help people. So I just want to encourage us all to go to the places where we have influence, and to encourage folks just to treat each other like you treat your most loved family member. Thank you.

>> Judge Brown: Thank you, commissioner. Commissioner Howard.

>> Howard: Yes, I had a couple of questions, one for Dr. Walkes. You mentioned clusters. And I'm wondering if we are seeing many clusters, or any trends to those that could guide us in, you know, trying to get more vaccine or ppe or anything out?

>> The places where we're

[10:15:25 AM]

historically seeing those are in congregate settings, so in skilled nursing facilities, nursing homes, assisted living centers. And then during the summer in camps, volleyball camps, strength and conditioning camps, those kinds of things.

>> Howard: Okay. Thank you.

>> You're welcome.

>> Howard: And the last thing, it looks like people are already picking up, you know, about the stage five, just from the news reports. On the guidance that we're going to give, to the extent that's going to be published, it seems to me like on the bottom half, for the unvaccinated, we would want to include a bullet about getting the vaccine. You know. And I'm not an expert on that, but it just seems obvious to me, like we want to be telling them, get vaccinated.

>> That's a great idea. We can add that to the graphic.

[10:16:25 AM]

Thank you.

>> Howard: And the last thing is, are we doing shots again at the soccer game tomorrow?

>> Yes, we are.

>> Howard: Okay. Thank you. Thanks, everybody.

>> Judge Brown: Thanks, commissioner Howard. Dr. Walkes, I just wanted to underscore, school is coming up, has started for some people already. Public schools like aid and others starting very soon. You mentioned a little bit about the numbers of kids that we had seen, I guess up to this date in the hospital, and in the icu. It seems to me like those numbers have increased a little bit more recently. Could you talk a little bit about how this presents a new threat, really, to our kids? Could you just underscore that for me?

>> Sure. We've all heard that children, for the most part, tend to have

[10:17:26 AM]

a milder illness. But we're now seeing more children that are requiring hospitalization. And that is a serious problem for this community and for our community as a whole, and worldwide. But really, the impact of this disease on people after the fact, after recovery is what is going to be most concerning. Yesterday on the panel we talked about the fact that there are more preterm, early deliveries of babies in mothers that have covid-19. There are problems with stillbirths, that there may be some cognitive issues that result from children in the

[10:18:28 AM]

perinatal phase. We've had some reports of children developing diabetes after they've had covid-19. I've seen patients who are adults who complain of memory loss, fatigue, aching, joint pain, severe shortness of breath. And those things could affect our children as well. So a child developing diabetes is a serious thing. So the long-term sequelli and impact of our society have yet to be determined. And so we shouldn't be cavalier just because they get mild disease. We should still protect them from getting covid-19.

>> Judge Brown: Thanks. So, just to underscore that a little bit, state leadership is basically telling us that we are going to send all of our kids to schools very soon, or we have already, to indoor environments

[10:19:29 AM]

which the CDC and every doctor, scientist, I've talked to is like, is the most transmissible, worst place, especially for the delta variant, but for all covid. We're sending kids under 12 who do not have the ability to get vaccinated and the state leadership is telling the aids that they cannot require masks. The one thing that a kid under 12 could do to prevent the spread of the delta variant and covid, the state is saying that schools cannot require that. Is that correct, Dr. Walkes?

>> Yes, sir. And we had a release from the Texas medical association, the Texas association of public health, and the Texas pediatrics association. And they strongly came out in support of the CDC recommendations and the American academy of pediatrics

[10:20:30 AM]

recommendations for mask-wearing for children in schools.

>> Judge Brown: Thank you, Dr. Walkes. Mayor, I will pass it over to you.

>> Mayor Adler: Judge, thank you. I'll hold my comments until the end. We'll start with district 10 and work our way to district 1. Councilmember alter.

>> Alter: Good morning. I want to join our colleagues in thanking all of the folks who are on the front line with aph and all of our staff, and the nurses and doctors, etc., and all the folks who are out there delivering the vaccines and doing the tasks. Thank you. I want to add my voice also to judge brown in underscoring the absurdity of not allowing our school districts to require masks. It is the one protection we can take that will make a difference. I encourage the city and county to do everything we can to move that choice in the right direction, to the extent we can.

[10:21:33 AM]

Relatedly, I wanted to ask our staff if they could speak to how we are collaborating with our school districts to help them navigate this time to do the best that they can to keep our students safe and make the right choices. As Dr. Walkes said, our children need to be in school for a variety of reasons, but we also need to create conditions that are as safe as possible. But I know that I have requests from trustees to have additional support. And I'd like to understand what we are doing and what we are planning as our school districts navigate this really tricky set of circumstances that the governor has made more complicated.

>> We've been meeting with the superintendents of the aids ISDs weekly to discuss guidances regarding how to mitigate the spread in schools. We met yesterday and talked

[10:22:36 AM]

about how they would, for the most part, all but two of the ISDs has agreed to continue to give us the information about cases that are identified in their ISD so that we can submit orders to those individuals who have a communicable disease and advise them that they need to self-isolate in accordance with the norms of public health and mitigation of spread of communicable disease. There are ISDs that are

considering using large sums of money to offer virtual learning. And we're also advising them that if a child comes to school

[10:23:36 AM]

with a mask, that their parent wants them to wear, that they are to encourage and ensure that that happens throughout the day as much as possible, except dining hall and that sort of thing. And so we're having those kinds of conversations. But frankly, it's been frustrating, because they serve in locus parentis. They're frustrated that they can't do their best to take care of the kids. Their hands are tied. So we are trying to give them as much advice and guidance as we can to help them open and have a safe and healthy year for those students that are returning to school. And they need to be in school. They need to get back to

[10:24:36 AM]

in-person learning and socialization with friends.

>> Alter: Thank you. I believe you had at least one conversation where you met with the trustees, but to the extent that we can offer that opportunity to the trustees, whether it's a public meeting or a private opportunity to ask questions, I think they don't necessarily have the regular opportunity to ask these questions. I know they do watch our briefings to the extent that that's possible. And I would appreciate it if we could make that available. And then I may have missed it in the slides, but do we see how we're doing relative to other parts of Texas in terms of hospitalizations and cases and stuff like that? Is that --

>> So, our percent of covid patients as far as our region,

[10:25:38 AM]

TSA region O goes, we have 10.27% hospital capacity that's occupied by covid-19 patients. In Dallas the region ae, they have 10.91. Houston, region Q, 12.42%. San Antonio, region P, has 11.22%. And El Paso, region I, has 3.36%. The icu bed capacity for available icu beds currently in our region O is ten. The icu bed capacity for Dallas is 103. And they have 8 million people that they have to serve. Houston has 62 icu beds left, and they are serving a

[10:26:38 AM]

population of 6.7 million people. San Antonio, 11.22%, 85 icu beds and they're serving a population of 3 million people. El Paso, 23 beds, 881,000 population.

>> Alter: Thank you.

>> Mayor Adler: Thank you. Councilmember tovo.

>> Tovo: Thank you to all who are on the call for all your work. I have multiple questions. I'm going to try to isolate it to just one, and then follow up, but let me just start, with the situation being what it is, we may soon have to find more time to have these briefings so that we can really make sure we're getting questions answered for our constituents. I wanted to ask, I guess, first

[10:27:42 AM]

just a couple of comments. Thank you so much for including the information today, such great information, including information about how many are vaccinated within hospital settings. I notice there's a large number unaccounted for on that page. This is on page 23. And it looks at the almost half of those numbers, there's not a vaccination status reported. And I'm just trying to verify whether I'm reading that correctly. And while we're on that, I just want to thank you for providing that information. And just a request that as aph, if you're not already doing this, as aph is reporting out that data to media about the number in hospitals, it would be great to always accompany that by the number vaccinated so that we can really, in all of our communications emphasize that the majority of the people who are getting very sick are those who do not yet have vaccine.

[10:28:47 AM]

Is it possible to answer that question, please, about page 23?

>> I'm pulling it up.

>> Tovo: Oh, okay. Thanks.

>> What was the question?

>> Tovo: It appeared to me from that page that the number who don't have vaccination status for all of those. It looks like -- in the hospital. And it looks as if we have a vaccination status for fewer than 530. Is that accurate? It looks like vaccination status for just under 300.

>> That's correct.

>> Tovo: Do you know, what's the gap there? Is it hospitals not collecting that information? Is it individuals not indicating? Why are we missing the status?

[10:29:51 AM]

>> When you're admitting a patient to the hospital and they're sick, they may or may not be able to communicate those details, if they go straight to intubation, you may not get that information. Some people don't know. Some people, there are many reasons why. We don't have the information on everybody.

>> Tovo: I see. And they're not checking, in any of the databases that would show who's been vaccinated.

>> Yes, they are checking. They do go to immtrac and they look to see if their information is in immtrac.

>> Tovo: I see. But there are places where people's vaccination status is being reported that is outside of immtrac, or not everybody's vaccination status will be available in immtrac.

>> Everybody's vaccination status should be available in immtrac, but there are some challenges with the data that's

[10:30:53 AM]

in immtrac. There are duplications. Sometimes there's delay in entry of the data. So we don't always get the data that we need.

>> Tovo: I see. And just a couple observations. I'm noticing one of the areas in district 9 that is under my district, which is under our hoped for vaccination rate is 78785, primarily west campus and includes my neighborhood, but primarily west campus. I'm wondering if you have any sense -- so that's a lot of UT students. I don't know whether some of those students are getting vaccinated elsewhere and the results aren't being reported, but I wondered if you are coordinating with UT.

>> Yes. I talk to Dr. Young regularly, and she has an excellent program. She's been doing surveillance

[10:31:54 AM]

and plans to continue to do so. There are -- they have a robust program for vaccinations and will continue to push that out as students return to school. So they have a plan in place for that entire population.

>> Tovo: Well, that's great to hear. I guess would wonder if perhaps some of those students are getting vaccinated elsewhere and the information is not coming -- maybe not coming --

>> Yes, that's true. And we're not able to require people to show that they're vaccinated. So that has to be done on a voluntary basis.

>> Tovo: Right. And I just wanted to make a comment about voluntary basis for our schools. I appreciate all of my colleagues at the commissioners court, as well as at the council who have commented on this

[10:32:55 AM]

already. It is so, so unfortunate, really unconscionable that schools do not have the ability to encourage masks at the evidence shows would really make a difference. I'm a parent of two high school students now within aid. Both of them participating in extracurricular activities. And I've noticed a real difference in how encouraged it is to use masks. And so I really just want to call -- I have a daughter participating in one extracurricular activity where everyone is masked. The school doesn't have the ability to require it. My is. My is requiring it. Nobody is requiring it, but there is a culture where everyone is doing it. Another daughter was one of a couple out of almost 200 students where she was one of the very few who was masked. So, I just want to call out and

[10:33:59 AM]

encourage those of us who are working with student populations at every level, you know, support and encourage. Obviously you can't require at the moment. But please, I think encouraging and creating a -- modeling and creating -- and supporting a culture of masking would really make a difference as well. And thanks, director Sturup, to your child, who is doing his part in that. And, you know, this is a call out to our students throughout the district, help create that culture of masking. It will make a difference. It will help keep yourself and your friends, and your teachers and staff at the schools healthy. So, thanks again for all your work.

>> Thank you, councilmember.

>> Mayor Adler: Councilmember

[10:34:59 AM]

Ellis.

>> Ellis: Thank you, mayor. I really appreciate all those questions about schools, because I've been getting some questions and commentary about parents' fears if they don't have a remote option or can't do it, even if it would be allowed in their school district. I want to switch gears just a little bit and ask about an updated timeline for folks that are 5-11, the next age group, I'm understanding, which would be available to get the vaccine. And also, if adults who are fully vaccinated would need a booster either a year from when they got the first one, or sooner than that. Is there any more information about those two different age groups and vaccination statuses that we can know more about today?

>> We don't have any updates as of yet on either of those two issues, but everybody is anxiously awaiting, particularly the approval of the use of

[10:36:00 AM]

vaccinations in the under 12 population.

>> Ellis: And is the understanding at this point that it would be the same vaccinations that have just been approved for a younger age group, or would it be a different formula based on age?

>> It's likely to be the same that we have right now, unless there's a change based upon the emergence of a new variant or something like that.

>> Ellis: I will look forward to more information about that as it becomes available. Thank you.

>> Thank you.

>> Mayor Adler: Councilmember pool.

>> Pool: Thanks. Again, all of my appreciation to everybody for all the hard work that you're doing.

[Clearing throat] I was at a park -- a playground dedication yesterday. And there were kiddos running around and enjoying even kind of

[10:37:03 AM]

in the sprinkling rain, the new civic asset that we have for everybody in our community to enjoy. And it was pretty clear to me in talking to the adults who were assembled there, masked up and separate from one another, how this newest latest burden is pushing us beyond exhaustion. And so I just want to say to the leadership of the state of Texas that I find it irresponsible in the extreme, the unwillingness to recognize the clear imperatives of this pandemic. I would ask everybody to accept your civic responsibility and recognize the social implications, particularly to our children and to those who may be medically vulnerable, to recognize the imperatives and act as if you were mandating to

[10:38:05 AM]

yourself that you would go and get a vaccination. And make a full circle, because people are doing that for you, to limit your exposure. And those of us who have so done, and who are wearing masks, and even here in my office I have this mask, one of many. Look at it as an imperative that you require yourself to do the right thing. And again, I lay that on the state of Texas leadership and the leadership in

some other states. This irresponsibility I find appalling, frankly. And really we should show them how best to act and behave responsibly civically and socially. Thanks.

>> Mayor Adler: Thank you. Councilmember Kelly.

[10:39:10 AM]

>> Kelly: Could you come right back to me? I'm almost ready. Thank you.

>> Mayor Adler: Sure. Councilmember Kitchen.

>> Kitchen: Yes. Thank you. I echo what my colleagues have said in terms of, you know, our concerns and our plea to everyone to be masked and to get vaccinated. I have two questions or points that I'd like to ask about. The first one, we had some discussion earlier about nursing facilities. And so my question is, what do we know from a data perspective about the degree to which people who are working in facilities are vaccinated? Do we -- can we say and do we know that everyone that's working in a nursing facility is

[10:40:10 AM]

vaccinated? Another part of the question is, are those areas that we need to target for our mobile vaccination? So, can you answer that question first?

>> No. Not all of the staff that work in the nursing homes are vaccinated. And it varies depending on the facility. And yes, that would be a place where local units could be used to target.

>> Kitchen: Okay. So, is that, perhaps, I can work with Ms. Sturup and Austin public health or with the county? I would think that that would be -- is there a barrier I'm not aware of? Is that something that we can do to target those places for mobile vaccine?

>> It still requires that the persons that are unvaccinated

[10:41:12 AM]

will say yes to being vaccinated, because it's done on a voluntary basis. So, yes, that's a place where outreach could occur.

>> And we can definitely support -- that is one of the reasons that we have reestablished a long-term care task force, to get that information and to be able to send our mobile teams out as requested, yes.

>> Kitchen: Okay. Then, just one quick related and I'll turn to something else very quick. I know that some healthcare facilities have talked about requiring their staff to be vaccinated. I know we can't require that as a city of private entities. But do you know or are you aware of any conversations amongst the nursing facility associations or any -- particularly the larger nursing homes about whether they have -- they are requesting or requiring their staff to be

[10:42:12 AM]

vaccinated?

>> I haven't heard any talks about that as yet, but I will let you know when and if I hear that.

>> Kitchen: I would like to follow up. I want to be proactive about that and follow it up. There was a national task force set up last year to talk about nursing facilities and what might be actions that could be taken in nursing facilities. We also, of course, did -- are working with Dell medical on a number of, you know, thinking around nursing facilities. And as you were saying, the science has changed. So it would seem to me that, particularly with regard to our nursing facilities, we need to at least have a conversation about the extent to which workers who are working in these places can be required to have vaccination. So, I'll follow up on that. My second question has to do

[10:43:13 AM]

with -- I'm sorry, did you want to say something?

>> I just wanted to add, yes, thank you, anecdotally, and we will get the definitive data that some places are doing vax or test. If you don't volunteer to be vaccinated, you have to be tested weekly.

>> Kitchen: That's another approach. Thank you. I would like to understand what is happening in our nursing facilities here in Austin with regard to that. Okay. So then the other question I wanted to turn to is, thinking about places that people are working that we may want to be reaching, I am hearing that workers in, you know, large warehouse facilities, for example, may be locations where people are not as aware of the fact that they can get a vaccination without having a cost to them, or without having insurance. And also where they may not be as aware of what

[10:44:19 AM]

so I'm wondering if we have done any targeting of warehouse facilities or private businesses that have large numbers. Have we done anything like that in our city to target places like that for vaccine clinics?

>> I can't say specifically whether we have targeted warehouse workers specifically, but I do know that we have the mobile team has been doing kind of some spot on as they see a site or different restaurants that they take advantage of those opportunities to provide on-the-spot vaccinations. Our coms team is working with the chamber this week to map out a plan with different businesses on ways that they can support their staff in getting vaccinated but I will check into warehouse specific.

>> Kitchen: Okay. I assume if we are aware of particular locations, that we -- they think there may be a large

[10:45:20 AM]

number of workers or perhaps workers who haven't had access or are not as familiar with what, you know, what options they have, that we can share that with you. Okay. Thank you.

>> Thank you.

>> Thank you for relaying the data collected and providing recommendations for such a complex situation. I want to take a moment and thank the Travis county commissioners court for joining the council during this meeting and being involved in the conversation. It's imperative we are all on the same page here today. I also appreciate the covid situation reports that are being sent out to all council and the mayor because they help provide a bigger overview of the situation at hand. Before I go straight into a question that I have, I do want to acknowledge how hard Austin public health has worked to expand testing sites, provide isolation sites and reestablish long-term care response teams. I agree with council membervowe may need to have longer briefings and there are

[10:46:21 AM]

many more questions than we often have time for. My office submitted a multitude of questions in advance of today's presentation and many of those questions have not yet been answered. I look forward to those questions being answered but in the meantime, I would like to know what conditions would warrant an activation of our alternate care site and the status of any isolation facilities we may have available.

>> Alternate care site would be activated in the event that our hospitals are unable to hospitalize patients and we are unable to place them in some of our independently owned businesses that are providing skilled nursing facilities in our area. We are identifying and continue to identify nursing home companies that are working with

[10:47:22 AM]

us to provide skilled nursing capabilities and we are utilizing that avenue in lieu of our acs or alternate care facility at this point, so that we can redirect any staffing that is identified at this point to the hospital systems where it's more -- it's crucial and needed in order to provide the acute care for patients that are presenting to the hospital with covid-19 at this point. As far as isolation facilities go, we have an isolation facility right now that has limited room capacity and we are in the process of finalizing opening a previously identified site that was for going to be

[10:48:26 AM]

used as an isolation facility. It has capacity for 50 rooms. And the questions that you asked late yesterday, those answers will be coming, I couldn't get that for you after hours last night.

>> No problem. I understand you're super-busy. Thank you so much for everything you're doing.

>> Thank you.

>> Mayor Adler: Council member Casar?

>> Casar: I echo the comments here about limiting the power to protect our community are unacceptable and we will keep working every way we can to protect people. My question is the follow-up to my question from last time which is while we have seen some uptick in vaccinations, it's

[10:49:28 AM]

still too slow to get to the number we want to get to quickly. So from Austin public health's perspective, or the collaboratives or both, what strategies are we seeing that are getting more people to get the shot? Where are we seeing the increase? What would you advise the council and the commissioners to do to help? Because we've gone, I think last time it was like .8% increase in vaccinations in a week, I think now you might be at 1.1% or 1.2% which is better, a significant jump percentage-wise, but still not -- we obviously know it's not enough. So if you, since you have us here now, what can the council and commissioners court dedicate more resources or time to that you see as working to get us more vaccinations?

>> It's really one-on-one that

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works. You as an individual in the community who is well-respected and trusted, if you are interacting with people one-on-one on a day-to-day basis and just tell them your experience and what you know, because all of us know a lot more about covid than we ever wanted to, but it's really about talking one-

on-one. I can't -- I mean, we have tried incentives and all the rest of it but what really works is meeting people where they are and just talking to them and saying hey, you know, it's safe because what's happening is people are going to social media and they're getting the wrong information, and they trust you, so if you talk to somebody and say I believe this is safe, I

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believe this is what we need to protect ourselves, you will make a difference. It's one-on-one.

>> I want to add to that really quickly. I agree with what Dr. Walkes just said. The preliminary results from the survey show that we're at a point right now that it's not about access or hesitancy. A person's decision not to be vaccinated is rooted in their beliefs, either religious or political. So we have to come to the realization of the fact that there are some people that we will not move without policy initiatives, whether that be on the part of private businesses deciding that their employees need to be vaccinated, and the like, as some of the hospitals did. Like that's where we're going to move those folks. I think it's more of what the constable and the county and aph

[10:52:32 AM]

has been doing in terms of that boots on the ground outreach to continue to have conversations and to -- when we get to this point of prevention, where it's behavior change, it's kind of all that. It's all that. It's kind of like with tobacco, you had ads, you inundate people with why they should make this good choice and make it easy for them to do so. One of the things aph is going to take on to support the boots on the ground efforts is to really look into a more intensive marketing strategy. Dr. Walkes suggested that we, I'm going to mess up the profession but it's a neuro-something-something, that specializes in -- neuro psychologist that specializes in behavior change theory and we will have them come in and work with the marketing consultants to support the Pio team. The city and county have been

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doing an excellent job but they are few, few but mighty, but to bring them some additional resources that can add on those layers of messaging in community to continue to move the chain we're looking for. I saw the constable turn his camera on. I'm sure he has something to add to that.

>> You know, I got to speak a little bit about this last week with more boots on the ground, more access to resources. Our county, our commissioners and judge, have heard our part about it. Now the city can hear our part. Additional funding throughout for more resources, additional help with boots on the ground. Greg, you are also as commissioner Travillion did last week, what else can we do. We do our outreach with a group of three people. I would like to have nine people on the ground. I know aph is like

us. We are spread thin across the city and county. A lot of things we would like to see is some transportation. We are piecing cars together,

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buses together. An investment like that, buses to go out to shot locations, or pop-up clinics. There's a whole bunch of different things, strategies we can work on, but right now, we are doing the best we can, what we can. Now, like I told commissioner Travillion last week, we were talking about inches. We gave you a yard. We gave you another yard this week. We have to realize we are doing it with the bare minimum of what we got in resources. In order for us to excel at the next level, I'm sorry, folks, but we have to invest in each other. We have to invest in our people. We have to invest in our teams. I'm just a constable in Travis county. I know my job. It's very hard for me to discuss budgeting and what resources are out there, but I can tell you this. The more you invest in us, the more we invest in our communities.

[10:55:36 AM]

>> Mayor Adler: I appreciate everybody's honesty and we should have that conversation about staff and volunteers and who can have those one-on-one conversations. Dr. Walkes, it's helpful to hear the one-on-ones are important and that helps me understand I think, each of us as council members or commissioners can have individual conversations with people but we are probably most effective when we say basically what director Sturup said, which is let's deputize the hundreds of thousands of people we have access to to do that outreach today and tomorrow, because then we can have hundreds of thousands of conversations. Then director Sturup, the policy question obviously hangs over all of our heads about what we can legally get done in the courts in Texas, but at the same time, I want to make it really clear that private businesses

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can require this, and should. And the national afl-cio which represents millions of workers also supports this. This is both pro-business for the economy and pro-worker, because you want to know that the person you're working next to is also vaccinated. So we should call on all businesses to require this, because as you said, we can maybe get to many, many more people through those individual conversations but with other folks, we will need that policy intervention.

>> Mayor Adler: Council member?

>> Thank you. I want to thank the health department for the work they have done. I just got back from our sister city in Mexico and over there, you can't go anywhere into any

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department store or restaurant without getting your temperature taken and a shot of sanitizer on your hand. I don't hear anybody complaining about anything over there. It's two different cities and the state government is in support of the cities and giving them all the resources they need to get people vaccinated. Their problem is they can't get enough vaccines. But everybody wears a mask there. You can't go into anyplace without a mask on. So it's just so sad that here in this state that we have leadership and they have made it so political that people are dying out there because of that. It just breaks my heart just to see that happen. But that's the reality of two different states and how they approach their people and how they support their people. Here in Texas, we don't have any support. Besides that, also, George

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morales was mentioning, or chief Bailey, about a calendar they had set up about all the vaccinations they're going to be giving in the immediate future. I would dearly love to have that so I can post it into my calendar, so I can get the information out, where are they going to have -- is that posted anywhere?

>> Yes, sir, it's on the aph website but we can make sure you get it, too.

>> Renteria: Okay. I can just pass it out and get that information out to my constituents. Thank you.

>> Mayor Adler: Council member Fuentes?

>> Fuentes: That calendar is really great. I appreciate it, that you outlined which type of vaccine will be available at each specific location. I think that's super-helpful for the community. You know, when we started this year, our focus was on vaccine equity, ensuring that we get vaccinations in the arms of those most vulnerable and those who are disproportionately at

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risk for covid. Now we have shifted over to this stage that's more focused on vaccine hesitancy, and you know, I wanted to have a conversation or I guess the questions I have are really centered around our communities of color, particularly with our Latino community. We have seen and I have heard from members of our community about mistrust, not only in our medical institutions but also in our government, and we have seen it when it came to the ppe distribution, to the testing sites allocation and location, and even with the vaccine distribution. So there is still a deep sense of frustration in how we go about doing vaccines. District 2, per today's presentation, we have across zip code, Dell valley is ranked

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number five for hospital count admissions. Knowing that we represent communities that have a significant level of hesitancy, can you talk us through what is the action plan to address vaccine hesitancy, particularly in the Latino community?

>> I'll start. First, I want to say that from a public health perspective, equity is at the core of everything that we do. We continually use data to drive all of our decisions and as long as we see those gaps, we're not going to move away from the equity conversation. It will be the foundation of any plan that we put forward. So you're right, and not only -- I know you are asking specifically about the Latino community, but those same hurdles exist in the black and African-American community, so what do we do. That's where we as the constable said, we invest in community. Early on in the pandemic response, aph had the

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opportunity to support boots on the ground efforts with the grant program, through additional funding that we have gotten through the CDC, we are going to leverage those existing investments and increase and have other trusted organizations support their efforts. Like we are not proud -- we are a proud department but we don't have big egos. We don't have to be the face of this response. We know that there are people who are not going to respond to us and we are willing to provide, whether it be vaccine, whether it be dollars, whether it be data, to make sure that those organizations are armed to do the good work and to have the effect that we know that they can have. So as we -- we just signed the contracts this week for those dollars and so those plans are developing and when we come back next week, I hope to have a more detailed plan for you, but it will be a combination of increasing our mobile capacity to be in places and spaces where

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we're seeing that we need to increase vaccine. They will be the layer of community investments with our trusted organizations in communities that have those relationships that we have not been able to bring to bear. Then the other piece will be the media and the marketing strategy, again, as I talked about, those layers to make sure that we are providing a kind of cohesive response. Part of the hiring for the team is those community health workers and we are going to make sure that we are recruiting people, for us, by us, that's what it's going to be. People that look like the community, that come from the community, that speak the language of the community, and will be able to guide us on those nuances that we sometimes miss as a government agency that hinder our communications. So that is kind of a broad overview of where we will come from.

[11:03:46 AM]

>> Fuentes: Thank you. I really appreciate that you mentioned community health workers. I think that's an important investment that we need to make. That is a significant way for us to have those conversations in the community by people who know the community and that is one way we can address hesitancy is by having someone that's there that can share their lived experience of how the vaccination went for them and how the experience was. I did want to mention -- I had two small questions. The survey you mentioned, can we get a copy of that? I would love to take a look.

>> Yes. As soon as the results are finalized, we plan to share that with this group, not only in the presentation format, but through a memo with the actual results. Dr. Lideker is forming that up. The initial results, the N number was really small so he wants to get some more responses before we draw any conclusions

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and make recommendations.

>> Fuentes: Got you. Thank you. And as part of the action plan that you are working on, I do think we need to consider scaling up the incentives portion. I saw that Harris county is doing a raffle for a scholarship to help incentivize our kids to get vaccinated and that's such a critical age group for us, and also looking at the marketing strategy, having a robust engagement campaign. The latinx psa, I was thrilled it came out but I feel like it came out at the end of July so here we are nearly eight months into the vaccination strategy and we just now had that. I haven't seen the reason to vax social media campaign but that's

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a brilliant strategy, one that is definitely needed. I would love to see that amplified but when it comes to that education campaign, I know our community is asking what that will look like and I would like to see a robust plan for what that education marketing campaign would look like. My last question is, this is for constable morales or chief Bailey. Since you all had a significant vaccination results from last week, I think you mentioned 1200 members of our community got vaccinated, I wanted to get a sense of has the news about the delta variant, how is that affecting turnout for vaccines? Are you hearing from the community that because of significant concerns about the delta variant, that's what tipped them over to get vaccinated? Any anecdotes that you can share with us about the delta variant?

>> Thank you, council member. What we see is a lot of kids

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getting ready to start for school, and our Latino communities and communities in eastern crescent are trying to take extra precaution. I'm sure the delta variant had a lot of input on that, or why we saw a significant increase. One thing I will share, in those areas in Dell valley 78744, we have a phone number here and I encourage you guys to call, 512-854-shot, and for some families, again, 512-854-shot, s-h-o-t, those emergency services, Sam, Henry, ocean, Tom, you can call that number and for families that are nervous about going to a clinic or getting out of the house, they can call us and we will take a shot to them at their home. So that's one thing I wanted to share to make sure we were very clear on that. 512-854-shot.

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Those are -- Dell valley and the zip code is where we start. We would like to do all of Austin but we are doing what we can with what we've got. That is going to be one of the reasons, council members, because again, there's concern for the delta and kids going back to school.

>> Fuentes: Thank you.

>> Mayor Adler: Thank you. Mayor pro tem? You are muted.

>> Thank you for the recognition. I'm having an allergy issue. I'll just refrain. Thank you.

>> Mayor Adler: Thank you.

[11:08:49 AM]

A lot of questions we hear repeated about incentives. I don't know if you have taken a look at that issue and seen from your perspective what works and what doesn't work. Can you give us a memo on that issue just to lay that out for people so they can see that and address what we have seen, what we have done, address the ideas like from council member Fuentes about scholarship opportunity. I think that would be helpful. On the alternate care facility question that came up I think from council member Kelly, the big issue is the number of workers, staffing that we have, and if we were to open up an alternate care facility, we would staff it except we still have physical space at the hospital so if we ever got any staff or alternate care facility, the first place we would deploy that would be in the hospitals because that's the best place for them to be. Our limitations are of physical

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space right now, it's the staffing issue. I would point out that our hospitals have the staff they need now. I want everyone to know that. But at the same time, the horizon is just really troubling. The state has -- the hospitals here have submitted what are called star requests to the state asking for help with staffing, and the state was able to help us pretty considerably all last year. That's one of the reasons why we were able to do as well as we did, but all of the star requests that have been submitted by the hospitals this year were all together denied last Friday. The state's not in a position to be able to help us with staffing. I appreciate the white house taking a look at this. We had a conference call initiated with the white house

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on Sunday and they are trying to look and see if there's anything they might be able to bring more directly for us, but the issue is the staffing. All together, this moment in time with this virus, it's just incredibly frustrating. The enemy used to be the virus and now our challenge is inaction in the status quo. The enemy right now and our challenge right now, our challenge right now is us. It used to be that we were relatively helpless against the virus and the things that we needed to do in order to be able to deal with it were hard and difficult and bad choices, in order to deal with it we had to shut down parts of the economy, to be able to deal with it we had to keep our children out of schools, and those are horrific

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choices, but necessary when the virus was our enemy. Today, we have protections. We are in a very different place, between vaccines and masking. We have the tools that are necessary for us to be able to deal with this virus and to deal with it in a way that does no harm to our economy, that enables all of our children to be in school and to be safe in school, yet too many people in our community are locked right now into the status quo. I hear you say that at this point, the people who are left are going to be difficult to move and we are seeing that and the whole country is seeing that, and I also believe, as you mentioned, that the best and most effective way to get done what's necessary to change behaviors at this point, given where we are, would involve

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policy changes, and I think we have to also take a look at those and try to encourage our state leaders to let local communities adopt policy changes that actually have behavior changes in an environment where it's not happening in a voluntary way with the rate that is necessary for us. Remember, colleagues, that last year we said we can't let icu admissions go over 200 and we worked with our

community and did policy changes and the numbers went up, they came down, but they never went above 200. I think they were 96 that we were able to get the ICU admissions down. The chart that Dr. Walkes just showed us with the status quo had our admissions in the hospital maintaining the status quo going up to like 1800. That's the position that we're

[11:14:00 AM]

in right now. If we maintain the status quo scenario. Dr. Walkes, what happens if what happens if admissions go up to 1800?

>> We'll definitely be looking at using the mass critical triage guidance that we have in place. And we'll be scrambling. The problem right now is that we're not alone in this. As I gave you those numbers for San Antonio, and Dallas, and Houston, they are also having the same issue. So we're going to have to have an alternate care facility, use every -- use freestanding ERs wherever we can find places to treat patients.

[11:15:02 AM]

But we'll figure it out. It won't be easy. But it's definitely not where we want to be, so.

>> Mayor Adler: We're not there now. We can predict from the status quo, if nothing changes, what is the most probable outcome. You said we'd have to be taking a look at the critical care guidelines. Is that the triage that the hospitals ask you to consider adopting? They sent you a letter on Friday asking you to adopt them. Can you explain better what those are? What are mass critical care guidelines?

>> We assess the patient's condition and use clinical guidance points to make a decision on whether our scientific data supports the

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fact that use of particular modalities is going to be beneficial in a given situation for a particular patient. And all of those decisions are made in conjunction with a team of doctors, clergy, social workers, ethicists, and the decision is based on the input of the group and the use of the parameters that we're using to make the decisions.

>> Mayor Adler: And again, we're not there now. And I want to stress that. But if the status quo maintains, we could be in a position where we'd have to employ these. But for layman's terms, what these guidelines are, correct me if I'm wrong, Dr. Walkes, is you have a limited amount of care you can provide and too many people that need it. And you're having to make

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choices as to who gets it. Is that correct?

>> Yes, sir.

>> Mayor Adler: Okay. You mentioned a couple special considerations this week that I just want to emphasize for people, the press conference yesterday, it was really helpful about pregnant women. We're seeing a disproportionate number of women. I have three girls children of child-bearing age, making decisions about whether or not to get vaccinated or not. And there's uncertainty, I know, among their friends as to what to do. But with those numbers we see in the hospitals, I think all of the doctors that were presenting yesterday to the public were urging women in that age group, and pregnant, to go ahead and get the vaccine as something that would be the best protection they could give

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themselves, and to their babies. Is that correct?

>> That's correct. And last Thursday the more than American college of obstetrics and gynecology released a statement stating that they recommended that all pregnant women and those breast-feeding should be vaccinated. Vaccines have been shown to be safe and protect against severe disease and icu admissions and deaths. And we're seeing more and more pregnant women being admitted not to deliver babies, but because they're pregnant and have covid-19. We want to get that urgent message out to our community so that we can protect our pregnant women and unborn children.

>> Mayor Adler: I appreciate you getting that message out that way. You also talked about kids in schools. I know the judge went back into

[11:19:06 AM]

that as well. As the overall positivity rate rises in our community, which is what is happening, and more and more people that are not vaccinated are at risk just because they live in our community, and the population of people who live here under 12 gets vaccinated, their best protection is pulling down that positivity rate by getting more and more people vaccinated and masked. That's the best way we protect our kids right now, is that right?

>> That's correct, sir.

>> Mayor Adler: And I know that I enjoyed councilmember pool and others saying that denying our local school districts the ability to be able to implement a masking policy as recommended by the CDC, as

recommended by virtually every national medical organization that is looking at this question, to deny them the ability to be able to do that right now is horrible and

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mind-boggling. And I think that going back to the question about policy changes, we've got to take a look and see, judge, both the city and the council, to see if there's anything that we could possibly be doing to help protect our children from the choices that other people are making in this community by requiring masking, requiring masking in schools. And then with respect to the request that you made, which I think is really important, in the environment we're in right now, we each get to make an individual decision about ourselves. We get to decide if we're going to be part of the status quo that has all of the probabilities that we discussed. As employers, we also get to make decisions. And I really want to appeal to the employers in our city to

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consider adopting a vaccine policy so that you best protect your employees, and your customers, and you help participate in creating a culture in the city where we can wear masks and keep businesses open, and keep the economy open. Because wearing a mask doesn't make it any harder to shop, or to participate in the economy. But it may well preserve it, keep it open. So I like the chart that you presented, Dr. Walkes, that showed the restaurants that seem to be really, really good about keeping their employees masked. They're not showing the same uptick among their employees with respect to the virus now that we're seeing generally as a community. But I appreciate that activity and that effort. And I would urge employers, because you get to make that choice, to make that choice.

[11:22:10 AM]

And as we've talked about earlier, judge, I think that, you know, we should be leading by example on that, both the city employees and county employees. We should be taking a look at everything that we can be doing to send a message to our community and to our employees that we care about them and want to keep them safe. That's something that we need to do, because, again, I believe that the people who are left at this point who are holding onto the status quo that are creating right now, a pandemic among the unvaccinated, is something that will be hard to change. I applaud everything we're doing to try and work on that. But it's going to take policy changes, I think, in order to really be able to get there. You know, so many parts of the world don't have the vaccine right now. And we have an abundance of

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vaccine. We have all of the vaccine that we need. We have all of the tools. Inaction and status quo are our enemy now, and that's why this is frustrating. Judge, with that, I turn the dais back to you.

>> Judge Brown: Thanks, mayor, councilmembers. So, just want to say thanks again, Dr. Walkes and aph, and constable morales, and chief Bailey, and chuck, and everybody who's working together. I really appreciate y'all's willingness to meet together and work to fight covid as a team. That's the only way we're going to get through this. And so with that, we are going to adjourn for about -- we'll come back at 11:30 and we'll continue with the regular commissioners court meeting. With that, I'll adjourn and hand it over back to you, mayor.

>> Mayor Adler: Okay. I think that as a group, I'm going to end this meeting, but let's go and convene the next

[11:24:12 AM]

meeting and decide what we're going to do by way of scheduling and the like. I think we have people that are physically moving. So it is 11:25 right now. Let's gather together. Some people will be in council chambers. Some people will be remote. We can talk about how we're doing budget. We can also talk about when or how we'll be doing executive session. But let's go ahead. We will reconvene -- we will convene that special called budget meeting. It's 11:25 now. We'll do that in ten minutes at 25 'til. I'll see you guys then. Our meeting now is adjourned.