Dan Hoffman (00:05):
Welcome everybody to the Rouse Review. I am Dan Hoffman, the City Manager. Thank you for joining us. With me, I have Amy Simmons, our Communications Director.

Amy Simmons (00:14):
Hi, how are you doing today?

Dan Hoffman (00:15):
I'm very good. Amy is very nervous about doing this. She does not believe that she has a voice for this type of thing. I'm going to prove her wrong throughout the course of this series. Amy has been our Communications Director here at City Hall for 25, 30 years.

Amy Simmons (00:35):
Uh, if that were the case, I'd be retired by now, but no, just 18.

Dan Hoffman (00:39):
18, 18, for sure very fast years.

Amy Simmons (00:43):
Yes.

Dan Hoffman (00:43):
Amy has been with how many city managers?

Amy Simmons (00:49):
Oh, if you count interims and fill-ins probably about nine or 10.

Dan Hoffman (00:54):
Okay. So, Amy has way more institutional knowledge about this place than I do since I've been here for this is my fourth month.

Amy Simmons (01:03):
It's gone by pretty fast, though.

Dan Hoffman (01:05):
Yeah, it is flying by that's for sure. Especially when you join a city in the middle of a pandemic. So this, this podcast, when Amy and I first started talking about it, and we've been doing this, the City's been doing the podcast for how long?

Amy Simmons (01:21):
This will be the third year. So, the last two years, Barry Lee from WINC FM has been the host.

Dan Hoffman (01:26):

Yeah. And Barry, if any of you have met him out in the community, a super awesome guy. Very nice. I did one with him late last year to kind of introduce myself and he is one of those, you know, old school radio guys, in a good way. And, his help with this podcast over the years is greatly appreciated. Amy and I thought about changing up the format a little bit, moving forward to try to, you know, I think to shake it up a wee bit. In this kind of format, change is essential to keep things fresh. And really the point of this podcast is for residents and staff to hear from the city, what's going on, what are we doing to help improve quality of life, to keep people safe, to keep people happy to keep businesses thriving. So, we're trying this out. It is a bit of an experiment. So, thank you everybody for trying it out. We hope you get some use out of it. Now we are going to be doing this every, we're going to shoot to do it every two weeks. And it'll go out on the Mondays before Council meetings. So you'll get a little bit of a preview as to what the Council's going to discuss at the upcoming meeting. We'll also do interviews with folks about different topics that are important. In a few minutes, we're going to talk to Dr. Greene from the health district.

Amy Simmons (03:03):

Super excited.

Dan Hoffman (03:03):

Yes, he is awesome. I can't wait to compliment him on the job he's doing. You know, I've seen how the pandemic's been handled from other health officials across the country and I gotta tell you he's one of the best I've seen. Just great candor.

Amy Simmons (03:21):

Very knowledgeable.

Dan Hoffman (03:22):

Down to earth.

Amy Simmons (03:25):

Easy to talk to.

Dan Hoffman (03:25):

Yes, in his weekly town halls that he does for those of you aren't aware, they're Thursdays at 12:30. I don't know how someone would access it. It's a WebEx or a virtual meeting that he does, but Valley Health. If you contact Valley Health, I'm sure they can point you in the right direction. It's something that he does with, with Dr. Feit over at Valley. And they're just, they're very informative, very informative. Myself and a handful of my staff always check them out. So, we're going to hear from Dr. Greene about vaccinations, where that stands here in the City of Winchester. Then, you know, that's the kind of stuff we're going to do on an every two-week basis roughly.

Amy Simmons (04:09):

Yeah, roughly. Cause it's going to be the second and fourth Monday

Dan Hoffman (04:13):

Yeah, second and fourth Mondays and we'll walk through the agenda here in just a second. Then of course, you know, any questions or concerns. I think as this gets going and as folks become a little bit more aware we will do a kind of a virtual mailbag. Today, I'll talk about a few things that I know are frequently asked questions that I've been getting about general City issues and topics from the last couple of weeks. Also if there's something that you want to hear discussed, please feel free to send it my way.

Amy Simmons (04:48):

But we do have an online form. They can fill out as well. They go to the Rouss Review website, or web page that we have on the City's website. There's also a form there they can send in their questions and you can answer them on the air.

Dan Hoffman (05:01):

Absolutely. That's the best way to do it. So, we're going to quickly roll through the agenda. The Council meeting is tomorrow starting at six o'clock. Our meetings are still virtual. And I do anticipate the Council meetings will be virtual into February. A lot of that depends on our COVID stats and the vaccination rollout. I know I've not yet had a Council meeting in the actual Council Chambers. We've been either at the recreation center over at Jim Barnett Park or virtual since I've been here. So, I know I'm looking forward to getting back in person, but unfortunately for the foreseeable future, we're going to be virtual. So, Amy, what do we have coming up on the agenda?

Amy Simmons (05:53):

Well, a couple of things that are of interest, a couple of public hearings. There's the bed and breakfast that's on Amherst Street, the conditional use permit, they are coming up for vote, I believe. So. There's a public hearing ahead of that.

Dan Hoffman (06:07):

A lot of questions from the public about that. I would definitely encourage, anytime we have issues like that coming before the Council, we record all of our Council meetings, so even if you can't make the virtual meeting or in some cases, the in-person meeting, do go to the website, watch the video, see what the discussion has been previously. I think that's always the best way. If you want to engage on this topic, it's always good to see what the conversation has been. You know, a lot of these issues, once they're at our regular meeting, they've already been discussed at least once, sometimes twice. So, it's always good to go back and watch the initial dialogue. So you can better engage.

Amy Simmons (06:53):

Why don't you describe the process, then.

Dan Hoffman (06:57):

That's a good point. So, if something's going to become an ordinance, right now it goes to either a committee, and we have four committees. They're relatively new for the Council: finance and audit committee, public safety committee, boards and committees committee, and a new planning and economic development committee. So, sometimes items will go to the committee first. Once it moves out of committee, then it goes to a regular meeting. We still will have work sessions, work sessions

happen after our regular meetings. When the six o'clock meeting adjourns, typically we roll pretty quickly right into the work session. Some of the items will go to committee or work session.

Amy Simmons (07:38):

And there's no action that can make taken at either one of those.

Dan Hoffman (07:41):

No, they just advanced.

Amy Simmons (07:42):

Right. They just discussed and advance.

Dan Hoffman (07:44):

It's at the committee level. The point of the committee is to really get into the weeds on a lot of these issues, particularly with planning. Sometimes these developments are very, you know, they impact the community. They add to our tax base. They sometimes add additional burden to our infrastructure that we have to plan for and their investments. We have to remember too, that the folks that are building these buildings are investing millions of dollars in order to make our community more valuable on the whole. The more tax revenue we get off of a particular property, the better we can provide a service, the more services we can provide, the more we can keep up with infrastructure concerns. It is not cheap to manage a city stormwater system or a city utilities or replace police cars and fire trucks. Those are all things that don't come for free. So, new development is necessary but it also has to be thoroughly discussed. That's going to happen at the committee level. It just advances from committee or the work session. It advances to a regular meeting at which point it gets a first and a second reading. Now, some things they just need to be heard once and voted on like a resolution or, or some other items. But for an ordinance, it gets a first reading at which point a presentation will typically occur. It might not be as in-depth as what happened at the work session or the committee level, but then no action needs to occur there either. They just hear the presentation, they provide, they being the Council, provides feedback, they ask questions. The public can provide public comment. At our meetings, we have a time for public comments. If you want to speak to something that's on the agenda, we encourage you to do that. After it leaves first reading, it goes to second reading and that's the final opportunity.

Amy Simmons (09:54):

That's where the public hearing and vote takes place.

Dan Hoffman (09:56):

Exactly. Then everyone gets three minutes to speak on that topic. So, it's a good place to, a good time to log your final support or lack thereof for a particular ordinance, development, what have you. There's normally not a big presentation at second reading because it's been discussed multiple times at that point. Uh, and if it's a particular land use issue or development, it's also gone to the planning commission before that. Oftentimes with some of these developments, whether it be a conditional use permit, or a larger, items like the Linden Drive item that's on the agenda, then those have also been discussed multiple times at the planning commission level. So, there are many opportunities for the public to engage on these items.

Amy Simmons (10:51):

Right. And the difference between a resolution and an ordinance is pretty broad because an ordinance puts it into law and to code and it works and resolution is just, we just like this, basically.

Dan Hoffman (11:04):

Exactly. True with all elected bodies, there are very few occasions when one elected body can bind or commit the next elected body to something, unless they make it a law. Right now, even that law can be undone by the next elected body. You know, that's problematic for a number of reasons, but a law makes it permanent. A resolution is a point in time, manifestation of the Council's opinion or desire or wish. But the next Council can pass a resolution saying the exact opposite if they would like, but it's not binding. And resolutions, for me as a City Manager, resolutions give me some guidance as to what the will of the Council is or what the interests. Sometimes there are specific directives for me in those resolutions, but it's also not a law that I have to abide by in perpetuity.

Amy Simmons (12:06):

Right. So this bed and breakfast is at 514 Amherst Street, and they are going to convert that beautiful house sitting up on the hill there on the right coming from downtown to seven rooms. And they're also wanting to have some events inside and out, which is why they need that conditional use permit. So they were going to go to a public hearing and vote on that. And then right after that is a second reading, which means, public hearing and vote, for the Spring Street development. And that has been a topic of conversation for many months, both at Planning Commission and Council.

Dan Hoffman (12:39):

Yes. I believe that's the one that's closer to Shenandoah University. A lot of questions regarding that one, but again, if that's one you want to engage on, this is second reading. So, it's your last, last chance to voice your opinion and engage with your council. But I do encourage you to go back and if you're going to do that, listen to some of the commentary from the community that has already occurred, listen to the conversation that the Council has had. It's often very helpful. Plus, you know, our City staff are always happy to answer questions as well. Our Planning Director, Tim Youmans, is a wealth of knowledge. So, if you ever have any questions around how this kind of thing works, feel free to reach out.

Amy Simmons (13:24):

Yep. That is 198 multi-family units. It's a mixed-use development with two commercial buildings, right behind the Roy Rogers and Tropical Smoothie area. They're going to have a rather large mixed-use development if it passes through the second reading. What else is on the agenda?

Dan Hoffman (13:42):

You'll see, there's a pretty lengthy consent agenda.

Amy Simmons (13:44):

Yeah, so what does that mean?

Dan Hoffman (13:44):

The consent agenda is they're not going to talk about it. They just approve it. It's the type of thing where it's already been discussed typically at a committee level, or it's not something that really warrants an in-depth discussion. They, the council, just need to be aware of it and like the word means consent to it.

Amy Simmons (14:06):

And sometimes it means it was forwarded unanimously, right, from a previous work session or something. So they all agreed a hundred percent that we don't need to talk about it anymore.

Dan Hoffman (14:14):

Yeah. We can't do ordinances that way or resolutions that way. It's, you know, if we're putting somebody, you'll see that the list is pretty long, we're filling a lot of vacant seats on our different advisory boards. So that's typically what ends up in the consent agenda.

Amy Simmons (14:32):

Right. Okay. So there's another first reading. So no discussion on a, oh, you're bringing something to Council. You discussed it last work session, didn't you?

Dan Hoffman (14:42):

Yep. We are prohibiting guns and ammunition in City facilities. This is another one it was discussed at work session, it moved forward 7-2, and now it's going to be discussion at first reading next Tuesday. That particular ordinance would provide, I'd say an additional tool in the toolbox for our police department to make sure that our City employees and visitors to City buildings are safe. Obviously, a lot of concerns around the country, different City facilities have experienced issues with guns and gun violence. The state last July passed some legislation enabling us to do this. I think we would be the seventh or eighth jurisdiction in Virginia to adopt this. Blacksburg, Charlottesville, Richmond, and I think a couple of counties, Fairfax County, Arlington County, I think have as well. So, it's something, obviously, the safety of our employees is really one of, if not the most important thing, to me as a City Manager. So it's something we're going to be discussing next Tuesday.

Amy Simmons (15:56):

Yep. So that includes, anybody who comes into a City building, City park or a public right away and adjacent to those buildings?

Dan Hoffman (16:06):

Adjacent to an event. So let's say there is a local church is having a street fair and they've closed down a street. It's a permitted event. This would restrict the carrying of firearms around that event on the public right of way adjacent to it.

Amy Simmons (16:33):

Okay. So it's got to be adjacent to something that's going on, closing a street.

Dan Hoffman (16:36):

And this does not apply to police officers, active duty military performing their role, historical reenactments. It does not apply to all of the folks that we want to be carrying a firearm that keep us safe on a daily basis.

Amy Simmons (16:57):

Okay. Well, that's first reading, so we'll hear that again at the next meeting if it gets forwarded. Council still has the ability at this point to table it or...

Dan Hoffman (17:06):

Table it or continue it. So, that's the closest they get to, it needs no action to move forward. If they take no action, then it'll go to second reading.

Amy Simmons (17:18):

And you mentioned something that the Code of Virginia amended their code authorizing us to do this. So Dillon Rule state, correct?

Dan Hoffman (17:27):

Dillon Rule state. So for those of you guys who don't know what Dillon Rule state is, I'm also figuring it out myself since this is my first, city management job in a Dillon Rule state. So Dillon Rule is very different than Home Rule. A Home Rule state, in essence, means that a local jurisdiction, a city or county, they can do they want, unless they are explicitly told or preempted from doing it by the state legislature. They do whatever they want unless told otherwise. We are the opposite of that. A Dillon Rule state means we can't do anything unless we're specifically told we can do it, which in some cases makes our job a little easier. Right. We'll be talking to Dr. Greene here in a second. He runs a public health district that handles all of the coronavirus response, the enforcement of the emergency orders, all of those things. They're empowered to do that. By the state in Florida, where I was most recently working, it was a home rule state. So it was incumbent upon me. I oversaw the enforcement of all the mask orders. There are folks down there that are still dealing with Coronavirus response at the city level. It's just a different way of governance between states and local jurisdictions.

Amy Simmons (18:54):

Okay. Before we get into, real quick, how people can participate in the meetings, why don't you tell us what's going on at the work session.

Dan Hoffman (19:02):

I'll be straight with you, the work session is pretty light. For those of you who don't know, work sessions occur right after the Council regular meetings. We've got a few standard items that are going to be discussed. We've got a text amendment that will eventually end up at the regular meeting, but it's a pretty light work session agenda.

Amy Simmons (19:28):

That good. So the regular meeting starts at 6:00 PM on the second and fourth Tuesdays. If you'd like to participate with public comments, we can do that if you want to log into the WebEx portal. We have the information on our website on how to do that. But if you're not planning to address Council, we just ask that people watch through our agenda portal, so it doesn't confuse who is, and who is not speaking when we start calling on people. Then, it will be available on demand through the agenda portal if you don't want to watch it live. So that's the quick and dirty on it.

Dan Hoffman (20:04):

Absolutely. So thank you for the Council agenda overview. And now we have with us Dr. Greene here in the studio. Welcome Dr. Greene. First off, I want to say a couple of things before I ask you a little bit about yourself. You are the Health Director for the Lord Fairfax Health District.

Dr. Colin Greene (20:27):

That's correct.

Dan Hoffman (20:28):

Now, I just came from a wholly different state and was in city management there for, really throughout the pandemic before I moved here a few months ago. And I first off have to start by praising you a little bit because the response and the organization and your counterpart in this other jurisdiction that I was from, night and day. You do this weekly, for those of you who don't know, Dr. Greene and Dr. Feit from Valley health, do a weekly conference call for a lot of the different stakeholders and organizations around town about the data that they're seeing, vaccination updates. And I gotta say that the transparency, the frankness with which you guys do that call it has been so helpful. And the role of the health district in a state like Virginia, relative to other states, makes city management so much easier. So, I got to start off by saying thank you. And I've been so thoroughly impressed with, with you and everything the health district's been doing.

Dr. Colin Greene (21:37):

We're proud to serve, and those are your tax dollars at work.

Dan Hoffman (21:41):

Well, thank you. As someone who is also paid by taxpayers, I'm always happy to have another one of us public servants really show what public service can really be. So as the Health Director, tell me a little bit about your role. You're not the doctor for the district. You're not a primary care physician. You're not a surgeon. What does a health director do?

Dr. Colin Greene (22:13):

Right. So, actually, I am a primary care physician by training. I'm a family doctor. However, my role here is, is more oversight. I work for the Virginia Department of Health (VDH), who works for the Secretary of Health and Human Resources, who works for the Governor. We're a State organization and the local health districts number 35 across the state. God bless my boss, Dan Richmond. He has 35 direct reports to deal with but that's how it's laid out. And when I first got here in 2017 and read the health director's manual that that VDH gave to me, they said I was supposed to be not only their representative in this district, but also the local public health expert. And I took that to heart. Part of that is getting a hold of, or grabbing a hold of, opportunities to make connections with the public and to keep people informed. The weekly town hall that Dr. Feit and I are involved with was actually organized by community groups. And then Valley Health generously agreed to start running it, but we saw it was a good thing and a lot of people attended every week. So, it seemed logical to and helpful to continue it.

Dan Hoffman (23:30):

In 2017, did you ever think that you'd be dealing with something like this?

Dr. Colin Greene (23:35):

Well, I spent quite a bit of time in the Army before, and we did a lot of training for pandemics and public health outbreaks. We were involved for example, with oversight of the campaign against Ebola in 2016. So, the concept of pandemics is not new to me. And when you become a public health director, it's kind of like going into the insurance business, and then you complain when a hurricane comes. Pandemics are one of the reasons you have a health department. So we're just doing our job.

Dan Hoffman (24:06):

That's an awesome analogy.

Amy Simmons (24:07):

Yeah, I like that.

Dan Hoffman (24:08):

Let's get into some data. Some of the latest breaking information, I know our positivity rate has been not good for quite some time. The last few days, at least the numbers I've seen, have gotten a wee bit better, but obviously we're nowhere near out of the woods yet. What are you seeing?

Dr. Colin Greene (24:30):

Well, the thing I look at the most is what we call the incidence rate the rate of new cases. And while the day-to-day graph is hard to judge, because a lot of it involves what cases were recorded and accounted for on any given day. The general trend has not been a happy one. We went from having about 10 to 15 cases per day, new cases per day, in this entire district back in August, September to around 200 right now. So it's at a 20 fold increase. It's had its ups and downs with the holidays, but it's been a fairly steady rise and it is disturbing. That trend is not limited to this district. It's not limited to Virginia. It's really the entire northern hemisphere. It appears that this virus does, in fact, like the winter weather and spread better in the cold weather.

Dan Hoffman (25:25):

Interesting. So we did end up seeing the holiday bumps that a lot of us were expecting to see coming out of the holiday gatherings.

Dr. Colin Greene (25:34):

Yeah. There were holiday bumps, but they were, if you look at the graph, they were really just bumps in a larger upward trend, and we still haven't found the peak.

Dan Hoffman (25:44):

So when do you think we'll find that peak?

Dr. Colin Greene (25:47):

Oh, now you're asking me to predict the future. I, as I mentioned offline, scientists are really pretty lousy at predicting the future, even if we think otherwise. If this follows the pattern of, for example, a flu season, there will be a peak sometime in the winter and it'll decrease in the spring. Now, we actually hope to put a dent in that process by our vaccination campaign and the more people that are vaccinated, the fewer people that are available to get sick. And especially if we can vaccinate the elderly,

the fewer people that are available to die from this or end up in the hospital should alter the natural course of that curve. That's part of our goal.

Dan Hoffman (26:25):
What has the capacity of hospitals been looking like over the last couple of weeks?

Dr. Colin Greene (26:30):
Well, again, I don't run the hospital though I do talk to them frequently. They are functioning, but on...

Dan Hoffman (26:37):
That's not a really high bar.

Dr. Colin Greene (26:40):
Well, the hospitals here function very well, so that actually actually is a good, good high bar, but, they're functioning and they have some extra capacity, but not a lot is my understanding. And again, probably an interview with Valley Health would give you a better answer to that question, but I've not heard, for example, large numbers of patients being transferred out because ICUs are full or were out of ventilators, nothing like that. Normal procedures are still being done. We haven't stopped all elective procedures like we did back in the spring.

Dan Hoffman (27:14):
So let's get into vaccines a little bit. We're now in phase 1b, is my understanding.

Dr. Colin Greene (27:19):
Correct.

Dan Hoffman (27:20):
Does that mean in phase 1a was mainly medical care providers, EMS?

Dr. Colin Greene (27:28):
Phase 1a was designed to stop the healthcare delivery system from collapsing due to loss of staff and being overwhelmed by patients. That was the purpose of phase 1a along with the parallel process, which did not go through the health department, of sending the pharmacies out to vaccinate all the elderly in our long-term care facilities. And that was done because that's where the majority of our deaths have occurred. But the part that you mentioned, the actual phase one, again, was designed to avoid the collapse of the healthcare system

Dan Hoffman (28:00):
And we're past phase 1a, so we're no longer worried about the collapse of the healthcare system, right? We're now in 1b. Who's in 1b?

Dr. Colin Greene (28:09):
Again, the primary goal of 1b, the first population mentioned, it was originally persons over 75. They're the most vulnerable group to death and bad outcomes from this disease. The Governor actually in the

last week chose to drop that down to 65. Again, 65 is where the death curve kind of makes its abrupt turn upwards. In phase 1b, it's people over age 65, and again, it's because those are the ones most at risk, and then select patients who have chronic medical problems who are adults and maybe younger. That's the primary ongoing group. And then in addition, we have selected groups by profession, essential services we don't want to use. So for example, law enforcement. We've activated first responders, EMS, fire and rescue in phase 1a. We completed the first responder group in phase 1b, and we're pretty close to done with that. The next group after that is the education establishments, specifically K to 12. And we are not complete with that, but we're working on it right now. After that, additional groups are people in the corrections and then manufacturers of food, and agricultural workers. Those will be the next groups again, based on availability of vaccine. So the 65 and older group is a parallel that's done continuously. Then the other groups are done as they become available.

Dan Hoffman (29:42):

So, we're about neck deep in 1b right now, almost to 1c. We anticipate 1c in a couple of weeks?

Dr. Colin Greene (29:52):

Unfortunately, I've got to change that prediction because of the vaccine supply. If we had unlimited supply of vaccines, we could be in phase 1c by February.

Dan Hoffman (30:00):

Oh, wow.

Dr. Colin Greene (30:01):

Uh, but we don't, so it's going to take longer.

Dan Hoffman (30:04):

What are we looking at in terms of supply right now?

Dr. Colin Greene (30:05):

The latest figures that I received from Richmond and, in their defense, Richmond has the unenviable task of sharing shortages and nobody likes that. But the latest information that we got is we're going to receive a total of 2,750 shots, new shots, per week for the entire district. And I will tell you, between Valley Health and us, and the local pharmacies, we could knock that out in a day. It's not just this district, all the districts are looking at those shortages. It's a statewide and probably a nationwide problem.

Dan Hoffman (30:44):

Yeah. Early on, we were hearing a lot about vaccines going to waste, and there wasn't enough storage and there were vaccines sitting in warehouses somewhere. I'm assuming that's not the case.

Dr. Colin Greene (30:57):

No. And if you look at, well, initially the rollout was not as fast as everyone would have liked, which was why the Governor stood up and said 'get out there and put shots in arms'. And when we, in this district, heard the Governor say that, that's when we scheduled our first open pod or our first open shot clinic. And we vaccinated 910 people that following Monday, and 1,250 the Friday after that. So we took the Governor to heart. At that time, there were vaccines that were available that were being given more

slowly than they were coming in. That situation in a week has completely reversed. So everybody took the Governor to heart. They started giving shots and all of a sudden we don't have as much to give out as people would like to have.

Dan Hoffman (31:41):

Are we getting the vaccine in tronches. I mean, is it just a trickle? What's that supply chain even look like?

Dr. Colin Greene (31:49):

So I don't have visibility of the supply chain to give you a specific answer. I can tell you that the steps that it would need to go through, the way things are set up is number one, you've got Pfizer and Moderna and how fast they can turn this stuff out. So, how much vaccine are they producing? They then put it under the control of the federal government and whatever bureaucracy it has to go through there to distribute it and however, the federal government decides to distribute it by state or to these pharmacies that are vaccinating the long-term care facilities. Again, I don't have a lot of visibility on the specifics. A certain amount is then sent down to Virginia for the Governor and for the VDH central office to distribute. And again, they have the task of then deciding how that gets distributed amongst their 35 districts and the numbers I gave you. We are probably looking at, unfortunately, probably the next four weeks.

Dan Hoffman (32:47):

Hmm. Okay.

Dr. Colin Greene (32:49):

And things change frequently in this. So, I might be back in a week saying things are better, but I might not.

Dan Hoffman (32:55):

Well, fingers crossed.

Dr. Colin Greene (32:57):

Yeah. We were told by people in the know at the central office to plan on this 2,750 a week to be the way it's going to be for the next four weeks. Now, that does not include second shots. For people that have received their first shot, my understanding is, we are supposed to receive them here in the district. We will still be sent that second shot for people that have had their first shot. And we're already planning follow up clinics, for example, for the people that got their shots last week in Clarke clinic. We've set aside the fairgrounds on eighth of February and the high school on the 12th to do a second shot for those.

Dan Hoffman (33:39):

Okay. So have you been, has the health district been getting the Pfizer or the Moderna?

Dr. Colin Greene (33:46):

Both.

Dan Hoffman (33:46):

They've been getting both of them?

Dr. Colin Greene (33:47):

Both the Pfizer has gone exclusively to Valley Health because of the requirement to store it at such a cold temperature. They and Shenandoah University, and maybe one or two industrial facilities are the only ones that have that kind of ultra cold storage capability.

Dan Hoffman (34:02):

Why does the one need that and the other does not?

Dr. Colin Greene (34:05):

It has to do with the construct of the vaccine and how it's put together chemically. And I don't know the details. The one thing I do know is because this vaccine uses a messenger RNA molecule, that's an extraordinarily delicate molecule in nature. Normally all it does is it's produced in the nucleus. It's produced off of a strand of DNA in the nucleus. It has to travel across the cell to suddenly go to ribosome where it travels through the ribosome and tells that ribosome to produce a certain protein in a certain order. Once it's done, it falls to pieces. So it's pieces can be used to make another messenger RNA. It's in nature. It was never built to be a long-lasting molecule. It requires just that super, super cold in its natural state to keep it from falling to pieces. And in fact, we had to be extra careful handling the vaccine before we give it. You can't shake the vial, for example, it'll, it'll disrupt the molecule. If you drop it, you throw that one in the trash because you probably disrupted it. It's a delicate vaccine and it requires some special handling.

Dan Hoffman (35:09):

And that's the Pfizer one.

Dr. Colin Greene (35:10):

That's the Moderna also. The Pfizer is the one that requires the ultra cold storage. The Moderna has to be stored at minus 20 Celsius, which is minus four Fahrenheit, but it has to be consistently stored at that temperature. And again, I don't know the details of the composition of the vaccine as to why one's colder than the other, but they're both delicate molecules.

Dan Hoffman (35:35):

Hmm. Fascinating. And of course, a lot of folks, is it safe? I'm hearing less and less of that, especially from my staff. I think folks are starting to accept the fact that they're going to get the shot. We've put some policies in place to strongly encourage folks to get the shot. But of course there's still these lingering questions of is it safe? We hear lots of anecdotes and rumors about side effects and what's the long-term effects. What are you seeing?

Dr. Colin Greene (36:08):

Well, if I didn't think it was safe, I wouldn't have had to have them put in my arm. I'll tell you that. I also have, again, courtesy of the U.S. Army, a background having run a research lab for a time. And part of that laboratory's job was making vaccines. It was 2016 and we were trying to produce a vaccine against the Zika virus back when we thought it was going to be a threat, which fortunately turned out not to be.

So, I have some familiarity with the vaccine production process. I can tell you that from what I've seen and what I've read, I'm satisfied corners were not cut in producing either of these two vaccines. What happened was there was enough money fronted so that the various steps, the five or so steps in the research process, could all be set up at the same time because the federal government fronted the money. Also, the federal government promised to buy in advance a certain number of doses and that incentivized the pharmaceutical companies for setting up the production lines ahead of time, which is something they would never have done until they had final approval. So, Operation Warp sSpeed actually did accelerate this process probably by a year or two. The one part of the development process that was shortened is the final trial. That's the so-called phase three clinical trial, where you take 30,000 people. Each one of them you flip a coin at the beginning, you know, an electronic coin, to see whether they get a placebo shot, that's just saline, or whether they get the actual vaccine. And again, the patient doesn't know which vaccine they got, the person with a syringe in their hand doesn't know which vaccine, the person running the study doesn't know which vaccine. There's a secret list somewhere so they can keep track, but that's called double-blinded so that there is no bias in the study and you randomize them, so the demographics of each group are the same. This is a standard practice for a new vaccine. Typically that randomized clinical trial would be run for a couple or three years. The reason it would be run that long is so you could say, with certainty, how long the immunity lasts and whether or not, one or two or three boosters are needed. The other purpose of the trial is to rule out severe side effects. Fortunately, from our experience with vaccines, severe side effects almost always show up within the first six weeks. So, the decision was made to accept the results of the clinical trial after three months, which was long enough, number one, to get past that six-week point and not see any severe side effects, and second, to have three months of data to clearly show that there was a striking difference in the sickness rate between the vaccinated group and the placebo group. And if you look at a graph for the first 10 days after the first shot, the two groups get sick at the same rate with COVID after day 10. The placebo group, the saline group, continues to get sick at the same rate. The vaccine group, their line goes almost completely horizontal. Almost nobody gets sick after that. After about 10 days after the first shot, it was striking. Dr. Feit and I both kind of said, wow, when we looked at that. That same graph was part of the FDA application for both Pfizer and Moderna. It was not exactly the same, but it was very, very similar. So can I say that it will give immunity for three or five years? No, I can't, because we don't have that much experience. Can I say that it has a pretty remarkable effect in almost all people after 10 or 14 days? Yeah, I think I can say that with some confidence.

Dan Hoffman (39:51):

What about the difference between those who have had COVID and have some antibodies in their system versus those who have not had COVID? Are we seeing different side effects?

Dr. Colin Greene (40:00):

Haven't heard much about different side effects. Really, the side effects are mostly mild. I mean, I got a sore arm for most shots for a day, and honestly, if I hadn't been thinking about it, I probably never would have noticed it. It was that mild about maybe 3% of people get kind of malaise and a little fever long enough to take them out of work for a day. But the side effects for the most part have not been all that bad. Again, the really severe side effects, those were not seen in the clinical trials.

Dan Hoffman (40:35):

We're seeing a lot in the news about mutations and there's the South African this and the British that, and the German variation. There's concern about another wave of this new, more contagious strain. What are you hearing? Is that something we should be concerned about?

Dr. Colin Greene (40:55):
It's of some concern, especially if it's more contagious. Now I have not heard that it's more deadly. In fact, I read one story that maybe it was a little less so. But any mutation is a little bit of concern because this vaccine causes our body to make antibodies against the so-called spike proteins, those little points on the outside of the virus that makes it look like a crown, which got it the name Coronavirus. So, if those spike proteins mutate to the point where our antibodies from the vaccine don't recognize them anymore, then the vaccine won't work. The flu virus does that every year. That's why we need a new flu vaccine every year. It's that nasty flu virus manages to mutate a little bit each year and we need to tweak the vaccine a little bit. But I have not read anything saying there've been changes in the spike proteins in this particular virus. And again, this is not a flu virus, so it won't necessarily behave like one.

Dan Hoffman (41:54):
So I'm going to ask you to get the crystal ball out again for just a moment, so will this be an annual shot? Do you anticipate this being, we're already seeing some mutations? Is it behaving like the flu? I know it's not the flu, but is it behaving like the flu?

Dr. Colin Greene (42:14):
Right. So the completely honest answer is we don't know yet because we haven't had enough time. If you want a gut feeling or what our intent is, our intent is this will be less like the flu and more like chicken pox or rubella where you get the shot and you're immune.

Dan Hoffman (42:33):
Excellent.

Dr. Colin Greene (42:34):
That's the hope. And that's the intent.

Dan Hoffman (42:36):
I'm going to hold you to that.

Amy Simmons (42:36):
Yeah, that's good news.

Dr. Colin Greene (42:38):
You can hold me to it, but remember I said, it's a gut feeling. The honest answer was we don't know.

Dan Hoffman (42:42):
I think at this point, when we all started on this journey last March, no one knew what to expect. I mean, I remember when two weeks before shutting down the city hall on my last job, I would have thought that that was crazy. You know, we heard that some places were considering shutting down city hall and I

thought, well, they're just overreacting that this can't possibly be that bad. Two weeks later, I'm like, oh, we got to shut down city hall. This is really crazy. And then, of course, there was that summer kind of lull before it spiked back up. And we all thought, well, it's done. By the fall, this will be totally normal by the fall. No, it's absolutely worse. So I think at this point, the population, it's not that they don't have any put any stock or faith in what projections they see, but they have come to expect the unexpected at this point and not rule anything out.

Dr. Colin Greene (43:46):

And that's appropriate. Again, back to my previous comment, we like to think we in science, like to think we can predict the future. We're really pretty lousy at it.

Dan Hoffman (44:00):

I'll take your prediction over my prediction any day of the week.

Dr. Colin Greene (44:03):

But we make the best predictions we can based on the data we have and past data. And then whenever you make a prediction, you have to make a whole bunch of assumptions. Okay, this, this and this piece of data are not going to change. Those are all assumptions. This is going to behave like it always has. That's always an assumption. You know, these other pieces of data are going to be just like they were last year. That's another assumption. If any of those assumptions are wrong, it changes things. So, that's why it's so hard to predict the future.

Amy Simmons (44:36):

Can I ask a somewhat stupid question?

Dr. Colin Greene (44:38):

There are no stupid questions.

Amy Simmons (44:39):

Well, I think this might be obvious, but, why is it preferring or why does it spike in the winter and the cold weather? Is it just because people are inside more?

Dr. Colin Greene (44:53):

Yeah. Again, you'd have to really do a study and have one group of people that stays inside and one group that didn't for me to give you a definite answer, but the theories or the hypotheses behind it are exactly what you said. That number one, in cold weather, people are indoors and they tend to be closer together. And then number two, for whatever reason, the virus spreads better in the cold weather. Again, the virus may last longer in the air and the cold weather. I'm not enough of a virologist to answer that question well, but I can say that it is apparent that all around the northern hemisphere, above about 35 degrees north latitude, starting in October, the number of cases went up very quickly. It happened in Europe, it happened in Central Asia, and it happened in North America.

Amy Simmons (45:42):

Interesting. Thank you.

Dan Hoffman (45:43):

One last question, and then we'll let you go. Obviously, this new administration is less than 24 hours old, but we're already seeing a lot of news about Executive Orders related to the Coronavirus, different steps being taken. Is any of that trickling down to the state level or your level yet? Or is it pretty much business as usual?

Dr. Colin Greene (46:10):

Yeah, the one thing that's, as far as the new administration, it hadn't really had enough of a chance to probably affect a lot of change yet. And that's way above my pay grade, anyway. What has had an effect, or the most significant effect, is the decreasing of the availability of the vaccine that really is putting a damper on our ability to attack this virus and to destroy it. And, again, that could be anywhere from the production rate to getting it through federal custody, through getting it to the state, through how the state handles it, to when we finally get it. So, I don't have visibility of all those, all those factors in the logistic line.

Dan Hoffman (46:57):

Excellent. One last question, I'm gonna put you on the spot. So, every week on your town hall, there is a Star Trek cutout behind you. Are you a Star Trek fan or was that just a gift that decorated your office?

Dr. Colin Greene (47:15):

The answer is yes to both. I'm not what you'd call a Trekkie. I've never put on Spock ears and gone to a convention, but I'm old enough to have to have seen Star Trek in its original three seasons and was a young lad when the Gemini and Apollo missions with fascination. So, that was part of my growing up. The cutout was a gift from my middle daughter.

Amy Simmons (47:40):

It's Spock, isn't it?

Dr. Colin Greene (47:42):

I actually it's Dr. McCoy.

Amy Simmons (47:43):

Oh, okay. Yeah, that makes sense. Okay. Yeah.

Dr. Colin Greene (47:45):

So that's Dr. McCoy and Dr. McCoy was a slightly crusty, ornery, country doctor who spent his life in the military and that actually describes me very well. So, you can call him a role model.

Dan Hoffman (47:57):

Excellent. Thank you very much for joining us Doctor. Hopefully, maybe once we're in some later stages of the vaccination. We'll have you back for an update. Again, thank you very much for taking the time. I know you're incredibly busy in coming out and visiting us here at City Hall. So, thank you very much.

Dr. Colin Greene (48:17):

My pleasure. I'm happy to be here. Thank you.

Dan Hoffman (48:20):
Okay, so that was Dr. Greene. I had not met him in person yet. I'd heard him speak a lot and had a few conference calls with him, but, such a nice guy just has this presence. He knows what he's talking about.

Amy Simmons (48:35):
It's fascinating.

Dan Hoffman (48:36):
He instills confidence in you, which is, in a time like this is incredibly valuable, I think, to everybody.

Amy Simmons (48:43):
He doesn't beat around the bush either.

Dan Hoffman (48:45):
No, he does. No, he does not. He's very candid guy. So, I'm sure if he was still sitting here with us, he would tell you to continue to social distance, continue to wear your mask, wash your hands. We are definitely not out of this yet. It might be a couple of months before we really start getting the general public vaccinated. So stay vigilant. We're still, obviously not out of the woods yet. About to wrap up, I did want to just remind folks, if there's anything you'd like to hear us discuss on an upcoming Rouss Review, please go to the portal. Let folks know how to do that. Amy, remind them please.

Amy Simmons (49:28):
Yep. Just go to WinchesterVA.gov, and either search for Rouss Review, or you can add a slash Rouss-Review and it'll take you straight to it. And there is an online form at the bottom of that page.

Dan Hoffman (49:41):
Great. I do not know who our next guest is going to be yet.

Amy Simmons (49:44):
It's a surprise.

Dr. Colin Greene (49:45):
It's going to be a surprise to me, as well. Frankly, we just haven't thought that far ahead. We'll be back in two weeks. We'll do this again and in the meantime, everybody stay safe, wear your masks and, we'll see you around city hall.

Outro (50:06):
Upbeat music