

M-A-R-J-O-R-I-E. Last name "Bessel," B-E-S-S-E-L. That's "S" as in "Sam." I'm chief clinical officer for Banner Health. We appreciate you being here with us today. Banner Health, as you are aware, is the largest employer in the state of Arizona. We are the largest delivery of health care services in the state of Arizona. And during this difficult time of the COVID-19 disease, we are here to take care of those that need us and are positioning ourselves to make sure that we can do that on behalf of everybody who lives within the state where we operate.

I know that there are a lot of questions about COVID-19. I want to assure you that we have been planning and meeting about this for many, many weeks. We have an incident command center that has been set up since the beginning of March to respond to the needs of this within the state of Arizona. In addition to that, we've been working very carefully with the counties, the public department of health at the state level, as well as other federal individuals and resources to make sure that we can maintain health care operations to take care of those who might need us most during this situation. I will go ahead now and open up for additional questions. Thank you.

We've been hearing a lot about shortage of beds and respirators and tests. What can you tell us about that?

Thank you. So as I stated before, we're working very closely with both the county as well as the state public health departments as well as other federal agencies for those resources. At this time, from a testing capability, we have been working with them very closely and expect to have additional testing capability later this week. We will announce that when we are able to make sure that we're ready and able to meet that. From a staffing and other perspective, we plan for many different types of situations. We're a very large health care system, and there are lots of other types of incidents that could hit us, so we have a planning process for that. We continue at this time to be able to meet the needs of those that are in our hospitals, and we'll continue to make adjustments as needed.

One of the things that you will hear from me throughout probably many of the answers to the questions that you are going to ask me is this is a very fluid situation, changing sometimes hourly, certainly every single day. We continue to meet very, very frequently to stay abreast of what those changes are and make sure that we adjust our response as needed.

Can you tell us how many hospital beds you do have, more or less, to treat these patients? Coronavirus patients are using ventilators? Like, a ballpark number?

Sure. So I think I'll get a follow up to you of what our total beds are within the state of Arizona and within the system. We'll get an ICU bed number for you. At this time, we are open for regular operations like we are in all respiratory illness types of outbreaks. So the winter, as you know, is a very common time for influenza, RSV for pediatric patients, and so COVID-19 is a respiratory illness. We take care of those patients like we do for other

respiratory illnesses as well.

For patients who believe they might have the coronavirus to the point that they need to go to the hospital, how should they go about getting into one of those facilities?

Yeah, thank you for that question. So in order for us, all of us in the health care industry, to be able to take care of those who are going to need us, there are some things that those out there in the community can absolutely do to help make sure that happens. So if an individual is concerned about their symptoms, we ask that they call ahead. If they have a primary care physician or another resource that's available to them, we have online resources for them at our Banner Health web site. Please do call. If you're able to call ahead, you can do some screening with those that will be able to answer the phone and get some specific direction.

If anybody needs or is directed by us to come to one of our places where we provide direct care, whether that be a clinic where the primary care physician is, urgent care, or emergency department, one of the most important things they can do to make sure that they don't infect one of our health care workers is to put a mask on immediately upon entry into those areas. By masking themselves, they will reduce the likelihood that they are going to infect one of our health care workers and help us make sure that our health care workers remain healthy and able to be at work so that we can take care of them.

How are you equipped with telemedicine facilities and devices?

Thank you for that question. So we have tele-capability for a number of our different service lines. During this time, we are partnering with other providers of teleservices services that can help in addition to calling your primary care physician. You can access those teleproviders for additional screening. There are many, many people who are going to get this illness. Approximately 80% of all who become infected with the virus will have mild symptoms. These individuals can likely be cared for at home, monitor their symptoms, and not even need to come in and get direct services. Tele-activities or other screening like that will help those individuals do those activities so that they don't need to come into urgent care, emergency departments, or a clinic appointment.

What about the people who do get really sick? What happens to the body as a result of this virus, and how is Banner planning to treat them?

So this COVID-19 disease is similar to other respiratory illnesses. Approximately 20% of individuals who do become infected with the virus will get severe symptoms requiring hospitalization, potentially ICU care, potentially ventilatory support. At this time and through everywhere else in the world, we know that there is no specific treatment for COVID-19 illness. It is treatment of ongoing support and treatment of the symptoms. So we will

continue to treat those individuals in that fashion that have severe symptoms in the way that we do for other respiratory illnesses, through hospitalization and other support mechanisms. There is no other treatment for that. There is no drug treatment for this. It will be continued supportive care.

Any plan for staffing if staff members, doctors, have to go into quarantine? Can you talk us through the plans for that scenario?

Yes, absolutely. So Banner Health, as the largest provider of health care in the state of Arizona, has been planning for this for a number of weeks. We have a number of contingency plans that we have put into place and that we will continue to put into place as the situation requires us. It's a very fluid situation. We are meeting multiple times a day to assess what our needs are, which includes staffing. For those individuals who are individuals who may have exited out of the workforce, we will be redeploying them to take on some of the burden and some of the activities for frontline and other activities that will help us keep operational. In addition to that, we've been working very closely with both the county, the state public department of health, as well as other federal resources and have additional resources that they are going to be able to provide to us to help us maintain operations.

Which of your facilities are providing testing? Which facilities?

Thank you for that question. So at this time, and I would like to really make sure that we stress this to all of those that are listening, we are not providing testing to individuals who are just curious or who just want a test. For those individuals that are having symptoms, we can ask that you call ahead of time to see whether or not you might warrant an assessment and whether that assessment might then lead to us testing. We do have ability to test, of course, in our hospitals, working closely with the state and the CDC for that. That's been in place for some time. We also have some limited ability to test those that screen appropriately, who have appropriate symptoms, through CDC guidelines and other points of access. So that includes our emergency departments, our urgent care, and our clinics.

We would again ask for individuals who feel like they might need that to please call ahead. If you feel that you need it when you arrive on site, please mask so you do not infect anybody else, and please know that the criteria for screening continue to change on a fairly regular basis. And we will inform the public, and we'll of course do the appropriate assessment and order the tests as appropriate per those screening guidelines.

That's because there are a limited number of tests so far and you want to be careful with your supply?

Absolutely. So there is a limited capability of testing both within the United States as well as within the state of Arizona. We continue to work very closely with the public health department at both the county and the state level,

and, as we've mentioned earlier, we expect that we'll have additional testing capacity later this week. And when we have that, we will certainly make sure that we make that known.

And real quick, because this is new, the old tests we have don't tell us whether someone has COVID-19? The new test needs to be created? That's why we don't enough?

So COVID-19 is a novel virus, meaning that the world has not seen it prior to this time. The type of testing that can detect COVID-19 has been in development. In addition to that, some of the screening criteria that we've put into place are also to rule out things that are common during the season as well-- influenza and other respiratory diseases. The testing that is available to us, both through the CDC and the state and now through commercial testing, has been developed specifically to be able to test for the specific virus.

Are you using the commercial labs' tests or the ones the state manufactures?

So we're using a combination of tests for those patients that meet criteria. We're working very closely with the public health department. Inpatients, for instance, are tested through the states and have been tested through the CDC. Commercial testing has become available, and we're utilizing that in our other ambulatory spaces. And in addition to that, while we've been working with both county, state public health department as well as other federal resources, we do expect later this week to have more widespread testing available for those that meet criteria. We'll make that announcement when we're ready.

What do you mean, more testing capability? Percentage or what number?

I don't have numbers to share with you today. We've been working with both the county and the state departments of health as well as other federal resources to get additional test kits as well as to stand up additional ways by which we can get that commercial testing done. We expect to have an update for you later this week.

And you mentioned when people have been directed to come to a clinic that they should wear a mask. Other states have been having people come to a back door and the hospital has provided the mask. And I don't have a mask at home. So how is someone supposed to do that? And have you considered the back door option?

Yeah, thank you, so I'll answer that two part question. So in all of our entrances, whether it be a clinic, an urgent care, an emergency department, or even our entrances to our hospital, we provide kiosks with signage and masks that are available for individuals to mask immediately-- immediately upon entry. So we don't expect individuals to have masks in their home. As far as alternative entrance ways, that is why we ask individuals, if at all possible, to call ahead of time. We are utilizing some additional pathways for those individuals if they're pre-identified to come through some additional alternative entrance ways into our clinic if we feel that that situation warrants it. As I spoke about earlier, as we have additional ambulatory testing capability, we'll make those details known, and

certainly that's going to include not coming to places where our clinics are already in place.

Ambulatory is like a drive-through testing place?

When we have those details of what exactly that setup is, we'll release those details when we're ready.

You guys have several numbers on your website. What number are people supposed to call?

Thank you for that question. Can I just refer to my document here? So the Arizona hotline for the Banner Resource is 1-844-542-8201. In addition to that, we do have information about COVID-19 available to the general public by visiting our website, which is BannerHealth.com.

Can you say that number again, please?

1-844-542-8201.

And that number's the state health department number. It also redirects the two poison centers within the state. So if anyone needs to speak with someone, it would redirect to one of those poison centers, depending on the area code. That's for if you feel like you have symptoms?

For any and all questions. They update it daily with the most up-to-date information.

So if somebody calls, they're gonna get a human answering it, right?

They'll get the automated updates for the day, and then they'll be asked if they want to speak with someone.

Would it ever be practical to test everybody who has symptoms of this?

That's a great question. Certainly at this time, we're nowhere near ready to do that. So this remains a very fluid situation, and I would ask all of you to stay attuned to that. I don't foresee that anytime in the upcoming weeks.

Just give us a sense of internally, where are you guys expecting? Whereas they're saying in New York, somebody sent me alarm there about alarm about capacity of hospitals. Just what are you all expecting to see? All the beds full here? Are you looking at extra capacity? And what are you guys expecting in the coming months?

So, as I've talked about here, we've been planning for many weeks for this. We have our emergency operations set up for that. And we do have tiered contingency plans with different triggers. So those could be things like you asked about if we get to a staffing issue, if we get to a bed capacity issue, if we get to other scarce resources, we have reactions and steps of action that we take.

One of the things that the community could absolutely help us with is to flatten the curve. You may have heard about that terminology. And what we know from epidemiology and some of the experiences of others is if we take steps now, we can reduce the likelihood that we might have to trigger some of those activities that you asked me about. Those things include social distancing. It's very important that gatherings of more than 250 people stop. Gatherings of more than 50 people should stop. Individuals who are over the age of 60, especially those that have comorbidities, should not be in a gathering of more than 10. Everybody should wash their hands. Don't touch your face. Don't touch your eyes, your mouth, or your nose. If you're ill, please stay home. As a community, if we take some of those very, very important steps, we will flatten the curve and reduce the likelihood that we become overrun by this illness.

But are you confident that Banner, the Banner hospitals, are able to accommodate the influx of patients that you all might see in a couple months?

At this time, it's a very fluid situation. We're taking absolutely every planning step that we can, working very closely with the county, the state, and other federal agencies to put ourselves in the best possible position to rise to the occasion and take care of everybody in the state of Arizona who's going to need us. I ask everybody in the community to take steps now. We know from the epidemiology curves in other countries, in other parts of the United States, the earlier we take action, the less likely we meet those types of situations where we have an influx that really stresses the health care system as a whole.

Stay home. Don't come to work ill. Wash your hands. Don't go to large gatherings. And for those of you that are over 60 or have multiple medical conditions, take extreme caution. Do not go out into the public. Do not go to gatherings of more than 10 individuals.

Do you have a location set up for hospitalizations if Banner Health reaches its bed capacity?

So as part of our planning activity that we do, not just for this event but for any types of events where the health care system might become stressed, we do have plans for alternative sites of care. We would work with both the county and the state department of health as well as other federal resources to design ways that we would be able to meet those types of situations if the number of patients that we needed to care for exceeded the capacity that we have in our current locations.

For the people who still aren't quite on board with this, why is COVID-19 so dangerous? Can you sum that up?

Yes, so flattening the curve is so incredibly important, and we as a community can take early and active steps right now for that not to happen-- for us to not run out of hospital beds, for us to not run out of ventilators, for us to be able to take care of those who are going to need the care, both for regular care of other types of things that

happen and why we're here as well as those who are gonna need care for COVID-19. I just ask everybody in the community to please follow these instructions. Stay attuned to the recommendations. Wash your hands. Don't go to large gatherings. Please stay home if you are ill. Those types of things done as an entire community can help us in the state of Arizona not have a large outbreak that could ultimately cause the health care system to be very stressed.

And the virus itself-- why is it so dangerous?

So the virus itself is a new virus. So we continue to learn about what it does and how best to respond to it. Although it's from a class of viruses called coronavirus, of which many of us have experienced just when you get a common cold, it is a new type of virus. So we continue to learn about the virus. What we know right now is that 80% of individuals will have only mild or even asymptomatic illness. 20% of individuals will likely require hospitalization, and some of those will become very ill and require ICU and ventilatory support. The more that we take steps as a community to reduce the spread or slow down the spread, the more likely it is that we will be able to take care of those who are really going to need us during this time.

There's a lot of people that come to hospitals for non-COVID19-related issues-- giving birth, car accidents, other injuries. What impact might this have on all those people who come here for something other than the coronavirus?

Sure. So as you probably are aware, there are other parts of the country that are being hit more hard and more early than we are here in the state of Arizona. One of the things that other health care systems are doing is stopping or significantly decreasing elective surgeries. That is one thing that all health care systems may need to do, and it is something that we are considering at this time. We will take those steps if and when needed, and we are learning from our other parts of the country about what triggers they decided upon to take those appropriate steps.

How soon can we expect to see any kind of drive-by testing?

So as I commented on earlier, we're working very closely with both the county and the state public department of health as well as other federal resources to help us be ready to do additional testing. We expect to have information for you about that later this week and would ask you to stay tuned. We'll certainly communicate when we're up and ready to do that.

How hard is it to do your job when certain officials are saying, hey, everything's gonna be OK? Go keep going out. Like senators and things like that? "Hey, I'm going to restaurants." How hard is it to do your job when you hear things like that?

So, Banner Health is the largest provider of health care in the state of Arizona. I'm very able to continue to do my job to meet the health care needs of the state along with the 50,000 employees that we have at Banner Health who are very committed to being able to do that. The concept of flattening the curve and social distancing cannot be overemphasized at this time, so I do implore everybody out there in the community to follow those steps. Do not go to gatherings of more than 250 people. Do not go to gatherings of more than 50 people at this time. For those that are over the age of 60 or have multiple medical conditions, please do not to go to gatherings of more than 10. If we follow those steps, wash our hands, stay home when we're ill, we can help prevent and slow down the spread of the illness.

What is--

Talk about how contagious COVID is, for instance, compared to the flu? And also the death rates? I have been seeing research out of China that their death rate is around 2% or 3%, but it seems like Italy's numbers are a lot higher. So contagion and then mortality.

Yeah, absolutely. So there are some very technical terms that describe contagion. It's called "r-naught," and since this virus is new, we continue to learn about it. It's a very fluid situation. And also, as we discussed with the limited ability of testing that we have in this country, those numbers are somewhat difficult to come by. What we do know at this time is that this illness, COVID-19, spread by this new virus, appears to be more contagious than influenza. The case fatality rate, called "CFR," is what you're asking about for mortality, and that number continues to be also in flux as we continue to know more about the illness and understand how many truly out there have that. The case fatality rate is certainly going to exceed that of regular influenza by some significant number. We don't know those numbers exactly now. It's a fluid situation. We will continue to know more as we get more information both within the United States as well as from other countries who have had these outbreaks before us.

But at least initially, it looks like it's more contagious than flu and more deadly than flu?

That is correct.

What criteria are you using for testing, determining who gets tested, and is there a difference between who gets the CDC tests versus a commercial test?

Yes. So we continue to work with both the county and the state public department of health and follow CDC and WHO guidelines for all things that we're doing related to COVID-19. Those algorithms also are fluid as the situation continues to change. For inpatients, we are following a different algorithm working with the public department of health that is different than what we do in the ambulatory setting. Both of those are evidence-based and follow the guidelines recommended by either the public department of health or the CDC. At this time, today

we got news that within the state of Arizona, both influenza and RSV have decreased. So with those decreases, we will begin a different algorithm. It's really good for the state of Arizona that the influenza and the RSV rates have gone down below our epidemiological curve that now will allow us to reduce the number of influenza and RSV tests that we need to do.

Do you think the flu rates are going down because we are practicing social distancing? Is it just kind of like a ripple effect?

You know, that's a great question. That could have an impact on influenza and RSV, so I think that's something for all of us to remember. A lot of what we're talking about is just good general hygiene. Wash your hands. Don't touch your face. Don't go out when you're ill. Don't come to work when you're ill. When you're ill, certainly don't go to those individuals that have multiple medical conditions. So I'd like to see us all carry forward these really great types of etiquette that we're learning during this. In addition to that, influenza and RSV are seasonal, and so it is generally around this time of year that we begin to see those curves decrease. And so it's not unexpected that we start to see a decrease. It's related to a number of different factors, but that is generally related to our seasonal curve.

What's your capacity to isolate patients?

So we continue to isolate based on the WHO and the CDC recommendations, and we work very closely with both the county and the state department of public health for that. At this time, we are isolating according to those guidelines, and our ability to isolate has not been impacted.

How many tests per day would you like to have, if you could wave a magic wand. What do you think would be ideal?

So this situation remains very, very fluid, and so I don't have a number for that. We continue to just work with the public department of health to get as much resources as we can. And as I said earlier, we'll have some more information about our ability to provide additional ambulatory testing.

Do you think it's likely that there are far more cases of COVID in Arizona than we currently know?

Yes. So if you take a look at the Arizona statistics, it's certainly very, very likely, just like has happened in other communities that there are more cases out there than we have been able to find and run tests on.

They say 10 to 100% percent more in some cases, right? In other parts of the world?

I believe those are the statistics of how much could potentially be out there. I can't comment on what the state of

Arizona might be experiencing at this time.

And as you look at those numbers, at what point down the road, a week or two, will you know we're trending in a good direction we're trending in a dangerous direction here in Arizona?

So this situation is very fluid. So I would recommend that we all continue to monitor it through the state statistics. We're very early in the state of Arizona on our trajectory for COVID-19. Again, going back to what can we do. If we do hand hygiene, staying home when we are ill, social distancing, we can slow the increase of the curve and spread that curve out over a longer period of time which will benefit all of us in the state of Arizona. Much of the curve will be known retrospectively when we get over the hump of COVID-19.

We've had a lot of people ask and speculate about the desert heat here. From your perspective, is that something that might help slow this? So COVID-19, the disease caused by this new virus, is in a class of viruses called coronavirus. This virus that we are experiencing now is new so we don't necessarily know a lot about it. What we do know about coronavirus viruses is that in general they tend to die down as the humidity goes up and as the temperatures go up. So certainly for those of us that live in the state of Arizona, being a warm state, we would certainly hope that this virus might do that, but being a new virus, we don't know how it's going to exactly act yet.

Have you ever-- what's this compared to other outbreaks you may have dealt with in your career? Seems more serious than anything I've covered in 25 years. Is that accurate for you, do you think?

Yes. So this being declared a pandemic is something that I, personally, in my own health care career, have not experienced and the world has not experienced. What we can do all together is bend this curve. Flatten the curve. Follow the guidelines. Do social distancing. Do good hand hygiene. That will ultimately determine how well we are able to handle the pandemic.

Considering what we know now at this moment and what we don't know, which is a lot that we don't know, do you anticipate possibly having to shut down the state? And I hope I'm not making you get ahead of the state authorities, but do you expect that there might be a possible state shut down?

So we're learning a lot from the rest of the world-- China, Italy, other countries in Europe-- and we as a health care provider and the largest employer in the state of Arizona are working very closely with both the Department of Health as well as other state and federal officials. We certainly will continue to express our clinical and epidemiological understanding of this and work collaboratively with them to make good decisions.

What about the fact that Arizona is such a retirement state and its the prime season for snowbirds to be here. Does that increase the likelihood or the risk that we may see a higher death rate here than elsewhere?

Yes, it can. So what we know about the case fatality rate, the CFR, for those individuals that are going to suffer mortality from this disease is that those that are over the age of 60 or those that have other significant medical issues-- diabetes, immune compromised from other medical issues-- are the ones most likely to suffer that mortality rate from COVID-19. SO the age of a country or a state or even a town will determine the death rate.

What about in China, apparently, one of the ways that they bent the curve was by putting a patient in isolation in, like, a big gym that they built overnight rather than sending them home to infect the rest of the family? Are we considering those kinds of measures to separate infected people from family so that the family doesn't get sick?

I'll answer that as two parts. So one thing that we're doing to attempt to reduce spread in general is we are putting into place visitor restrictions at our hospitals. So starting today, we will limit access points into our care delivery which includes hospitals, and we are also going to begin taking temperatures of every visitor that comes in. So that is one action that we're taking to try and reduce spread. We have emergency operations set up here at Banner Health and a number of contingency plans. Those types of things, of isolation, ward isolation, et cetera, are all on our work plan, and there are certain triggers. Again, we monitor this situation every single day. It's very fluid. If and when we get to triggers like that, we will take appropriate action.

So if your mom just had knee surgery and is still recovering in the hospital, as of today, you can't go and visit, is that right?

As of today, we are implementing one visitor per patient. In addition to that, the visitors that show up to our hospitals-- we are beginning to take temperatures to make sure that they're healthy and not going to come in and both infect their loved one or health care workers or anybody else who is in the hospital. So if they have an elevated temperature, they'll be asked to go.

Yes, and we would ask and you can help us relay that. If you have an elevated temperature or you don't feel well, you have a cough, you have a runny nose, you're nauseated, you're having vomiting, you're having diarrhea, we ask that you not even come to the hospital. Please don't come to the hospital. We will screen you. If you have a temperature or you report any of those symptoms, we are going to turn you away, and we would ask not even to come to the hospital and potentially expose individuals while you're doing that.

And to clarify, that's only for visitors. So if--

Correct. Yes.

--you're having symptoms and you need care, go through the ED and mask yourself.

And your staff's on the front lines in this. What are doctors, nurses, paramedics-- what are they doing differently to

make sure they don't get it or bring it from outside in?

Yeah, thank you. So we follow infection prevention all the time. We have been communicating the specific additional actions that individuals need to do if they encounter a patient who may be infected with this virus. It is respiratory season. It has been respiratory illness season for a number of months already. So they're very tuned to that. It's a very fluid situation, and so those interactions that we need to do and those precautions continue to change. In addition to that, to make sure that our employees are well, we put into place additional electronic screening, making sure that they are answering questions, making sure that they're not coming to work ill, and making sure that we're tracking that through electronic mechanisms.

Do you have enough masks and suits and protective equipment for the medical staff?

At this time, we do not have a shortage of personal protective equipment, which includes masks, gloves, gowns, et cetera. We continue to meet on a very regular basis to monitor this fluid situation. We're working both with the state and federal agencies to make sure that we maintain adequate supplies, and we'll look to them to assist us with that.

As it is now, if there was a spike, would you have enough of that protective equipment?

We're continuing to monitor the fluid situation on a regular basis. We take assessment of what our needs are, and if we begin to run short, we will work with both state and federal agencies to secure supplies.

Can you comment on the fact that we've known about this for a couple of months now and we're not quite where we need to be yet? Where was the misstep there? Government or we don't have tests? We're hearing we don't have tests, beds, respirators. We've known about this since December. How and why or did we fall short?

So at this point, we don't have a shortage of beds or respirators, so I do want to be clear about that. What could we have done differently? I expect that when we're done with this pandemic, we'll look back, and as always we will have some lessons learned. At this point for Banner Health, we've been planning for many weeks. We have our emergency operations command center set up. We continue to monitor the very fluid situation and respond appropriately. Certainly within the United States, compared to some other countries, we all lag behind in our testing capability. That is being ramped up right now. We are working with the state and other federal resources. I should have additional information, as I've said earlier, to talk about what other testing we will have hopefully later this week.

I've heard both things on this. Do you know if people don't show symptoms? Can they still be spreading this to other people?

Yes. So what we know about this virus is that 80% of individuals will either be asymptomatic or only exhibit mild symptoms. So it is possible and known that there are individuals who are infected, they don't know that they're infected, and they can still continue to spread the virus. This is why it's so incredibly important that if you feel ill at all that you stay home. Don't come to work. Don't go to large gatherings. Wash your hands. Those types of things will help us flatten the curve. Follow social distancing, and it will help reduce the spread.

What is just your message to people who are just freaked out? They're scared of their own health or for their own health, for their family's health. What's your general message to them?

So at this time, panicking is not going to help us. We need to follow the evidence-based practices that we know will help us. That includes washing your hands, don't touch your face, don't come to work if you're ill, follow social gathering principles, do not go to large gatherings. If we do those types of activities as an entire community, we can help reduce and slow the spread of this disease. Panicking never helps us in any type of situation, so I ask you to calmly think about the things that you can do and take them very, very seriously. If you do those activities, we can absolutely have an impact on this disease and its spread within the state of Arizona.

So I just want to clarify, are you saying 80% of the people don't know that they're sick? Is that what you're saying? 80% of the people who have it, or explain that.

80%-- what we know by looking at other countries that have gone before us is that approximately 80% of individuals who become infected with the virus will either have mild symptoms or become asymptomatic. So that means that they are infected. They're not going to need to be hospitalized, but they can still spread the disease. Approximately 20% of individuals who become infected with the virus will get ill, needing hospitalization and perhaps even more intensive management-- intensive care unit, ventilatory support, those types of activities. But 80% of individuals who become infected with this virus will have only mild symptoms. Those patients, those people who become infected, can be cared for just at home. Symptom management, just like you do when you have a cold, except you need to be very, very diligent about staying at home so that you don't continue to spread the virus to others.

And how long until that goes away?

So at this time, we believe that individuals who become infected need to stay at home for at least 14 days. Again, this is a new virus. We continue to learn more about it. The amount of days that you need to stay home can vary. We will continue to work with the department of health on recommendations for that as testing becomes more available.

And just to clarify as well that we don't know yet if you can get it again. It's not like certain things where you get it

and then you're immune from it. Is it-- can you get it twice?

Yeah. It's a new virus. It's a fluid situation. We continue to learn more about it. And as we learn more from China who went before us, we'll have more definitive scientific evidence to answer that question.

Talk about just the need, I would imagine, for immunity. What can we do to boost our immune systems? If this is like any other virus, there might be a sense that to fend this off, just build up your immune system. What are some simple steps we can take to do that?

You know, it's always a great idea to just take good care of yourself and do those basic things that we know help us stay healthy. Eat well. Stay hydrated. Get adequate sleep. Try to reduce your stress level. Exercise and continue to move as you can. Those are always great activities that each and every one of us should do every day, and the more that you do that, the less stressed your body is, which makes it more likely to be able to fend off any type of illness.

Can supplements play a part in any of this?

I'm sorry, I didn't hear.

Supplements.

You know, I can't speak to specifically whether supplements will help with this virus or not. It hasn't been around long enough to have scientific evidence for me to quote for you today.

There've been some studies showing that the virus has lingered in people's lung for up to five weeks, and I'm wondering are there any discussions among health care providers about lengthening the isolation window past 14 days?

So it continues to be a fluid situation, and as a new virus, we continue to learn more about that. So as patients test positive and as we continue to work with the department of health, we'll continue to individually recommend to those folks who do become infected what they should do.

And do you have a sense of when the peak might be over or when the social distancing might go away?

You know, at this time I think it's very difficult to predict what the epidemiological curve will look like in the state of Arizona. What we can say and what we've learned from both other states and other countries is the sooner we get very, very serious about social distancing, the more we know that we can flatten that curve. It's incredibly important for us to take aggressive action at this time. And if we do so, we will absolutely alter the curve for the state of Arizona.

But the peak in the curve, whatever it may be, I've heard is several weeks away still. Does that sound accurate based on the math?

You know, it's very difficult to predict what's going to happen in the state of Arizona. What I would say is that this is not a one week activity for us in the state of Arizona or in the United States. We can expect to be dealing with this virus for months to come, potentially 12 to 18 months in total.

And there haven't been yet domestic flight restrictions, but would you recommend that people cancel their flights completely now?

So you're accurate to my knowledge today. Again, it's a very fluid situation. There has not been a restriction on domestic flights. My recommendation for personal travel, and this is what we have already done here at Banner Health and communicated to our employees, is we already took steps to restrict both international as well as domestic business travel. We took that some period of time ago. Our recommendation at this time is to continue to follow social distancing principles and to stay as close to home as you possibly can, especially for individuals who, as I mentioned are over the age of 60 or have multiple medical problems or are immune compromised. Avoiding situations of crowding like would be on an airplane are absolutely to be avoided.

Has there been any thought about having conversations with other hospital corporations so that if there is a big surge you do start to hit capacity-- if you're a patient, how do you know, OK, this hospital might have room for me. This one may not. Has there been any discussions with other hospital chains throughout the valley?

Yes, so to handle all types of situations, we have an emergency management system whereby hospital systems within the state can communicate and collaborate on exactly those types of issues. That actually runs in the background each and every day, each and every hour, to make sure that patients that need emergency services are going to the most appropriate place closest to where they are that has the capability. The emergency management system has an infrastructure for us to be able to do that. We all in the state of Arizona, I know, want to take the best care of everybody that we can, and Banner Health will continue to collaborate through that EM system as well as with the public department of health, other state regulators, and federal regulators as well.

But just to be clear, if you're a patient and you go ahead, you go to the hospital right now, should I go to this one or that one? How would a patient know? If we do start to see more people coming into hospitals all over the valley, how will the patient know which hospital may be able to best accommodate them?

Yes, so at this time we would ask, like we talked about before, if you don't feel that you need to be seen emergently, that you don't feel like you need to drive to an emergency department right this second, we would ask that you try to call ahead of time. Call your primary care physician, et cetera. If you're acutely ill, as you would

always do, call 9-1-1. 9-1-1 first responders also communicate and work within the emergency management system to make sure that they're taking individuals either to the closest hospital or to the one that is best able and open and able to respond to that individual. If you're an individual and you're not going to call 911 and you feel like you have an emergency and you don't have time to call, we would ask you to drive to the closest emergency department. If you feel that you're having respiratory symptoms, please put a mask on as soon as you enter.

Should people stock up on food and things like that?

At this time, as a health care provider, it's difficult for me to tell individuals what to do. I could provide some additional tips of what best practices are. So hoarding does not ever help any situation and invokes panic into the community. I would also ask that while you're doing your grocery shopping or shopping for other essentials that you follow those social distancing principles. So if you're over the age of 60 or you have multiple medical problems, please try to either not go shop yourself. Have somebody else a different family member or friend go do that for you. If you must, please try to go at a time that's off hours. Avoid other individuals. Try to stay six feet away from them. Wash your hands before you go in. Wash your hands when you come out.

But if you do have to stay home for 14 days, it would make sense to have two weeks worth of extra food around?

So again, if you need to stay home for 14 days and you don't have the supplies that you need, we would ask that you use your family or your social network to assist you in getting the supplies that you need.

How many tests has Banner done working in conjunction with the county and state? How many people have been tested for the coronavirus through you guys?

So at this time, we work very closely with the county and the state, and we would ask that you go to their sites to get that information.

Can you share about commercial testing through the ambulatory centers? How many people have been tested?

Yeah, I don't have those numbers to share with you today.

Do you have any numbers on how many people have requested tests but been told that they don't qualify?

I don't have those numbers either. What I would say also in response to that question is this remains a very fluid situation. We continue and will continue to follow the recommended guidelines for who is appropriate for testing, and as those guidelines change, we will respond in kind. I expect that those numbers, of course, will continue to increase of who we test as the test becomes more widely available, and we expect to update you on our ability to do that later this week.

The reluctance to talk about numbers during this news conference is catching my attention. Is that for some-- because we don't know the numbers or we need that to go through another to channel or what's behind that?

So two ways that I would answer that question. We worked very closely with both the county and the state public department of health, and numbers on behalf of the county and state should come from them. There is a public website that you can look at to find out what those numbers are. For patient privacy, as far as the commercial testing numbers, I would not share those in any type of situation because that's not numbers that I would share at a press conference.

So any tests that Banner has done or sent somebody to get testing done-- those would be reflected in the state numbers?

[TELEPHONE RINGING]

I'm sorry. Could you repeat the question?

Any of the tests that have happened through Banner, whether you've sent the test off or whatever, would be reflected in those state public health department.

I believe the state public site is depicting those that have tested positive.

OK.

So have any of the hospitalized patients been in Banner facilities that have tested positive?

Again, I'm gonna, for patient privacy, recommend that you get those types of questions answered by the department of health.

Because you heard Stephanie that there might have been a positive patient at Banner Ironwood, right? Is that true?

I'm not going to comment on positive test cases at this time that are residing in Banner Health or not residing in Banner Health.

In Italy, you know, they have these stories of doctors basically having to choose whether to save a 30-year-old or a 9-year-old and letting the 9-year-old die. Is that situation that we can foresee happening in Arizona?

So I am familiar with those reports coming out of Italy. It's a very sad situation that we are all reading about. We can all, as Arizonians, take active and aggressive steps right now to avoid getting ourselves as a state and as a

country into that situation. I cannot overstate again the importance of hand washing, social distancing activities, and taking those steps aggressively, right now, today, to avoid us getting into a situation like that which we hear Italy is experiencing.

You kind of talked in general terms about there's contingencies and there's tiers and bringing in extra staff. Are you able to give us any insight, though, into what some of those contingencies are and specifically what is the plan for a worst case scenario? Are you able to give us any insight into what Banner has set up for that?

So again, we have emergency planning that goes on year round to position ourselves to respond to any type of stresses that a health care system might be able to respond to. Specifically, I'll give you an example. So with the announcement of the closure of schools in the state of Arizona, we actually predicted that that might be a step that would be taken, and we've taken preemptive end planning to be able to address that. We want our health care workers to stay healthy. We also want them to make sure that their families are well cared for. We've been working with other entities to help provide day care so that our employees can come to work.

Specifically, we've been working with the Boys and Girls Club and Bright Horizons in Cedar City to offer health care-- I'm sorry, to offer daycare to our health care workers who might need that. With the change in schools that happened today, those resources and that ability to provide some additional daycare to our health care workers were already on the shelf. We were able to pull them off. We've been communicating about them, and we positioned ourselves so our health care workers can actually come to work. That's an example of the type of planning that we've done.

Thank you.

Thank you.

Thank you.