

Thank you for the opportunity to speak with all of you today. At this time, we'll open up for questions from members of the media.

Thank you, everyone. At this time, I will read questions submitted by the reporters in attendance so that our medical experts can answer them. So let's start with you, Dr. Bessel.

First question comes from Max Gordon at 3TV and CBS 5 here in Phoenix. This is a two-part question, so I will ask you the first question. What are the biggest challenges facing hospitals right now when it comes to COVID patient care and vaccinations?

So as you heard from my colleagues earlier, we are under immense pressure for health care systems as we respond to the surge, which is significantly higher than it was in the summer, and at the same time begin vaccination efforts for all Arizonans. Staffing is our biggest hurdle to meet both of those expectations. We were pleased that vaccination has been rolling out. And health care workers have been vaccinated across all of our different health care systems, helping us to maintain adequate staff.

In addition to that, we've brought in lots of external contracted labor from outside of the state. And within our own health system, we have redeployed corporate employees. We've redeployed individuals who work in ambulatory settings to come into our hospitals to assist those working in our hospitals to meet the needs of patients that require hospitalization.

Thank you, doctor. Second question from Max Gordon 3TV CBS 5-- what more needs to be done by the state and federal government to help?

So as you heard from my previous colleagues, we believe that we need additional mitigation, enforcement, and personal accountability. There is a list of items that are evidence-based that would help reduce the uncontrolled spread in the state. That includes things like closing indoor dining. We have on record from all of us as chief medical officers a letter of request for those mitigation efforts that I believe all the media has had access to previously.

Thank you, doctor. The next question I will address to Dr. Fray with Dignity Health. So this question comes from Erasmus Baxter at the Phoenix New Times. Dr. Fray is the current stress on the hospital system tangibly affecting staffing for vaccination efforts?

Well, we've been at this for 10 months. We're in our second surge. And yes, it has been a real stress. I want to just-- my colleagues, I know, will agree. Heroic efforts every day by our physicians, nurses, respiratory therapists, pharmacists, and the rest of the health care team.

We didn't get much of a breather here in Arizona after our first surge in the late spring and summer. And now that this is really a more significant surge than we had at that first surge, our staff is really stressed. However, we are providing each of our systems support for them, trying to rotate them in a safe way.

And we believe they will be able to continue to do the very best care that we've been proud of in Arizona for many, many decades. But I will say that it is a stressful time on our entire system, but most importantly, among our health care colleagues.

Thank you, doctor. This next question I will ask for Dr. Alyssa Chapital with Mayo Clinic. So doctor, this question comes from Mike Pelton, ABC 15 here in Phoenix. He asks, what are the atypical areas of your hospitals that you are now using to put patients in?

That's a great question. Thank you. The atypical areas that we have are still patient care areas. So we are not putting patients outside of patient care areas. And many of the hospitals people are doubling up patients and beds.

We have not currently had to do that at Mayo Clinic. But we are using areas such as our radiology suites, our recovery rooms, and some of the areas that we initiate patient care for outpatients, such as outpatient surgery facilities, to take care of patients.

Thank you, doctor. This next question I will refer to Dr. Michael White with Valleywise Health. This question comes from Peter Samore from KTAR News here in Phoenix.

This is a two-part question, so I will ask you the first question. Health care leaders have been advocating tighter public restrictions to stop COVID-19 spread. Governor Ducey and Dr. Christ continue to blame private gatherings for the spread. What is your response to that?

We certainly know that any time that people will have contact outside of their immediate circle, they are increasing their risk of spread of COVID-19 disease. Those intimate gatherings even that you have with people that you closely know will increase the risk that this virus will be transmitted.

As we know, many individuals are asymptomatic with their infection. We need to continue to shrink those opportunities where people will gather together-- those small intimate gatherings you may have at your home, but even opportunities that are publicly accessible for people to gather. We need to shrink those to then get control of the virus and help end this pandemic.

And doctor, the second part of that question-- again, from KTAR News-- what is your message to Arizonans who don't take measures to protect themselves in small private gatherings?

Certainly, again, many individuals that we see within our communities may have COVID-19 disease and not know it. You may have this virus and not have symptoms. And when you bring individuals outside of those that you live with in close proximity-- not wear your mask, not maintain that social distancing-- you are increasing the risk that you may transmit this, even though you don't have symptoms.

Someone you may give the virus to may have underlying medical conditions. May be completely normal. But their body's response to this infection may ultimately line them up needing medical care or in one of our intensive care units so we can care for them to successfully treat them.

Thank you, doctor. This next question I'm going to refer to Dr. Stephanie Jackson with HonorHealth. And Dr. Jackson, this question comes from Nancy Loo with WGN America News Nation. This is a two-part question, so I will ask you the first question.

U of A researchers say cases and deaths could double or quadruple in the weeks ahead. Is the hospital system preparing for a worsening in the surge?

Yes. Under the direction of the governor, we have prepared for both a 25% surge as well as a 50% surge. So each hospital system is preparing care areas. As Dr. Chapital aligned, maybe it's an unusual care area. And then we are prepared, if we need to, to go to even beyond that to a 50% surge.

And the second part of this question-- can you describe how strained the system already is?

Well, we are carrying for approximately 500 patients within the HonorHealth system. And I would say, as my other colleagues have shared, our health care givers are very tired. They have been working nonstop since the beginning of 2020 to deal with all of the tragedy of the pandemic. So I would say the health system is very strained.

We are able to cope with it and provide care for you. But if we are not diligent about following these social distancing measures and we let our guard down, we could reach crisis levels.

Thank you, Dr. Jackson. This next question will be for Dr. Bessel here at Banner Health. Dr. Bessel, this question comes from Lilianna Salgado from Univision Television here in Phoenix. Do you have any information on why St. Luke's remains closed? It was meant to provide more beds for COVID-19 patients.

I don't have specific information about the closure or opening of St. Luke's. What I would say is to reiterate what we've spoken about here today. Every single one of us at the health care systems is doing our absolute best to expand capacity to bring additional staff in to be able to care for all of you. We remain a safe place for any of you that need us to come in and receive care.

But we're asking all of you to help us remain so. Please, wear your mask. Shrink your circle. Reduce the spread of this deadly virus out there so that we can remain open for all of you and that you can continue to receive care from the health care system and clinics that we all operate.

Thank you, doctor. Dr. Keith Fray, this question will be for you. Mike Pelton from ABC 15 here in Phoenix. With the understanding you hope to avoid triage, how close are we to that point? And can you explain how ethics teams will navigate that process?

Well, as my colleagues have shared, this is a spot that we as health care professionals hope we don't get to. And we're not there at this point. We are continuing to flex up staff and all of our capacity so that we can continue to take very, very good care.

But the reality is that we have been, as we've shared with you, preparing for worst-case scenarios if we don't follow the mitigation standards that we're reinforcing with you today. And so we do have in

place each of our facilities processes and teams and ethicists that, if we got to that point, we could make sure that we were providing what resources we do have in an equitable way that would be lifesaving and would be equitable regardless of race, gender, sexual orientation, all of those things. We really have practiced that. But we just desperately hope we don't get to that point.

Thank you, doctor. This next question will be addressed to Dr. Chapital of Mayo Clinic. And doctor, this is a two-part question, so I will ask you the first question. This comes from Colleen Sikora of 12 News here in Phoenix. I know staffing has been a resource that's been a concern lately, as you all work to care for those sickest with COVID-19. What staff do you need most-- nurses, doctors, respiratory therapists, or another group?

It's a great question. I think most of the providers that you see in this room practice in a team-based fashion. And so we need all of those providers. We currently, in our state, have had the assistance of ADHS, as well as our HR resources, to gain more nurses because they are the frontline providers. Respiratory therapists continue to be a very hot commodity.

However, there are many other groups in our hospital that can help provide some of the care that the respiratory therapists are able to do, including our CRNAs, so our nurse anesthetists, our anesthesiologists, and other care providers that have training in respiratory care. In addition, we have pulled some people back from retirement and credentialed them to help provide resources, and redeployed people from our outpatient practices to help ensure that we have adequate staff in our hospitals to provide the highest quality care at this point.

And you might have already answered this, but I'll ask this question. This is the second part to that question from Channel 12. What challenges are you facing to get staff?

I think with the assistance of ADHS, like I said before, we have been able to gain some travelers throughout the United States, but every hospital in the United States is doing the same thing. The entire pandemic has affected us collectively, although we all know in Arizona, right now, we have the highest rate of COVID-19. So the challenge is just the exact number of people who have been trained to provide health care.

Thank you, doctor. This next question I'll refer to Dr. Michael White with Valleywise Health. This comes from Shaley Sanders of KOLD TV in Tucson. What is your response to the governor's State of the State address calling for students and teachers to return to the classroom?

We know that, again, mitigation is going to be what helps us get through the pandemic. We have begun our process of vaccination and being able to vaccinate all those that are most vulnerable in our phase 1A and phase 1B. But it will take us a number of months until we're fully able to vaccinate the entire population. That's necessary. We know that bringing folks together, again, may be asymptomatic and transmit the virus to one another in settings like school.

We understand that learning and bringing our children together is very important, but at this time, with uncontrolled spread of the virus, we need to do things that we know will reduce the chance that the virus will spread. And that is not gathering with people that we don't live with at this particular

point. As vaccination continues to increase, we see our community spread continue to decrease, we can begin those conversations about bringing gatherings back together.

Thank you, doctor. This next question will be for Dr. Stephanie Jackson with HonorHealth. Amanda Morris from the Arizona Republic is asking three questions. So I will ask you the first question. What is the incident rate of side effects or allergic reactions to the vaccines?

Yeah. With the first dose, it's very minimal. With the second dose, you can see up to maybe 20% of people coming down with fever, sore muscles, sore arms. Most of those side effects are very transient, and resolve within 48 hours, and can be alleviated with simple drugs like Tylenol or Aleve, if needed.

So it looks like you've already answered that second question, doctor, so I will go on to the third question here from Amanda Morris at the Arizona Republic. Are there certain allergies that would put someone more at risk of an adverse reaction to a vaccine?

Yeah, we are still working to understand the exact allergies that may predispose someone to a reaction with the COVID-19 vaccine. Right now, the only contraindication to receiving a COVID-19 vaccine is a previous reaction to a COVID-19 mRNA vaccine.

If you have other allergies, we do place you under a longer period of observation, watching you for about 30 minutes, rather than the usual 15 minutes. All of the sites that are participating in the COVID-19 vaccine program also have emergency equipment, including epinephrine pens, in the rare, rare event that someone should have a severe allergic reaction.

Thank you, Dr. Jackson. Dr. Bessel, I will ask you this next question. This is coming from Liliana Salgado from Univision. Have medical leaders had a chance to meet with Governor Doug Ducey to ask for these statewide measures?

The medical officers that are here with me today have not had an opportunity to meet with the governor. We do meet with AZDHS on a regular basis.

Thank you, doctor. Dr. Keith Frey, I will ask you this next question. This comes from Amanda Morris over at the Arizona Republic. Some researchers have predicted that, due to virus mutations likely causing more transmissibility, COVID-19 cases and deaths will be higher in 2021 than in 2020. How are health care systems preparing for new mutations and strains entering the state?

Well, that's a piece of science that we don't have the answer to yet. And we're watching it very cautiously, and we are concerned. However, I think it remains to be seen. The early evidence does suggest that perhaps some of these variations-- and typically, viruses will mutate, that's pretty common-- and some of these may appear to be more infectious.

At the moment, it appears that the vaccine that we're deploying, as Dr. Jackson pointed out a few minutes ago, should be able to cover those strains and that variation from everything we know right now, fortunately. Our teams are keeping up with the science on a daily basis, and we've got great

researchers and experts throughout the state of Arizona that we're in regular contact with. So we're watching this piece very, very carefully.

Thank you, doctor. Dr. Chapital from Mayo Clinic, this next question is for you from Stephanie Innes from the Arizona Republic. Is Arizona sending out any COVID-19 patients to out-of-state hospitals? And is that a possibility in the future if case numbers continue to rise?

I can't tell you the exact number of patients that may be leaving outside of our organization-- or our state, apologies. There are some outlying border cities that perhaps are sending patients. However, through the Arizona surge line, I do know that we are accepting patients from outside of Arizona, particularly Nevada and New Mexico. We are trying to be available for anyone who needs us.

Thank you, doctor. Dr. Michael White, Valleywise Health, this question comes from Mike Pelton at ABC15 here in Phoenix. How is morgue capacity, and are any of your hospital systems having to find ways to supplement typical capacity?

We're all working together and working as individual organizations to increase our capacities within our facilities. As you've heard and as we've explained today, Governor Ducey issued an executive order early in the pandemic for all of us to begin to plan for a 25% increase in our capacity, and ultimately a 50% increase in our capacity.

Since last March, we have all implemented and begun various portions of those plans, depending on the needs that present within the state of Arizona, with transfers from the surge line, with patients that are seeking care within the various organizations that are requiring inpatient hospitalization. We all will flex into those spaces that we have designed to increase that capacity.

Thank you, doctor. Dr. Stephanie Jackson with HonorHealth, this next question is for you. Comes from Peter Samore, KTAR News. When will Arizona need to activate its triage standards, and what would that look like?

Yeah. As stated previously, we've committed that no Arizona hospital would be left behind. One of the things that we have done through collaboration together as a team of health systems, and also collaborating with the Arizona surge line, is to try and evenly distribute patients across the state so that no one hospital becomes overwhelmed. As we increase the overall census, there is a possibility that we will have to activate the triage system.

That would involve each hospital identifying triage officers. Many of those triage officers are on standby today, waiting for that moment when they will need to be activated. If things continue to go unmitigated, it increases the possibility that we would have to activate that plan. And that is why we are here today, to tell you how serious the situation is, how very important it is that you follow the guidelines, that you do not let your guard down, that you get your vaccine so that we can avoid this as a state.

Thank you, doctor. Dr. Marjorie Bessel with Banner Health, this question comes from Alex Brizee of the Arizona Republic. He'd like to know, what is being done to make sure people of color, who are

more affected by COVID-19, are getting fair treatment during these high surges, especially patients whose first language is not English?

So in all of our health systems, we always strive for health care equity. And that includes many aspects of care that we deliver to specifically be available to all different types of groups that need us. This includes the benefits of having on-site translators to make sure that we have individuals available, should an individual patient come to our hospitals who is non-English-speaking.

In addition to that, we continue, despite most all of us not allowing visitors in our hospitals, to use other technology means to assist in having that patient be able to converse with their family or their social support system, along with our caregivers, to make sure that they all understand what is happening with them, with their disease, and what the treatment plan is.

As we all continue to roll out vaccine, it is our absolute desire to be able to offer that through all the different vaccination sites, many of which are being run by our health systems that are represented here today, to anybody who desires to have a vaccine. We remain open and available for individuals who meet those screening criteria to come and get vaccine, which is the way that we ultimately end this pandemic.

Thank you, Dr. Bessel. Dr. Keith Frey with Dignity Health, I will ask you this next question here. Comes from Colleen Sikora of 12 News.

She asks two questions. I will ask you the first question. What does crisis levels tangibly look like if our spread does not slow down?

Oh, maybe think about it this way. There are three levels. A conventional care is the care that we tend to have all the time, where you have your own bed and nursing staff and physician and the routine pieces of care when you come into one of our hospitals or emergency rooms. It's not unusual, before the pandemic, that this time of year here in Arizona where we enjoy having winter visitors join us these months, and we will occasionally have a pretty significant influenza season that will move up into the contingency piece, where we start to get stretched as systems.

Maybe our emergency rooms are starting to back up a bit. Perhaps we have to temporarily go on diversion so that we can get some discharges, and one of the other hospitals picks up the slack for a couple of hours. That's relatively common. Now, we have been in most of 2020 in that contingency model, where if you will, we've had to stretch ourselves. As my colleagues have said, we've increased capacity, we've stretched our staff, and now, as we're moving up into that third tier crisis, now, we're beginning to get into that piece where we're placing patients because we have to.

We don't have the conventional or even contingency places or staffing. We have to start to move into those next levels, where we wouldn't ordinarily be taking care of patients. Fortunately, we're still doing that very safely. However, there is a limit to our ability to stretch.

And again, I want to reinforce, we need your support so that we can flatten this curve by following these mitigation steps that we've been so clear in sharing with you over the course of this past year.

So doctor, second question to Colleen's questions here. If things don't slow down, is there a time you all are anticipating you will reach these crisis levels?

Well, yes, as you've heard again, we're the hottest spot in the US and among the hottest spots in the entire world. And so if we don't slow this down over the course of the next days and weeks, then we will be fully into that crisis zone. Now, that doesn't mean we're going to yet trigger those triage guidelines, where we have to start to limit care that Dr. Jackson comment and Dr. Bessel, but we are really moving into that piece right now.

Over the next week or two, we'll see what happen coming out of the New Year's Eve gatherings that we hope didn't occur, as much as the holiday, both the Christmas and Hanukkah time, and we're right in the middle of finishing up that piece of the surge. So it's our hope that people will begin to continue to follow this mitigation and shrink their circle so we can flatten this out. And I just want to make one additional comment and just reinforce what I said in my opening comments is, this is really an unprecedented amount of partnership among these five major health systems here in Arizona.

I think back to a year ago, and even though I knew my colleagues and respected their systems, it was unheard of a year ago that I could pick up the phone, like I do every day, or text one of these colleagues and ask them what they're doing and learning from each other as we have collaboratively this year really stretched as professionals to meet the needs of people from Arizona. You should be very proud that these five systems, which are frankly the most sophisticated systems certainly here in town, providing the highest acuity care, and arguably some of the most sophisticated systems in the entire Western United States that we have really stepped up to do our part to really meet the needs of people of Arizona.

We're just asking them to meet us by following your piece of this partnership. Thank you.

Thank you, doctor. Dr. Chapital from Mayo Clinic, this next question comes from Stephanie, and it's from the Arizona Republic. Are the leaders here today disappointed that Governor Ducey did not implement mitigation measures, like banning indoor dining when you asked for those measures last month?

I would say that we are stressing all evidence-based measures that we know will mitigate this crisis, and that includes handwashing, masking, and limiting the number of people you're in contact with. We trust our public authorities to partner with us, and certainly, there are a variety of other things that can be done. As we stated before, we meet regularly with Dr. Cara Christ, and we try to emphasize and determine what other strategies we can do.

We look forward to being able to meet with doctor-- or Governor Ducey, as well, if he would like to meet with us. But otherwise, I would say, we are continuing to stress the evidence-based measures that have already been implemented.

Thank you, doctor. Dr. Michael White with Valleywise Health. This next question comes from Liliana Salgado from Univision here in Phoenix. This type of press conference with all hospitals is a first. Is this to demonstrate a stronger plea to our state government and community?

So as my colleagues have articulated, we really have come together and come to trust and rely on one another to make sure that we're able to deliver health care as a community to serve the needs of all Arizonans. Yes, this is the first time we've kind of been together in a forum like this to really stress the importance of mitigation of calling for Arizonans to have personal commitment to help us in the pandemic through the strategies we suggested, including taking the vaccine when you get your chance.

Again, this collaboration is what has allowed us to be so successful as a state to weather the initial surge we saw this summer, and certainly, is going to help us overcome the surge that we are experiencing now.

Thank you, doctor.

Dr. Stephanie Jackson with Honor Health, this next question comes from Mike Pelton at ABC 15 in Phoenix. To what extent are individual hospitals running out of resources, like ventilators, ICU beds, other equipment, et cetera.

Yes, I might add on to the question that Dr. White was just asked briefly in that, regardless of what the various messages are from a myriad of government officials, whether it be at the federal, state, county local level, personally, if you wanted to keep your friends and family safe, indoor dining, at this time, is not a good idea. We have extremely widespread levels of COVID-19, and so my advice to you would be to order out.

Use the takeout options. If you're able to avoid going to the grocery store and have your groceries delivered or online, this is the time to do that. This is not the time to let our guard down. We are so close to having the vaccine available that it would be really a shame to have more and more Arizonans become infected with the virus. As far as the question, we still have, at this time, the resources such as ventilators and beds.

As one of my colleagues alluded to earlier, the critical piece-- the most very most critical piece-- is staff. Is the same people, the same people that are working at the hospital are trying to help to deliver the vaccine. It's the same pharmacists across the state, whether they work for Walgreens, for one of our health systems, or are working at the State Farm Stadium, there is a limited supply of those individuals that are trained to deliver vaccines, to deliver ICU care, to deliver hospital care, clinic care, and they're all being utilized, and so that is the most significant rate-limiting resource.

Thank you, doctor. Dr. Marjorie Bessel with Banner Health. This question comes from Shaley Sanders of KOLD News 13 in Tucson. If resources become more limited, do you foresee doctors having to make more tough decisions when it comes to overriding a family or patient's wishes and ordering a DNR?

So as we've stressed throughout all of our messaging to all of you, it is our absolute sincere desire to not get to crisis and to not have to get to triage. Please do your part and shrink your circle, wear your mask, and avoid gatherings outside of your home. If we continue to have uncontrolled spread in the state of Arizona, we will continue to escalate to crisis standards of care, and if that continues with uncontrolled spread, we will get to triage.

During triage, as you've heard about from all of us today, and through previous media, it does mean that we might have to make very difficult decisions about what type of care would be available for an individual patient. It's our sincere desire to never get to that. It's our sincere desire to always be able to honor everybody's wishes for the health care that they desire and that their family wants with and for them.

We hope we do not get there. We're asking you, we're imploring you today to help us avoid that. Please, wear your mask at all times when you're outside within six feet of another individual. Shrink your circle, limit the time that you go outside in your home, and interface with anybody with whom you do not live, and avoid all of those gatherings outside your home.

And Dr. Keith Frey with Dignity Health, this question from Erasmus Baxter from the Phoenix New Times. Some have pointed out that California is also seeing a surge, despite having stronger mitigation measures than Arizona. Do you have a response to that argument against stronger state-level mitigation measures?

Well, it is true, and Dignity Health is part of a system, where we have hospitals in Los Angeles. Six hospitals, and I'm on the phone every day with my colleague who's in my role in Los Angeles, and they are even more stretched than we are at the moment. That is true, and each of the states and municipalities have tried various pieces of this, and I just want to come back to the evidence that we're reinforcing today is that just stop and think about what was shared earlier-- we believe that at least one in 10 Arizonans are currently infected.

A number of them don't know that yet, and as you bump into people in your circle and day-to-day contact, you may be regrettably and unfortunately transmitting the virus and you wouldn't even know it, and that ultimately could end up in causing somebody's grandmother or grandfather to end up in one of our hospitals. So yes, there are various ways that this has been communicated to various communities and enforced in different ways, but we want to just keep coming back to our advice as your health care professionals that, if you follow these steps and we all are in this together as a public plea that we can flatten this curve.

And I want to go back to Dr. Bessel's comment a few minutes ago about the triage steps, and my background was a primary care physician, and it's not really in the time in the middle of a pandemic to start thinking about end of life things, but really, we should all be thinking about that is, what do we want to commute to our family. Whether it's in the middle of a pandemic or if we were in an inadvertent car accident, we should be thinking ahead on how, if we got to that point where there were choices as far as care when we were desperately ill, what would we want our family to know? You should have advanced directives, should dust those off, take a look at them, go over with your family.

We certainly don't need to get to that point when we're right in the middle of a pandemic, but we just want to reinforce some of the things that we as physicians and other health care professionals have been sharing with you for some time.

Thank you, and it looks like that is our last question here. So thank you everyone for joining us today. We have reached the end of our press conference. As a reminder, a high resolution video transcript

and any materials shared with you during this press conference will be available at bannerhealth.com/newsroom. Please allow two hours for us to post all these materials. In addition to all this, we'll also include contact information for the other health care organizations that were present during today's press conference.

Thank you.