City of Fredericksburg

CITY COUNCIL REGULAR MEETING
MONDAY, FEBRUARY 1, 2021 ~ 6:00 P.M.

Charlie Kiehne, Mayor
Tom Musselman, Councilmember
Bobby Watson, Councilmember

Jerry Luckenbach, Councilmember
Polly Rickert, Councilmember
Kent Myers, City Manager

VERBAL COMMENTS

Comment Form #	Name	Address	Contact Information	Agenda Item
1.	Kimberly Lams	311 W. Nimitz St.	313-949-6505	5
2.	Jeannette Hormuth	206 East College Street	830-998-1879	5 & 8. B.
3.	Robert Phoenix	609 South Creek St.	512-573-9167	5
4.	Angela Smith			5
5.	Nobel Fisk	83 Falcon Lane	830-456-2350	5
6.	Timothy Ellis Riley			5
7.	Matt Long	1015 Baethge Blvd.	830-992-9010	5
8.	George Studor	1015 Avenue D	281-415-3986	8. B. (also provided his comments in writing)

WRITTEN COMMENT

No one provided written comments.

George Studor, 1015 Avenue D, Fredericksburg Texas **– February 1, 2021**

Fredericksburg Emergency Management Plan needs to show **how to get back to "Normal"** and therefore needs to establish meaningful goals that define normal, plans to get there and how to meaningfully measure our progress. I recommend measuring the most reliable and relevant data for actual medical cases, hospitalizations and deaths broken down by 3 age groups*: 0-17, 18-64 and 65+. Total and Active cases are needed for Gillespie County residents only – not other counties just because we may have capacity.

Cases: **Only cases reported by medical professionals seeing patients**. Do not use COVID positivity tests that are often unreliable, often repeated on the same person, and not representing the total county/age group.

"Normal" could be a defined as a steady state value that varies only +/- 15% for each age group and is consistent with goals of "Normal" for hospitalizations and deaths.

Hospitalizations: ICU beds required, HCM daily ER visits, Overnight stays – also underlying conditions.

"Normal" could be defined as being within the HCM capacity to handle the COVID19 patient load while returning to average numbers of non-emergency visits and procedures prior to COVID. Start with a goal of no occurrences of more than 15 ICU patients at a time in a 1 month period. Other factors should have a 20% margin for peaks in use factors.

Deaths: **COVID Primary** and **COVID Related** (underlying conditions/other disease contributions). Medical Professional declared and Death Certificate confirmed.

"Normal" could be defined as death rates due to COVID are within the 15% of previous rates from the largest group of communicable diseases

Total Immunity: Total = Natural plus Acquired Immunity

- **Natural** - from CDC statistics for the 3 major age groups (includes underlying conditions).
- **Acquired** – from having contracted COVID (lasts 3 to 6 months) or having taken the vaccine

"Normal" could be defined as assessed by the larger community for COVID specifically – our local medical professionals stated January 19th that we should use 65% to 75% overall.

Getting back to Normal:

- Individual Common Sense actions as for all communicable diseases and CDC COVID.
- Offer Individual Assessment(service) for those unsure if they have underlying conditions.
- Public Information Campaign: ways to increase individual immunity, knowledge about underlying conditions, travel risk reductions, therapeutic treatments.
- Individual Vaccinations – voluntary.
- Vaccination Priorities – make available to those at highest risk to hospitalization and death.
- Measure Economic Impacts: Unemployment, Requests for assistance, Sales Tax revenue
- Assess Social and Mental Health Impacts: Needs Council, Churches, School Counselors, etc.
- **Establish an Emergency Management "Back to Normal" Focus Group - under the EMC**

***Note:** CDC as of August 2020:	Age 0-17:	0.98% Hospitalization	0.0016%	Death
	Age 18-64:	27.5% Hospitalization	4.55%	Death
	Age 65+:	71.5% Hospitalization	95.42%	Death

Age 75+ has a 10,080 times greater probability of death & 117 times hospitalization rate for **ages 5 -17.**