

Webinar

Confronting COVID-19: Insights for Real Estate Leaders

Date: March 24, 2020

00:00:00 --> 00:00:04: Hi everyone, welcome my name is Rachel Mcclarey I'm senior

00:00:04 --> 00:00:08: Vice president at the Urban Land Institute and on behalf

00:00:09 --> 00:00:12: of you'll I I would like to welcome you to

00:00:12 --> 00:00:12: this

00:00:12 --> 00:00:15: global webinar on the coronavirus,

00:00:15 --> 00:00:20: the Urban Land Institute is a research and education nonprofit

00:00:20 --> 00:00:24: whose mission is to provide leadership in the responsible use

00:00:24 --> 00:00:29: of land and in creating and sustaining thriving communities worldwide.

00:00:29 --> 00:00:31: If you are new to you,

00:00:31 --> 00:00:34: a lie. Welcome, we hope you find this weapon are

00:00:34 --> 00:00:35: useful.

00:00:35 --> 00:00:37: We know that this is a very challenging time for

00:00:37 --> 00:00:38: you.

00:00:38 --> 00:00:41: My members are partners and their colleagues and families.

00:00:41 --> 00:00:44: Our thoughts go out to everyone who is ill whose

00:00:44 --> 00:00:48: livelihoods are imperiled by the coronavirus to the students and

00:00:48 --> 00:00:50: families who have had their lives disrupted,

00:00:50 --> 00:00:54: and to those who are practicing social distancing during this

00:00:54 --> 00:00:57: time to protect themselves and their community,

00:00:57 --> 00:01:00: and maybe feeling isolated or alone for those who continue

00:01:00 --> 00:01:01: to go to work.

00:01:01 --> 00:01:03: Because your jobs are so essential.

00:01:03 --> 00:01:06: We salute you and to the health care professionals who

00:01:06 --> 00:01:09: are doing their all to keep us all safe and

00:01:09 --> 00:01:09: healthy.

00:01:09 --> 00:01:11: You have our deeper appreciation.

00:01:11 --> 00:01:14: We know that people are navigating a strange new world
00:01:14 --> 00:01:17: full of ever changing information and worry,
00:01:17 --> 00:01:18: as are you alive family.
00:01:18 --> 00:01:21: We want you to know that we are here for
00:01:21 --> 00:01:21: you.
00:01:21 --> 00:01:24: We are committed to doing all we can to support
00:01:24 --> 00:01:24: you,
00:01:24 --> 00:01:28: lie members and their partners as they navigate this crisis.
00:01:28 --> 00:01:31: Now more than ever we need each other for support
00:01:31 --> 00:01:33: for information and for community.
00:01:33 --> 00:01:35: Although we cannot come together in person.
00:01:35 --> 00:01:38: As is our practice, we can come together virtually and
00:01:38 --> 00:01:41: this community is more important than ever.
00:01:41 --> 00:01:43: This crisis has demonstrated in a new way?
00:01:43 --> 00:01:46: How interconnected we all are since 2013,
00:01:46 --> 00:01:49: but you will, I building healthy places initiative has been
00:01:49 --> 00:01:53: working to help you lie members understand the intersections
of
00:01:53 --> 00:01:56: Health Social Equity and real estate and to promote healthy
00:01:56 --> 00:02:00: places. This crisis is underscored the critical importance of
enhancing
00:02:00 --> 00:02:01: social equity,
00:02:01 --> 00:02:05: reducing inequality and protecting vulnerable people.
00:02:05 --> 00:02:09: These considerations are crucial now as we navigate this
crisis
00:02:09 --> 00:02:12: and will continue to be crucial as we work to
00:02:12 --> 00:02:16: build a more just and equitable future for this country.
00:02:16 --> 00:02:19: Our goal with this web and R series another coronavirus
00:02:19 --> 00:02:23: information and programming is to help you lie members
understand
00:02:23 --> 00:02:26: the role that they can play in helping to slow
00:02:26 --> 00:02:29: the spread of the disease help them navigate the long
00:02:29 --> 00:02:31: and short term impacts of the crisis and to do
00:02:31 --> 00:02:35: their part to protect an address adverse impacts on
vulnerable
00:02:35 --> 00:02:38: people. We have been compiling information relevant to the
Realty
00:02:39 --> 00:02:40: Industry on our issue page.
00:02:40 --> 00:02:43: WWW dot ULI. Dot Org Slash COVID-19 and we'll be
00:02:43 --> 00:02:47: updating this page regularly as more information becomes
available.
00:02:47 --> 00:02:50: Overtime. We're sharing this web and R and all related
00:02:50 --> 00:02:54: content in the spirit of information sharing at education,
00:02:54 --> 00:02:58: please see the statement for further important disclaimers.

00:02:58 --> 00:03:01: The Web and R is being recorded and we will
00:03:01 --> 00:03:04: do our best to quickly post the recording and power
00:03:04 --> 00:03:06: points on the web host for the Web and R
00:03:06 --> 00:03:09: and on Knowledge Finder an you can expect to see
00:03:09 --> 00:03:10: them.
00:03:10 --> 00:03:13: You say you're so. So here are speakers.
00:03:13 --> 00:03:16: In the interest of time and getting to the meat
00:03:16 --> 00:03:17: of the matter,
00:03:17 --> 00:03:20: I'll just offer quick names and titles for full BIOS.
00:03:20 --> 00:03:23: Please look at the web and our web page.
00:03:23 --> 00:03:28: Catherine Troisi pH D is associate professor at the
University.
00:03:28 --> 00:03:31: Of Texas School of public health in Houston Whitney,
00:03:31 --> 00:03:35: Austin Gray, a senior vice president at the international well
00:03:35 --> 00:03:38: building Institute and Susan Basak,
00:03:38 --> 00:03:40: MA is principle at base at consulting.
00:03:40 --> 00:03:44: She is a pandemic plan are based in Canada throughout
00:03:44 --> 00:03:47: the weapon are if you have questions for any of
00:03:47 --> 00:03:48: the speakers.
00:03:48 --> 00:03:51: Please submit them via the Q&A box at the bottom.
00:03:51 --> 00:03:54: We will be monitoring and I will moderate.
00:03:54 --> 00:03:57: The questions at the end of the web and R
00:03:57 --> 00:04:00: and now I will turn it over to Professor Tracy.
00:04:00 --> 00:04:05: Alright, thank you. OK, actually I meant to say something
00:04:05 --> 00:04:07: on the first one,
00:04:07 --> 00:04:11: which is, um, I am giving this talk on Tuesday,
00:04:11 --> 00:04:16: March 24th at 12:12 o'clock in my central time sign
00:04:16 --> 00:04:17: time zone.
00:04:17 --> 00:04:21: So for those of you who are watching the recording,
00:04:21 --> 00:04:25: things are changing very, very quickly.
00:04:25 --> 00:04:29: So just know that this is what you know what's
00:04:29 --> 00:04:30: happening.
00:04:30 --> 00:04:35: Right now. So here's what we know about the coronavirus.
00:04:35 --> 00:04:37: This new novel called SARS Co.
00:04:37 --> 00:04:41: V2 that it is spread from person to person through
00:04:41 --> 00:04:42: droplets.
00:04:42 --> 00:04:46: These are little blobs of liquid that are released as
00:04:46 --> 00:04:47: you cough or sneeze,
00:04:47 --> 00:04:49: or even as you talk or sing,
00:04:49 --> 00:04:52: and so there's viruses in there.
00:04:52 --> 00:04:56: If you. If you're infected and that can spread to
00:04:56 --> 00:04:57: somebody else.

00:04:57 --> 00:05:00: Now these droplets are relatively big.
00:05:00 --> 00:05:01: I mean, not that you.
00:05:01 --> 00:05:05: Necessarily see them, but they don't project that far,
00:05:05 --> 00:05:09: and if you're more than six feet from someone there,
00:05:09 --> 00:05:13: droplets are going to fall to the ground before you
00:05:13 --> 00:05:15: before they get to you.
00:05:15 --> 00:05:18: So that's why we use that six feet number for
00:05:18 --> 00:05:19: social distancing,
00:05:19 --> 00:05:22: so that's one way the virus is spread.
00:05:22 --> 00:05:25: It is also spread through fomites,
00:05:25 --> 00:05:29: which is a fancy happy word for an environmental surface
00:05:29 --> 00:05:33: is so this is where somebody who's infected costs on
00:05:33 --> 00:05:35: their hand touches a doorknob.
00:05:35 --> 00:05:37: And then you come along,
00:05:37 --> 00:05:41: touch the doorknob. Now you've got it on your hand
00:05:41 --> 00:05:43: and you rub your eyes you,
00:05:43 --> 00:05:47: you know I don't know lick your finger or something
00:05:47 --> 00:05:50: and so the virus can be spread that way as
00:05:50 --> 00:05:54: well and that's why we are saying wash your hands,
00:05:54 --> 00:05:57: wash your hands, wash your hands.
00:05:57 --> 00:06:00: And then there is some data coming out that it
00:06:00 --> 00:06:03: also may be spread through aerosol.
00:06:03 --> 00:06:06: These are also aerosols are formed.
00:06:06 --> 00:06:11: Also, when you cough, but they're finer particles so they
00:06:11 --> 00:06:13: can linger in the air for awhile.
00:06:13 --> 00:06:15: And if that is the case,
00:06:15 --> 00:06:21: of course it has implications for transmitting the infection.
00:06:21 --> 00:06:27: So the symptoms of this new coronavirus disease COVID-19
are
00:06:27 --> 00:06:28: similar to flu,
00:06:28 --> 00:06:30: but.
00:06:30 --> 00:06:34: No, 10%, maybe even higher than that of people who
00:06:34 --> 00:06:35: are infected,
00:06:35 --> 00:06:37: have no symptoms at all.
00:06:37 --> 00:06:41: Again, this has implications for spread of the disease,
00:06:41 --> 00:06:43: and some seem to have GI symptoms,
00:06:43 --> 00:06:48: nausea and diarrhea. We know that the incubation period,
00:06:48 --> 00:06:52: that is, the time from when you're exposed to the
00:06:52 --> 00:06:55: virus to when you come down with symptoms.
00:06:55 --> 00:06:59: If you're going to come down with symptoms is up
00:06:59 --> 00:07:03: to two weeks with an average of five days.
00:07:03 --> 00:07:06: We also know that people can shed the virus,

00:07:06 --> 00:07:08: and by shedding the virus,
00:07:08 --> 00:07:12: you can infect others early in the infection,
00:07:12 --> 00:07:14: probably before you have symptoms,
00:07:14 --> 00:07:18: and we're now learning that.
00:07:18 --> 00:07:22: At least some people can shed the virus after those
00:07:22 --> 00:07:23: symptoms,
00:07:23 --> 00:07:26: the fever, the cough, the shortness of breath,
00:07:26 --> 00:07:29: go away, and it may be up to 10 days
00:07:29 --> 00:07:31: after symptoms subside,
00:07:31 --> 00:07:35: so that again has implications for transmission,
00:07:35 --> 00:07:40: but we haven't seen. There are no documented cases of
00:07:40 --> 00:07:41: this happening,
00:07:41 --> 00:07:46: so we but again, something something we're looking at.
00:07:46 --> 00:07:50: So if people who do get infected about 1/5 have
00:07:50 --> 00:07:55: severe infections that is requiring hospitalization or ICU,
00:07:55 --> 00:07:58: and of those who are infected about 2%
00:07:58 --> 00:08:02: die, we're still that number is going to change because
00:08:02 --> 00:08:02: we,
00:08:02 --> 00:08:07: especially here in the United States have not been testing
00:08:07 --> 00:08:12: and we particularly haven't been testing people without
severe symptoms.
00:08:12 --> 00:08:16: So obviously the rate is higher among those with.
00:08:16 --> 00:08:20: Severe symptoms, people who are at risk of dying are
00:08:20 --> 00:08:23: the elderly an that's 60 an above.
00:08:23 --> 00:08:26: It pains me to say those who are morbidly obese.
00:08:26 --> 00:08:28: That's a BMI over 40.
00:08:28 --> 00:08:32: Those with other medical conditions like heart disease,
00:08:32 --> 00:08:35: chronic obstructive pulmonary disease, diabetes,
00:08:35 --> 00:08:40: other conditions like that. If your immune system is not
00:08:40 --> 00:08:42: working as well as it should be,
00:08:42 --> 00:08:46: if you're having if you're immuno suppressed because of
cancer
00:08:47 --> 00:08:47: treatments.
00:08:47 --> 00:08:51: For example, but what we're seeing in Italy and here
00:08:51 --> 00:08:55: in the United States is that younger people also are
00:08:55 --> 00:08:56: at risk.
00:08:56 --> 00:08:58: The death rates are not as high,
00:08:58 --> 00:09:02: but a significant portion are being hospitalised,
00:09:02 --> 00:09:04: so there's a lot we don't know.
00:09:04 --> 00:09:08: These are some of the things we wish we knew.
00:09:08 --> 00:09:11: What is the role of pre symptomatic?
00:09:11 --> 00:09:13: You know before you have symptoms,

00:09:13 --> 00:09:17: if you don't have symptoms after you have symptoms,
00:09:17 --> 00:09:20: what is the role of that in transmission?
00:09:20 --> 00:09:23: Just because somebody after they recover,
00:09:23 --> 00:09:25: maybe shedding virus for 10 days.
00:09:25 --> 00:09:29: Let's say on average it doesn't mean that they're transmitting
00:09:29 --> 00:09:30: infection,
00:09:30 --> 00:09:34: because maybe they're not shedding very much virus and
the
00:09:34 --> 00:09:38: risk of transmission increases with the amount of virus which
00:09:38 --> 00:09:39: are shedding.
00:09:39 --> 00:09:42: So that's something we would love to know.
00:09:42 --> 00:09:45: When is a person most infectious?
00:09:45 --> 00:09:49: This has all of this has implications on how quickly
00:09:49 --> 00:09:51: the disease is going to spread,
00:09:51 --> 00:09:54: how long we may have to do social distancing,
00:09:54 --> 00:09:56: how long can it remain?
00:09:56 --> 00:09:59: The virus remain in the environment.
00:09:59 --> 00:10:02: There are reports that it can be up to two
00:10:02 --> 00:10:03: to three days,
00:10:03 --> 00:10:06: but it's important to note that first of all,
00:10:06 --> 00:10:10: this was done under laboratory conditions and Secondly.
00:10:10 --> 00:10:14: They looked for parts of the RNA of the virus.
00:10:14 --> 00:10:15: What we don't know is,
00:10:15 --> 00:10:18: is the virus infectious for two days.
00:10:18 --> 00:10:20: Those are two separate things,
00:10:20 --> 00:10:24: so I mean those studies of course are being done,
00:10:24 --> 00:10:26: but we don't know that now.
00:10:26 --> 00:10:31: Big question is whether the virus will disappear when it
00:10:31 --> 00:10:32: gets warmer.
00:10:32 --> 00:10:36: We just don't know it is true that some respiratory
00:10:36 --> 00:10:41: most respiratory viruses do at least dampen down during the
00:10:41 --> 00:10:42: warmer weather,
00:10:42 --> 00:10:46: but there are four Corona viruses that circulate that just
00:10:46 --> 00:10:48: cause mild colds.
00:10:48 --> 00:10:51: You wouldn't know. You just would know you had a
00:10:52 --> 00:10:52: cold.
00:10:52 --> 00:10:55: You wouldn't know which virus was causing it,
00:10:55 --> 00:10:59: and two of those four viruses do disappear in warmer
00:10:59 --> 00:11:00: weather,
00:11:00 --> 00:11:02: and two don't, so it's just.
00:11:02 --> 00:11:04: You know, impossible to say,
00:11:04 --> 00:11:09: and even if the virus does disappear or significantly decrease

00:11:09 --> 00:11:11: activity in the summer,
00:11:11 --> 00:11:14: the question is, are we going to see it return
00:11:14 --> 00:11:15: in the fall?
00:11:15 --> 00:11:19: This is what happened during the 1918 pandemic.
00:11:19 --> 00:11:22: We don't know how long we need to physically distance,
00:11:22 --> 00:11:26: and I'm using that term rather than social distance because
00:11:26 --> 00:11:28: we don't want to social distance.
00:11:28 --> 00:11:31: We want to be in contact with people.
00:11:31 --> 00:11:33: But maintain that six feet distance.
00:11:33 --> 00:11:36: So how long do we need to do it to
00:11:36 --> 00:11:37: flatten the curve?
00:11:37 --> 00:11:40: You know where we're starting out with two weeks?
00:11:40 --> 00:11:43: Probably not enough, but we don't know how long it
00:11:43 --> 00:11:44: will be in there.
00:11:44 --> 00:11:48: Different models out there. And then clinicians are looking at
00:11:48 --> 00:11:51: what's the best clinical treatment.
00:11:51 --> 00:11:54: There are a lot of drugs that are starting clinical
00:11:54 --> 00:11:58: trials and hopefully we'll have something that that works
soon.
00:11:58 --> 00:12:00: So here's the worldwide situation.
00:12:00 --> 00:12:03: As of last night, although I did just.
00:12:03 --> 00:12:09: Update those numbers we worldwide almost 400,000
confirmed infections an
00:12:09 --> 00:12:11: I didn't update the 79%,
00:12:11 --> 00:12:14: but I don't think that's changed much,
00:12:14 --> 00:12:18: so most of the activity is outside mainly in China
00:12:18 --> 00:12:19: now.
00:12:19 --> 00:12:22: In fact, if you look at new cases,
00:12:22 --> 00:12:24: it's virtually all the activity.
00:12:24 --> 00:12:28: There have been more than 16 that is now 17,000
00:12:28 --> 00:12:30: deaths reported.
00:12:30 --> 00:12:33: We have cases of infection reported in 100.
00:12:33 --> 00:12:37: 69 other countries an my husband is a political scientist,
00:12:37 --> 00:12:40: so I asked him how many countries are there in
00:12:40 --> 00:12:44: the world that he gave me a political science answer
00:12:44 --> 00:12:44: that.
00:12:44 --> 00:12:46: Well it depends. Blah blah blah,
00:12:46 --> 00:12:49: but the number I am I latched onto is 190
00:12:49 --> 00:12:54: so we're seeing it everywhere the countries they haven't
reported
00:12:54 --> 00:12:57: are most likely because they haven't tested.
00:12:57 --> 00:12:59: So if we look at that,
00:12:59 --> 00:13:01: what we call the epic curve.

00:13:01 --> 00:13:05: This is where you plot number of cases per day
00:13:05 --> 00:13:06: on a bar graph,
00:13:06 --> 00:13:11: so you know. Usually it's there's a peak and then
00:13:11 --> 00:13:13: cases start to decrease.
00:13:13 --> 00:13:16: It took three months to get to those first,
00:13:16 --> 00:13:21: about 100,000 cases, 12 days to the next 100,000 and
00:13:21 --> 00:13:23: 24 hours to the next 100,000.
00:13:23 --> 00:13:26: So we are looking at a pandemic.
00:13:26 --> 00:13:30: It took The Who. Wild officially call it that,
00:13:30 --> 00:13:35: but definitely a pandemic. We are also looking at an
00:13:35 --> 00:13:39: info demik in that there's a lot of misinformation.
00:13:39 --> 00:13:44: False information out there. Social media is helping with the
00:13:45 --> 00:13:46: spread of that.
00:13:46 --> 00:13:49: That's a concern an it's a fear demik that a
00:13:50 --> 00:13:53: natural human reaction when it's an unknown.
00:13:53 --> 00:13:58: We haven't seen anything like this since 1918 and there
00:13:58 --> 00:14:00: are very few people,
00:14:00 --> 00:14:04: if any. Probably nobody alive who remembers the 1918 flu
00:14:04 --> 00:14:05: pandemic.
00:14:05 --> 00:14:07: Even if you're still alive,
00:14:07 --> 00:14:12: you were a baby. So that's a concern as well.
00:14:12 --> 00:14:14: So in the United States,
00:14:14 --> 00:14:20: let's see that number is now as of this morning
00:14:20 --> 00:14:20: 40.
00:14:20 --> 00:14:24: About 47,000 cases we're seeing a rapid increase.
00:14:24 --> 00:14:28: I didn't update the desk 'cause that's harder to do,
00:14:28 --> 00:14:31: but we're seeing, you know we are seeing desk.
00:14:31 --> 00:14:35: We have cases everywhere, and unfortunately we are seeing
00:14:35 --> 00:14:39: a
00:14:39 --> 00:14:41: shortage of testing kits and not just the kids but
00:14:41 --> 00:14:46: the supplies to do the testing.
00:14:46 --> 00:14:51: The swabs which are manufactured in Italy.
00:14:51 --> 00:14:56: We are also seeing a shortage of personal protective
00:14:56 --> 00:15:02: equipment
00:15:02 --> 00:15:06: for health care workers and other first responders and they
00:15:06 --> 00:15:10: are heroes going to work everyday with potential exposure
00:15:10 --> 00:15:13: not
00:15:13 --> 00:15:17: just for themselves, but then for their families and they
00:15:17 --> 00:15:22: are having to make some hard decisions.
00:15:22 --> 00:15:26: One of my colleagues on the faculty here,
00:15:26 --> 00:15:31: her husband is a police is policeman.
00:15:31 --> 00:15:36: He may have made the difficult decision to live separately
00:15:36 --> 00:15:41: until this is over so that he does not expose

00:15:26 --> 00:15:29: her and their two year old daughter.

00:15:29 --> 00:15:33: We are not yet seeing a shortage in medical beds,

00:15:33 --> 00:15:36: but we're getting there and ICU beds,

00:15:36 --> 00:15:41: ventilators, other equipment. We are seeing an increase in ICU

00:15:41 --> 00:15:43: admissions and New York.

00:15:43 --> 00:15:47: As you may know, his hardest hit right now and

00:15:47 --> 00:15:48: they are.

00:15:48 --> 00:15:52: A week or two away from overload on their ICU

00:15:52 --> 00:15:55: beds an it may be the case that we are

00:15:55 --> 00:15:59: eight to 10 days behind what's happening in Italy.

00:15:59 --> 00:16:04: I thought this graph was interesting when we talk about

00:16:04 --> 00:16:04: ICU beds.

00:16:04 --> 00:16:09: The Orange counties are where there are hospitals but no

00:16:09 --> 00:16:11: ICU beds and then the Gray.

00:16:11 --> 00:16:15: The counties that are in Gray or where there are

00:16:15 --> 00:16:19: no hospitals in our rural communities.

00:16:19 --> 00:16:22: So this is going to be a significant challenge going

00:16:22 --> 00:16:23: forward,

00:16:23 --> 00:16:26: so you know everybody wants to know what's going to

00:16:26 --> 00:16:27: happen.

00:16:27 --> 00:16:30: Well, you know. I wish I were a fortune teller,

00:16:30 --> 00:16:32: but it's it's really hard to tell.

00:16:32 --> 00:16:35: We know that the wave in the United States has

00:16:35 --> 00:16:36: not peaked.

00:16:36 --> 00:16:39: We are seeing big increase every day in number of

00:16:39 --> 00:16:40: cases,

00:16:40 --> 00:16:42: and we're not even testing everybody.

00:16:42 --> 00:16:45: We would like to know what happens in the fall

00:16:45 --> 00:16:48: no matter what happens in the summer.

00:16:48 --> 00:16:50: Are we going to see?

00:16:50 --> 00:16:54: Big increase, it may become the this SARS Cody two

00:16:54 --> 00:16:58: may just become after a couple of years just like

00:16:58 --> 00:17:02: other respiratory viruses that we see every every year.

00:17:02 --> 00:17:07: We are instituting social physical distancing to flatten the

00:17:07 --> 00:17:10: curve.

00:17:07 --> 00:17:10: We don't know how long this will be needed.

00:17:10 --> 00:17:14: There are different models out there but none of them

00:17:14 --> 00:17:15: show 2 weeks,

00:17:15 --> 00:17:19: 8 weeks, even months an it depends on how compliant

00:17:19 --> 00:17:22: people are with this social distancing.

00:17:22 --> 00:17:26: And there's some characteristics of the virus that are going

00:17:26 --> 00:17:29: to affect it that we don't fully understand yet.

00:17:29 --> 00:17:32: As a society we we have to make the difficult

00:17:32 --> 00:17:36: decision about whether business or health is the priority an

00:17:36 --> 00:17:39: you know there's no right answer to that.

00:17:39 --> 00:17:42: That's a continuum an we have to decide where we

00:17:42 --> 00:17:43: are on that continuum.

00:17:43 --> 00:17:46: It's important to remember we are in this and by

00:17:46 --> 00:17:49: we I don't just mean those of us in the

00:17:49 --> 00:17:50: United States,

00:17:50 --> 00:17:52: the world is in this together.

00:17:52 --> 00:17:57: And we have to work together to to overcome this

00:17:57 --> 00:17:58: and get through it.

00:17:58 --> 00:18:02: Just shows you some different curves.

00:18:02 --> 00:18:06: It's a model out of Imperial College in London showing

00:18:06 --> 00:18:10: what happens if there's no suppression.

00:18:10 --> 00:18:14: You see that big Peak if we just do isolating

00:18:14 --> 00:18:15: infected cases,

00:18:15 --> 00:18:19: general social distancing that's at Purple Peak.

00:18:19 --> 00:18:22: And then if we close the schools,

00:18:22 --> 00:18:24: we delay it even longer.

00:18:24 --> 00:18:28: But there may be a higher peak in the winter

00:18:28 --> 00:18:29: this.

00:18:29 --> 00:18:33: Just quickly shows you three scenarios of number of cases

00:18:33 --> 00:18:36: that top orange United States is.

00:18:36 --> 00:18:37: If we don't do anything,

00:18:37 --> 00:18:42: the middle one showing fewer cases but still very widespread

00:18:42 --> 00:18:45: is if we do something and then the bottom one

00:18:45 --> 00:18:49: which you can barely see because there isn't much going

00:18:49 --> 00:18:53: on there as if we do severe control measures.

00:18:53 --> 00:18:54: So how bad will it get?

00:18:54 --> 00:18:57: Well, it depends on these six factors.

00:18:57 --> 00:18:59: How contagious is the virus?

00:18:59 --> 00:19:04: Pretty contagious, more than SARS was how deadly is the

00:19:04 --> 00:19:05: virus?

00:19:05 --> 00:19:08: Luckily not as deadly as sarzan.

00:19:08 --> 00:19:12: Other diseases like Ebola, but still even a 1%

00:19:12 --> 00:19:17: fatality rate, which is the number that we think it's

00:19:17 --> 00:19:21: going to settle on is is still a high rate.

00:19:21 --> 00:19:25: If everybody is getting infected.

00:19:25 --> 00:19:30: And then are people infectious before and without

00:19:30 --> 00:19:33: symptoms?

00:19:30 --> 00:19:33: The answer to that is looking like yes and yes,

00:19:33 --> 00:19:35: and that means we can.

00:19:35 --> 00:19:40: People can spread the disease without even knowing their infected.

00:19:40 --> 00:19:45: How much have infected persons traveled well when this originally

00:19:45 --> 00:19:49: started when we first saw in Wu Han before the

00:19:49 --> 00:19:53: airport was shut down 35 on average 3500 three 1500

00:19:53 --> 00:19:57: people traveled every day. Out of Wuhan to other cities

00:19:57 --> 00:19:59: around the world,

00:19:59 --> 00:20:02: and that's why we're seeing this this pandemic,

00:20:02 --> 00:20:06: this world widespread. How effective is our response?

00:20:06 --> 00:20:08: Well, that remains to be seen,

00:20:08 --> 00:20:12: and then how long to develop a disease vaccine which

00:20:12 --> 00:20:14: is at least a year to 18 months.

00:20:14 --> 00:20:18: In a best case scenario and a vaccine is not

00:20:18 --> 00:20:18: a panacea.

00:20:18 --> 00:20:22: We have a vaccines that work against other diseases and

00:20:22 --> 00:20:24: yet not everybody.

00:20:26 --> 00:20:30: Takes advantage of those vaccines so measures were working on

00:20:31 --> 00:20:31: vaccine.

00:20:31 --> 00:20:36: As I mentioned antivirals for people who are already sick

00:20:36 --> 00:20:39: to stop them from dying a good cost and then

00:20:39 --> 00:20:43: new diagnostics right now actually right now we do not

00:20:43 --> 00:20:47: have testing for people who have the disease are now

00:20:47 --> 00:20:51: over it in our immune and we need that to

00:20:51 --> 00:20:55: see to really get a picture of what's happening in

00:20:55 --> 00:20:58: the community now. The FDA just approved a test to

00:20:58 --> 00:20:59: do that,

00:20:59 --> 00:21:02: so hopefully we'll be seeing some data soon.

00:21:02 --> 00:21:04: So how to reduce your risk?

00:21:04 --> 00:21:05: You've seen most of these,

00:21:05 --> 00:21:07: you know, wash your hands.

00:21:07 --> 00:21:12: Use hand sanitizer, clean environmental services that includes your phone.

00:21:12 --> 00:21:14: I think we don't think about that,

00:21:14 --> 00:21:16: but that gets touched a lot.

00:21:16 --> 00:21:18: Cover your cough or sneeze.

00:21:18 --> 00:21:20: Don't touch your face, nose,

00:21:20 --> 00:21:23: or eyes. You know harder to do than to say

00:21:23 --> 00:21:25: and stay as healthy as you can.

00:21:25 --> 00:21:27: Get enough sleep. Eat well.

00:21:27 --> 00:21:30: Exercise reduce stress. Also if you smoke,

00:21:30 --> 00:21:33: this is a good time to think about quitting because
00:21:33 --> 00:21:37: we know that that you know anything that's going to
00:21:37 --> 00:21:39: compromise your lungs will make it harder.
00:21:39 --> 00:21:42: If you do get infection harder on your lungs.
00:21:42 --> 00:21:44: So some more things to do.
00:21:44 --> 00:21:47: And again, we've been hearing about these.
00:21:47 --> 00:21:50: These may have been new at the beginning.
00:21:50 --> 00:21:53: Now you know we hear about them all the time.
00:21:53 --> 00:21:55: Stay home if you're sick,
00:21:55 --> 00:21:58: although um oh. I forgot the number.
00:21:58 --> 00:22:03: I think it's 71,000,000 people around the world that could
00:22:03 --> 00:22:07: be wrong are in a shelter in place environment.
00:22:07 --> 00:22:09: We're starting it tonight in Houston,
00:22:09 --> 00:22:14: so people are staying home whether they're sick or not
00:22:14 --> 00:22:16: stay away from sick people.
00:22:16 --> 00:22:19: You know, there was a lot of interest at the
00:22:20 --> 00:22:24: beginning about masking there's really no evidence.
00:22:24 --> 00:22:27: That wearing a mask if you're not sick protects you.
00:22:27 --> 00:22:32: A particularly the surgical masks N 95 masks probably do,
00:22:32 --> 00:22:35: but there's a shortage of those and they have to
00:22:35 --> 00:22:39: be fitted to you and what's happening is our health
00:22:39 --> 00:22:43: care workers who need them aren't able to get them
00:22:43 --> 00:22:45: ANAN. Wearing a mask. Again,
00:22:45 --> 00:22:48: if you're not sick. If you're sick,
00:22:48 --> 00:22:52: yes, wearing a surgical mask does help.
00:22:52 --> 00:22:53: Stop spread of the virus,
00:22:53 --> 00:22:57: but if you're not, it may actually do more harm
00:22:57 --> 00:23:00: than good in the sense that you may not be
00:23:01 --> 00:23:04: wearing it correctly and you may be touching.
00:23:04 --> 00:23:08: The inside of the mask where if you've been breathing
00:23:08 --> 00:23:09: and you are infected,
00:23:09 --> 00:23:11: you may. You may be picking up virus.
00:23:11 --> 00:23:15: It may also give you a false sense of security.
00:23:15 --> 00:23:18: Some other ways you can protect yourself is to start
00:23:18 --> 00:23:21: to get a flu shot every year because again,
00:23:21 --> 00:23:24: it's not going to stop you from getting this virus,
00:23:24 --> 00:23:27: but it will protect your lungs from at least the
00:23:27 --> 00:23:29: flu an if you're over 65,
00:23:29 --> 00:23:33: there's an ammonia vaccine that is recommended that again
will
00:23:33 --> 00:23:34: protect your.
00:23:34 --> 00:23:38: Lungs from from that it's a variety of pneumonias,

00:23:38 --> 00:23:40: but not not this disease,
00:23:40 --> 00:23:45: but at least keep your lungs healthier than if you
00:23:45 --> 00:23:45: had,
00:23:45 --> 00:23:49: you know, COVID-19 and flu and ammonia.
00:23:49 --> 00:23:52: Travel only if necessary. Again,
00:23:52 --> 00:23:55: that's being decided for us.
00:23:55 --> 00:23:58: You can go to ready.gov\
00:23:58 --> 00:24:02: kit to find out what you should have in your
00:24:02 --> 00:24:04: supplies to weather.
00:24:04 --> 00:24:08: This may be too late for this because a lot
00:24:08 --> 00:24:12: of us are going to be sheltering in place,
00:24:12 --> 00:24:19: but it's good to look there for hurricane season or
00:24:19 --> 00:24:19: other.
00:24:19 --> 00:24:24: Emergencies as well, and then I would urge you all
00:24:24 --> 00:24:26: to support public health.
00:24:26 --> 00:24:30: Public health is tends to be invisible if we're doing
00:24:30 --> 00:24:31: our job.
00:24:31 --> 00:24:33: You don't know about it,
00:24:33 --> 00:24:37: and funding has been cut for at least the last
00:24:37 --> 00:24:38: 12 years.
00:24:38 --> 00:24:42: We have fewer public health workers in 2018 than we
00:24:42 --> 00:24:43: had in 2008,
00:24:43 --> 00:24:46: and public health protects us all.
00:24:46 --> 00:24:49: So it's important. Thank you,
00:24:49 --> 00:24:52: doctor Tracy. I'm here from Whitney Gray,
00:24:52 --> 00:24:56: next Whitney. Everyone I'm looking at almost 1400 people
are
00:24:56 --> 00:24:59: logged in so it's wonderful to have a chance to
00:25:00 --> 00:25:01: connect with all of you.
00:25:01 --> 00:25:05: So today I'm going to talk about the translation of
00:25:05 --> 00:25:09: the research into practice and the role that place makes,
00:25:09 --> 00:25:12: particularly in prevention and preparedness,
00:25:12 --> 00:25:14: as well as resiliency and recovery.
00:25:14 --> 00:25:19: An I need research international well Building Institute an it's
00:25:19 --> 00:25:20: really our job to create.
00:25:20 --> 00:25:24: Healthy and safe communities for people around the world
and
00:25:24 --> 00:25:25: healthy and safe buildings.
00:25:25 --> 00:25:29: Healthy and safe organizations. And now more than ever at
00:25:29 --> 00:25:31: this is such an imperative time for us and we
00:25:31 --> 00:25:35: do believe that information and the translation of research to
00:25:35 --> 00:25:38: practice provides real empowerment for our community.
00:25:38 --> 00:25:40: So I want to start with a quote so Shea

00:25:40 --> 00:25:44: is the president of International Well Building Institute in Asia
00:25:44 --> 00:25:46: and this is given our team a lot of support
00:25:46 --> 00:25:50: to understand that they're in a different phase of this.
00:25:50 --> 00:25:52: And there's a lot that we can learn.
00:25:52 --> 00:25:55: So her team is located in China and they were
00:25:55 --> 00:25:58: thrown into the epicenter of the outbreak starting January
23rd.
00:25:58 --> 00:26:01: Ann, she says, although we were in the middle of
00:26:01 --> 00:26:04: this we are also called to respond to the rising
00:26:04 --> 00:26:05: volumes.
00:26:05 --> 00:26:09: Inquiries from the marketplace, especially from the well
community users
00:26:09 --> 00:26:12: at tower spaces can be part of our caregiving team
00:26:12 --> 00:26:13: in the fight against viruses.
00:26:13 --> 00:26:16: She goes on to say I'm thrilled to witness such
00:26:16 --> 00:26:19: a strong affirmation in the marketplace,
00:26:19 --> 00:26:22: but the health component has undeniably become the front
and
00:26:22 --> 00:26:24: center position in buildings.
00:26:24 --> 00:26:28: And communities, I think this is really important quote
because
00:26:28 --> 00:26:31: what we've heard from our team there is that people
00:26:31 --> 00:26:32: right now in the US.
00:26:32 --> 00:26:36: Although we are looking at the prevention and preparedness
component,
00:26:36 --> 00:26:39: is that we do take comfort and understanding.
00:26:39 --> 00:26:42: What can we control? What can we put our knowledge
00:26:42 --> 00:26:46: into longer term as we build out resilience for communities?
00:26:46 --> 00:26:49: And what can we do to help support the marketplace
00:26:49 --> 00:26:50: moving forward?
00:26:50 --> 00:26:53: So as Catherine stated, this trend and pandemics,
00:26:53 --> 00:26:55: this may not be the end of it.
00:26:55 --> 00:26:58: So as we're looking at animal and human interaction,
00:26:58 --> 00:27:00: increasing as a result of habitat loss,
00:27:00 --> 00:27:04: changing weather patterns, it means it's more important now
than
00:27:04 --> 00:27:07: ever that we learn from the current conditions and work
00:27:07 --> 00:27:09: towards a more resilient future.
00:27:09 --> 00:27:12: So today, in the deck that I'm sharing with you,
00:27:12 --> 00:27:14: this really is an approach that we hope will be
00:27:15 --> 00:27:15: longer term,
00:27:15 --> 00:27:18: and then we can take a lot of power from
00:27:18 --> 00:27:21: not a short term reaction but a longer term solution.

00:27:21 --> 00:27:25: So places matter. There's research already showing that latitude and

00:27:25 --> 00:27:25: climate can.

00:27:25 --> 00:27:30: Influence vulnerability, which is interesting research at the University of

00:27:30 --> 00:27:33: Maryland and we know we spend a lot of time

00:27:33 --> 00:27:33: indoors.

00:27:33 --> 00:27:36: I think several of us are realizing this more than

00:27:36 --> 00:27:38: we ever have before,

00:27:38 --> 00:27:40: so we spend approximately 90%

00:27:40 --> 00:27:42: of our time indoors. If you are 50 on this

00:27:42 --> 00:27:43: call,

00:27:43 --> 00:27:45: that means 45 years of your life been spent.

00:27:45 --> 00:27:49: Indoor environments. So of course they make a great impact

00:27:50 --> 00:27:52: on your health and well being.

00:27:52 --> 00:27:54: And several of us, unfortunately,

00:27:54 --> 00:27:58: are in isolation, quarantine, and so working from home is

00:27:58 --> 00:27:59: all of a sudden,

00:27:59 --> 00:28:02: highlighting how well our spaces are working for us.

00:28:02 --> 00:28:06: Or perhaps how unwell those spaces are working.

00:28:06 --> 00:28:09: So quote from Doctor Joseph Allen at Harvard,

00:28:09 --> 00:28:11: who was also one of the Co chairs of the

00:28:11 --> 00:28:16: International Building Institute's Special Task Force on Coronavirus,

00:28:16 --> 00:28:18: says the buildings, if managed poorly,

00:28:18 --> 00:28:22: they can spread disease. But if we get it right.

00:28:22 --> 00:28:24: We can list our schools,

00:28:24 --> 00:28:26: offices and homes in this fight.

00:28:26 --> 00:28:29: And I think that many people that are listening to

00:28:29 --> 00:28:31: this webcast wherever you are.

00:28:31 --> 00:28:34: You know are part of what I would say is

00:28:34 --> 00:28:36: a solution in part to looking at how we can

00:28:36 --> 00:28:39: really get this right in the future and I.

00:28:39 --> 00:28:42: I do want to point out the article that doctor

00:28:42 --> 00:28:45: Alan wrote was published March 4th and we work with

00:28:45 --> 00:28:48: him quite directly and heard that took weeks to push

00:28:48 --> 00:28:51: to get this information published in the New York Times.

00:28:51 --> 00:28:55: There's more information. Coming out readily from doctor.

00:28:55 --> 00:28:57: Alan so I recommend that you look that up and

00:28:58 --> 00:28:59: it's a great article.

00:28:59 --> 00:29:03: Um for community members. So the well building standard is

00:29:03 --> 00:29:04: free to download online.

00:29:04 --> 00:29:07: Anyone can go to our website and download it and

00:29:07 --> 00:29:09: it's really powerful.

00:29:09 --> 00:29:11: I think to have a resource at a time like

00:29:11 --> 00:29:15: this because there's so much information as someone coming from

00:29:15 --> 00:29:17: the field of public health.

00:29:17 --> 00:29:20: We have a I think sometimes bad habit of listing

00:29:20 --> 00:29:24: out everything that can be done for health without always

00:29:24 --> 00:29:27: telling people how to translate that into action.

00:29:27 --> 00:29:30: What are the specifics that they need to do such?

00:29:30 --> 00:29:32: Especially for the building community,

00:29:32 --> 00:29:35: and for those that are struggling to understand,

00:29:35 --> 00:29:37: where do I start? Where do I go next?

00:29:37 --> 00:29:39: What do I think of long term and so we

00:29:39 --> 00:29:42: really hope that well can be a resource for many

00:29:42 --> 00:29:44: of you out there to consider what those steps can

00:29:44 --> 00:29:48: be. The well building standard just for reference was launched

00:29:48 --> 00:29:48: in 2014.

00:29:48 --> 00:29:52: It's the first building certification system in the world focused

00:29:52 --> 00:29:53: on human health,

00:29:53 --> 00:29:56: and these are the 10 different concepts that we focus

00:29:56 --> 00:29:56: on.

00:29:56 --> 00:29:59: And today we're just going to provide a preview of

00:29:59 --> 00:30:01: some very specific ones that can help.

00:30:01 --> 00:30:04: Particularly as we look at how the role that places

00:30:04 --> 00:30:06: Macon prevention preparedness,

00:30:06 --> 00:30:10: resilience, an response. And I want to highlight in particular

00:30:10 --> 00:30:13: that there's many buildings out there,

00:30:13 --> 00:30:14: and this is for years now.

00:30:14 --> 00:30:18: Many buildings I've been in that say I'm the healthiest

00:30:18 --> 00:30:19: building.

00:30:19 --> 00:30:20: Of course, I am looking.

00:30:20 --> 00:30:22: I've done it. Here's my list.

00:30:22 --> 00:30:26: Here's everything I've done until you verify it until you

00:30:26 --> 00:30:27: use a third party.

00:30:27 --> 00:30:31: It's very difficult to know if you did reach the

00:30:31 --> 00:30:31: levels.

00:30:31 --> 00:30:34: Of Health and safety that we need you to reach

00:30:34 --> 00:30:36: and not because you didn't try,

00:30:36 --> 00:30:39: but just because it's complicated and so I can't encourage

00:30:39 --> 00:30:42: you enough that when you look at performance testing,

00:30:42 --> 00:30:45: how critical this will be moving forward I,

00:30:45 --> 00:30:48: I think that now more than ever information is empowerment
00:30:48 --> 00:30:51: for people and we're really trying to look at how
00:30:51 --> 00:30:53: the invisible in our spaces,
00:30:53 --> 00:30:55: whether that's the quality of our air,
00:30:55 --> 00:30:56: water, what's on the surface,
00:30:56 --> 00:30:59: is that we need to make visible through information.
00:30:59 --> 00:31:02: And when you have performance testing your.
00:31:02 --> 00:31:06: Ongoing testing monitoring your brain those numbers to your
to
00:31:06 --> 00:31:08: your occupants in your community.
00:31:08 --> 00:31:10: That can be very empowering.
00:31:10 --> 00:31:11: An educational in many ways.
00:31:11 --> 00:31:15: People took this for granted before and this will change.
00:31:15 --> 00:31:19: As Katherine pointed out, the legacy and institutional memory
of
00:31:19 --> 00:31:23: infectious disease largely lived with their grandparents and
our parents
00:31:23 --> 00:31:24: in the early days of,
00:31:24 --> 00:31:28: for example, polio. But the millennial generation has not dealt
00:31:28 --> 00:31:30: with it in quite the same way,
00:31:30 --> 00:31:34: and so understanding how to make the invisible visible.
00:31:34 --> 00:31:38: Through information through data through performance
testing and third parties,
00:31:38 --> 00:31:40: I think will be a really critical part of this
00:31:41 --> 00:31:42: in the middle of all this,
00:31:42 --> 00:31:45: we really took a moment and said before we moved
00:31:45 --> 00:31:47: on to launch in the next version of the well
00:31:47 --> 00:31:50: building standard is that we have a real opportunity to
00:31:50 --> 00:31:53: learn from what is happening right now and make our
00:31:53 --> 00:31:55: buildings more resilient in the future.
00:31:55 --> 00:31:59: Make our organizations in our communities more resilient so
to
00:31:59 --> 00:31:59: do that.
00:31:59 --> 00:32:02: We called on some leading experts in this space.
00:32:02 --> 00:32:04: So Doctor Joseph Allen mentioned.
00:32:04 --> 00:32:08: Earlier Doctor Richard Carmona, a former surgeon general
and Doctor
00:32:08 --> 00:32:09: reseller Visa Murray,
00:32:09 --> 00:32:13: former CEO of the Robert Wood Johnson Foundation,
00:32:13 --> 00:32:16: and we're standing up a special task force on the
00:32:16 --> 00:32:17: coronavirus.
00:32:17 --> 00:32:20: This is meant to be able to translate and provide
00:32:20 --> 00:32:22: research into the well standard,

00:32:22 --> 00:32:24: but also be a public benefit.

00:32:24 --> 00:32:27: We're providing guidelines to understanding this issue,

00:32:27 --> 00:32:30: and I think it's a really powerful way for community

00:32:30 --> 00:32:34: members that really want to activate that want to be

00:32:34 --> 00:32:34: able to.

00:32:34 --> 00:32:37: Share their knowledge and also be able to get some

00:32:37 --> 00:32:40: answers and directions around what they can do now and

00:32:40 --> 00:32:43: in the future to make buildings more resilient.

00:32:43 --> 00:32:45: So that's an open call for those that want to

00:32:46 --> 00:32:48: join and we are standing that up right now.

00:32:48 --> 00:32:52: The way that the International Well Building Institute is

00:32:52 --> 00:32:55: looking

00:32:55 --> 00:32:58: at this really complex situation is saying that in many

00:32:58 --> 00:33:01: ways you know we're in this for the long term,

00:33:01 --> 00:33:04: that fundamentally the way the role the places will make

00:33:04 --> 00:33:07: moving forward has changed and we as building

00:33:07 --> 00:33:10: professionals.

00:33:10 --> 00:33:13: And you know, we need to be in this conversation,

00:33:13 --> 00:33:14: so we're looking. We've modeled this place is matter after

00:33:14 --> 00:33:18: looking at the four pillars you've heard me say around

00:33:18 --> 00:33:19: prevention,

00:33:19 --> 00:33:21: preparedness, resilience, and recovery. Many of us are

00:33:21 --> 00:33:23: looking at

00:33:23 --> 00:33:26: that last one thinking.

00:33:26 --> 00:33:27: I hope that sooner than later,

00:33:27 --> 00:33:30: but will share with you a couple of the stories

00:33:30 --> 00:33:31: of what we are learning from our colleagues around the

00:33:31 --> 00:33:34: world.

00:33:31 --> 00:33:34: And each of these pillars is not separate or mutually

00:33:34 --> 00:33:36: exclusive by any means.

00:33:36 --> 00:33:39: In fact, many of them will be happening simultaneously.

00:33:39 --> 00:33:43: And this is really our way of saying,

00:33:43 --> 00:33:46: how do you look at some of the short and

00:33:46 --> 00:33:49: long term impact related to buildings and community health

00:33:49 --> 00:33:50: outside?

00:33:50 --> 00:33:53: So let's just start with prevention and what I want

00:33:53 --> 00:33:56: to highlight here is this is preventing from getting the

00:33:56 --> 00:33:56: disease.

00:33:56 --> 00:34:00: This can include cleaner air cleaning protocols.

00:34:00 --> 00:34:03: I will also put up their behavior change and immune

00:34:00 --> 00:34:03: support,

00:34:00 --> 00:34:03: so this is a combination of risk management approaches.

00:34:00 --> 00:34:03: Reduce the risk with health promotion approach so we have

00:34:03 --> 00:34:06: many examples of this in well and again this is
00:34:06 --> 00:34:07: free to download,
00:34:07 --> 00:34:10: so please do look at this resource for more specific
00:34:10 --> 00:34:11: details.
00:34:11 --> 00:34:13: For many of those represented on the call.
00:34:13 --> 00:34:16: But we look at hand washing and cleaning policy and
00:34:17 --> 00:34:20: we have a detailed understanding of how do you implement
00:34:20 --> 00:34:22: boats design and operational changes.
00:34:22 --> 00:34:26: But we also are specifically looking at cleaner air and
00:34:26 --> 00:34:29: this is complex right when you take a deep breath.
00:34:29 --> 00:34:31: Do you know that air is good for you?
00:34:31 --> 00:34:33: How do you know it right?
00:34:33 --> 00:34:36: And what do you need to be thinking about?
00:34:36 --> 00:34:39: And so these are the six features that we explore,
00:34:39 --> 00:34:41: so going into a little bit of detail on the
00:34:41 --> 00:34:42: cleaner air.
00:34:42 --> 00:34:47: So Catherine covered that. COVID-19 is spread primarily
through close
00:34:47 --> 00:34:48: contact,
00:34:48 --> 00:34:52: although it can be spread asymptotically around six feet,
00:34:52 --> 00:34:54: it can remain airborne for hours.
00:34:54 --> 00:34:58: the CDC just came out of the report from the
00:34:58 --> 00:35:02: cruise industry demonstrating that one of the two impacted
cruise
00:35:02 --> 00:35:06: boats there actually were able to find traces of COVID-19
00:35:06 --> 00:35:09: 17 days after people departed the boat.
00:35:09 --> 00:35:13: So we are learning everyday about the spread now,
00:35:13 --> 00:35:15: how infectious that is or not.
00:35:15 --> 00:35:17: Catherine's point is very important.
00:35:17 --> 00:35:21: But still, we're understanding that how it's moving,
00:35:21 --> 00:35:25: how it's changing, how attention mutating is also changing
our
00:35:25 --> 00:35:28: research and understanding of what do we do around
cleaner
00:35:28 --> 00:35:29: air.
00:35:29 --> 00:35:32: So in particular, increased ventilation rates open a window.
00:35:32 --> 00:35:36: Anyone coming from environmental health will say this one
because
00:35:36 --> 00:35:40: there is so much that goes into increasing ventilation,
00:35:40 --> 00:35:43: potentially decreasing viral load. With doing so.
00:35:43 --> 00:35:46: And we also want to look at turning off Air
00:35:46 --> 00:35:49: Re circulation from outside air in particular.
00:35:49 --> 00:35:51: But things to consider when you do that,

00:35:51 --> 00:35:55: and so we've listed these bullets because it's an emerging
00:35:55 --> 00:35:57: research where these are recommendations,
00:35:57 --> 00:35:59: but we're still proving these out,
00:35:59 --> 00:36:02: and I did list all of our resources there to
00:36:02 --> 00:36:02: the right.
00:36:02 --> 00:36:04: If you'd like more information,
00:36:04 --> 00:36:08: so clearly are cleaning and disinfecting policy's or critical.
00:36:08 --> 00:36:11: We are deeply looking at how that's affecting our filters.
00:36:11 --> 00:36:13: Purifiers, air vents, air handling units,
00:36:13 --> 00:36:17: surface coolers, and other components that HV AC system,
00:36:17 --> 00:36:20: and we're looking at these filtration devices like.
00:36:20 --> 00:36:24: Separated by filtration, but also ensuring that when you do
00:36:24 --> 00:36:29: install these higher filtration devices as you're not
decreasing.
00:36:29 --> 00:36:32: Outdoor air ventilation that is a balance and you may
00:36:32 --> 00:36:36: potentially need to be thinking about re calibrating the system
00:36:37 --> 00:36:37: depending.
00:36:37 --> 00:36:42: We also look at recommendations to keep humidity above
30%.
00:36:42 --> 00:36:45: As it gets warmer, this will naturally happen buildings,
00:36:45 --> 00:36:47: but 10 to 20% humidity,
00:36:47 --> 00:36:49: then mucous membranes essentially will dry out more,
00:36:49 --> 00:36:52: and that can increase susceptibility.
00:36:52 --> 00:36:54: There are so many strategies on cleaner air and it
00:36:54 --> 00:36:56: really is a wealth of resources,
00:36:56 --> 00:36:59: but I also want to highlight one that I think
00:36:59 --> 00:37:02: is kind of interesting around thinking about natural ventilation,
00:37:02 --> 00:37:06: your staircases and controlling ascending and descending
stairs,
00:37:06 --> 00:37:09: and how people are moving even when you say stay
00:37:09 --> 00:37:10: 6 feet away.
00:37:10 --> 00:37:12: Well, if your staircase isn't that why that's very.
00:37:12 --> 00:37:15: Difficult when you're passing people,
00:37:15 --> 00:37:18: so these are just good strategies along with looking at
00:37:18 --> 00:37:19: standalone air purifiers,
00:37:19 --> 00:37:22: that's an immediate option that people can use directly,
00:37:22 --> 00:37:24: and I think that's really powerful,
00:37:24 --> 00:37:27: because for those of us that cannot make the influence
00:37:27 --> 00:37:29: on the building wide scale.
00:37:29 --> 00:37:32: These are direct strategies individuals can use now,
00:37:32 --> 00:37:35: so preparedness is something more closely tracking.
00:37:35 --> 00:37:38: Knowing the countries that are prepared for the pandemic
are

00:37:38 --> 00:37:41: better situated than those that are not prepared,
00:37:41 --> 00:37:45: prepared, and this includes. Organizational and technology strategies.

00:37:45 --> 00:37:48: So this looks at the continuity of the organization.
00:37:48 --> 00:37:51: Many of us have deep questions as to how we
00:37:51 --> 00:37:54: will continue continuity given the current situation.
00:37:54 --> 00:37:57: So for preparedness we look at health benefits.
00:37:57 --> 00:37:59: This is really coming into focus short,
00:37:59 --> 00:38:04: long-term disability health insurance that she owes mental health benefits
00:38:04 --> 00:38:05: will talk about.
00:38:05 --> 00:38:08: We're also wondering if people are staying and working,
00:38:08 --> 00:38:10: sometimes prolonged hours at home,
00:38:10 --> 00:38:13: which is, we understand the research.
00:38:13 --> 00:38:16: Says that people work from home often do have extended
00:38:16 --> 00:38:16: days.
00:38:16 --> 00:38:19: Are they doing so in an environment that actually enables
00:38:19 --> 00:38:22: them to sit in the supportive structure overtime?
00:38:22 --> 00:38:26: Or are they potentially in environments that could actually like
00:38:26 --> 00:38:29: harm over all their benefit through poor ergonomics,
00:38:29 --> 00:38:32: an emergency preparedness? So I'll spend a minute on that,
00:38:32 --> 00:38:35: in particular when we talk to clients about a healthy
00:38:35 --> 00:38:35: building.
00:38:35 --> 00:38:38: We have to talk to them about a healthy organization
00:38:38 --> 00:38:40: and policies that support it.
00:38:40 --> 00:38:43: So this is an example of really encouraging.
00:38:43 --> 00:38:45: Clients ahead of time. This is the pre mortem,
00:38:45 --> 00:38:49: not the postmortem prepared. Understand that all these scenarios can
00:38:49 --> 00:38:52: happen and when you're prepared for it then you have
00:38:52 --> 00:38:53: options when not prepared.
00:38:53 --> 00:38:56: Those options quickly deplete an into anxiety and panic,
00:38:56 --> 00:38:59: so this is step by step guide into looking emergency
00:38:59 --> 00:39:00: preparedness plans.
00:39:00 --> 00:39:03: I'd also again encourage you to look at our citations
00:39:03 --> 00:39:03: there.
00:39:03 --> 00:39:05: An 8 point font at the bottom,
00:39:05 --> 00:39:08: but you can directly click those links and I believe
00:39:08 --> 00:39:10: will be sharing some of these slides so that you
00:39:11 --> 00:39:13: can look at these emergency preparedness.
00:39:13 --> 00:39:17: Plans and understand how to complete them for really for
00:39:17 --> 00:39:17: your company.
00:39:17 --> 00:39:21: So this means steps for response during outbreak,

00:39:21 --> 00:39:24: really taking account to vulnerable populations.
00:39:24 --> 00:39:27: I want to highlight the issue of social equity and
00:39:27 --> 00:39:29: disability components.
00:39:29 --> 00:39:31: Now how we respond to the issue?
00:39:31 --> 00:39:34: How we maintain continuity and what we need to do
00:39:34 --> 00:39:37: to be prepared or all critical.
00:39:37 --> 00:39:39: This seems like a list in Tolleson.
00:39:39 --> 00:39:41: You sit down really deeply,
00:39:41 --> 00:39:43: think through all these scenarios.
00:39:43 --> 00:39:45: And how that plan in place and share it so
00:39:45 --> 00:39:47: resilience and recovery.
00:39:47 --> 00:39:50: I'll cover sort together because resiliency is something we're
seeing
00:39:50 --> 00:39:51: really applied,
00:39:51 --> 00:39:54: not only to the infrastructure of the building,
00:39:54 --> 00:39:56: but we want to look at it specifically when it
00:39:56 --> 00:39:57: around individuals,
00:39:57 --> 00:40:00: right? So how do you create resilient individuals?
00:40:00 --> 00:40:02: Hence resilient communities, cities and regions?
00:40:02 --> 00:40:04: And how can that help prepare in recovery?
00:40:04 --> 00:40:07: So there's a lot of components of this.
00:40:07 --> 00:40:09: I do want to highlight that some of the key
00:40:09 --> 00:40:13: strategies that support individual immune systems and
provide flexible and
00:40:13 --> 00:40:13: adaptive.
00:40:13 --> 00:40:17: Expectations is really important to help employees transition
and increase
00:40:17 --> 00:40:18: the resiliency.
00:40:18 --> 00:40:20: When they do return to the workplace,
00:40:20 --> 00:40:23: and so we want to look at mental health support
00:40:23 --> 00:40:25: in particular around resiliency.
00:40:25 --> 00:40:28: We also have movement highlighted here and clean contact,
00:40:28 --> 00:40:30: but for our purposes today I just want to give
00:40:30 --> 00:40:32: you a sense of how we look at some of
00:40:32 --> 00:40:35: these issues around policy of mental health promotion,
00:40:35 --> 00:40:39: education, stress support which is literally a feature within the
00:40:39 --> 00:40:40: well building standard.
00:40:40 --> 00:40:44: Specifically looking how people manage stress mental health
crises.
00:40:44 --> 00:40:46: Education and even light exposure.
00:40:46 --> 00:40:49: So mental health support. You see our list here and
00:40:49 --> 00:40:52: really looking at how you can support your community
through

00:40:52 --> 00:40:53: digital programming,
00:40:53 --> 00:40:57: remote training courses and issues such as the importance of
00:40:57 --> 00:40:57: daylight.
00:40:57 --> 00:41:01: There's actually some very interesting research around the 1918 flu
00:41:01 --> 00:41:03: pandemic supporting this issue,
00:41:03 --> 00:41:06: so you know making sure that we are still engaged
00:41:06 --> 00:41:09: in these natural behaviors that support our health,
00:41:09 --> 00:41:12: even in altered situations. And so we do have research
00:41:12 --> 00:41:15: supporting the role of that in mental health and sleep
00:41:15 --> 00:41:15: support.
00:41:15 --> 00:41:19: And so cleaning protocols will also be a really critical
00:41:19 --> 00:41:19: part.
00:41:19 --> 00:41:22: I think that's pretty clear to everyone when they return
00:41:22 --> 00:41:24: during the recovery phase.
00:41:24 --> 00:41:27: I'll just highlight it here next slide to say that
00:41:27 --> 00:41:29: it's more than just what chemicals you use.
00:41:29 --> 00:41:31: It's the process that you apply.
00:41:31 --> 00:41:35: And then finally, it's the human behavior and it's communicating
00:41:35 --> 00:41:36: that really,
00:41:36 --> 00:41:38: concisely to people in their spaces.
00:41:38 --> 00:41:41: Even right now, there are people that are skeleton crews
00:41:41 --> 00:41:45: in buildings where there's low occupancy and they're wondering around.
00:41:45 --> 00:41:49: Issues of ventilation through wandering around the cleanliness of the
00:41:49 --> 00:41:50: system.
00:41:50 --> 00:41:52: How much do you trust your building when you have
00:41:52 --> 00:41:56: these protocols in place and you can communicate them through
00:41:56 --> 00:41:57: performance testing,
00:41:57 --> 00:42:00: it's more powerful. People feel that they can trust in
00:42:00 --> 00:42:01: their own power,
00:42:01 --> 00:42:03: so I just want to end with saying that,
00:42:03 --> 00:42:05: you know, I think we have an incredible call to
00:42:05 --> 00:42:08: action around the role that places make around the world.
00:42:08 --> 00:42:11: This is made the world a very small place and
00:42:11 --> 00:42:14: it is a very powerful time and encourage ING action
00:42:14 --> 00:42:16: for all of us to think about how we can
00:42:16 --> 00:42:19: translate what we know. Around health into the places that
00:42:19 --> 00:42:20: we spend over 90%

00:42:20 --> 00:42:21: and now even more indoors.

00:42:21 --> 00:42:24: And although I presented this as a linear model of

00:42:24 --> 00:42:26: prevention and preparedness,

00:42:26 --> 00:42:28: resilience and recovery moving forward,

00:42:28 --> 00:42:31: we really think that each one of these stages can

00:42:31 --> 00:42:32: inform the other,

00:42:32 --> 00:42:35: and that's really critical, and I think a good example

00:42:35 --> 00:42:36: of that is next.

00:42:36 --> 00:42:38: Slide a quote again from Sway our President and I

00:42:38 --> 00:42:40: just want to leave this on,

00:42:40 --> 00:42:43: encourage ING Note where she said that one comfort I

00:42:43 --> 00:42:45: take from this that our team is doing our part

00:42:45 --> 00:42:47: in preparing people to create space.

00:42:47 --> 00:42:51: Help it band Health were part of long-term solutions and

00:42:51 --> 00:42:53: moving towards a safer and healthier society.

00:42:53 --> 00:42:56: Their teams gone through various stages of quarantine,

00:42:56 --> 00:42:59: self isolation. In a few cases are going on 60

00:42:59 --> 00:43:01: days of complete self isolation,

00:43:01 --> 00:43:03: keeping in mind many of us in the states are

00:43:03 --> 00:43:06: only moving into our 10th and that's not complete self

00:43:06 --> 00:43:07: isolation.

00:43:07 --> 00:43:10: Betrayal said that their work never stopped.

00:43:10 --> 00:43:14: Our team provide air purification ventilation system strategies

00:43:14 --> 00:43:14: to frontline

00:43:14 --> 00:43:18: workers,

00:43:18 --> 00:43:19: and if you hospitals and living quarters for medical staffers

00:43:19 --> 00:43:22: and Luhan.

00:43:22 --> 00:43:24: People want to know if the virus can spread throughout

00:43:24 --> 00:43:27: the apartment that they are living in.

00:43:27 --> 00:43:30: In the office there returning to and these are really

00:43:30 --> 00:43:32: serious important questions that were up to at the

00:43:32 --> 00:43:35: International

00:43:35 --> 00:43:36: Building Institute and we can use well as a tool

00:43:36 --> 00:43:38: to help guide people in their search for healthier places

00:43:38 --> 00:43:40: to live,

00:43:40 --> 00:43:42: work, play and learning. So thank you.

00:43:42 --> 00:43:45: Next time I just want to encourage you.

00:43:45 --> 00:43:47: As I said earlier, with you alive that we are

00:43:47 --> 00:43:50: a community and a family and we do believe that

00:43:50 --> 00:43:50: Wellness is something that we're all up to and health

00:43:50 --> 00:43:50: in this time. So please do reach out and we're

00:43:50 --> 00:43:50: happy to.

00:43:50 --> 00:43:54: Provide more information. Thank you so much and over to
00:43:54 --> 00:43:56: you season high.
00:43:56 --> 00:43:58: Great pleasure to be with you today.
00:43:58 --> 00:44:02: My presentation is going to focus on pandemic response
00:44:02 --> 00:44:05: from
00:44:05 --> 00:44:09: an Emergency Management perspective,
00:44:09 --> 00:44:10: specifically as it relates to the challenges for commercial real
00:44:10 --> 00:44:14: estate.
00:44:14 --> 00:44:17: My goal today is to suggest priorities recommend what to
00:44:17 --> 00:44:20: do right now and to give some sources of reliable
00:44:20 --> 00:44:22: information and guidance as we move forward.
00:44:22 --> 00:44:25: So my my.
00:44:25 --> 00:44:29: My talk will center around these three topics.
00:44:29 --> 00:44:32: First of all, just a quick explanation of how pandemics
00:44:32 --> 00:44:35: are seen through the lens of Emergency Management.
00:44:35 --> 00:44:39: Secondly, the top three things that you can do right
00:44:39 --> 00:44:42: now in your business and finally anticipate what's ahead so
00:44:42 --> 00:44:46: we can be planning and expecting what's next.
00:44:46 --> 00:44:47: Pandemic emergencies basically fit within the larger
00:44:47 --> 00:44:50: framework of Emergency
00:44:50 --> 00:44:54: Management,
00:44:54 --> 00:44:59: and as you know, pandemics are just one kind of
00:44:59 --> 00:45:00: emergency that can impact commercial real estate.
00:45:00 --> 00:45:05: The National Fire Protection Association publishes a best
00:45:05 --> 00:45:09: practice standard
00:45:09 --> 00:45:13: on continuity,
00:45:13 --> 00:45:16: emergency, and crisis management, and this explains in
00:45:16 --> 00:45:20: greater detail
00:45:21 --> 00:45:23: all the components of an effective evidence based program.
00:45:23 --> 00:45:29: And this slide shows their definition of Emergency
00:45:29 --> 00:45:31: Management.
00:45:31 --> 00:45:35: So it's an ongoing process to prevent,
00:45:35 --> 00:45:40: mitigate, prepare for, respond to maintain continuity during
00:45:40 --> 00:45:45: an recover
00:45:45 --> 00:45:51: from an incident that threatens life,
00:45:51 --> 00:45:54: property operations, information, or the environment.
Emergency Management is risk based,
so your pandemic plan is just one part of your
company's Emergency Management plan and is FK 1600
explains risks
can be geological or meteorological human caused or
biological,
and pandemics that under the category of biological risks.
The second point I'd like to make is that,

00:45:54 --> 00:45:58: generally speaking, we've developed our pandemic plans and passed with

00:45:58 --> 00:45:59: influenza in mind,

00:45:59 --> 00:46:01: and when we go to the experts to see how

00:46:01 --> 00:46:02: they planned for a pandemic,

00:46:02 --> 00:46:06: we notice that authorities like this US Centers for Disease

00:46:06 --> 00:46:10: Control and Prevention and the World Health Organization have positioned

00:46:10 --> 00:46:13: their plans with the assumption that will be working with

00:46:13 --> 00:46:16: the strain of influenza.

00:46:16 --> 00:46:17: However, as you well know,

00:46:17 --> 00:46:21: we're facing a coronavirus, not a flu virus.

00:46:21 --> 00:46:26: So very quickly these same experts have provided excellent targeted

00:46:26 --> 00:46:30: information and guidance customized to the science of COVID-19.

00:46:33 --> 00:46:35: We all have a really important role to play in

00:46:35 --> 00:46:38: the response to this pandemic challenge.

00:46:38 --> 00:46:41: Individuals, family, social groups, organisations,

00:46:41 --> 00:46:43: businesses and governments. In other words,

00:46:43 --> 00:46:44: it takes all of us,

00:46:44 --> 00:46:47: combining our efforts to respond to this emergency,

00:46:47 --> 00:46:50: and this is known as a whole of society approach

00:46:50 --> 00:46:54: and the commercial real estate industry has a critical role

00:46:54 --> 00:46:56: in mitigating the effects of this pandemic.

00:46:58 --> 00:47:00: In the fight to control the virus,

00:47:00 --> 00:47:02: we've seen a three pronged approach.

00:47:02 --> 00:47:06: That is containment efforts to keep the virus from taking

00:47:06 --> 00:47:06: hold.

00:47:06 --> 00:47:09: Preparedness for the eventual impacts of the viruses.

00:47:09 --> 00:47:12: People get sick and businesses and governments cope with the

00:47:13 --> 00:47:14: effects and mitigation.

00:47:14 --> 00:47:17: To reduce this severity of the impact.

00:47:17 --> 00:47:21: Although there's still ongoing efforts to contain COVID-19 so that

00:47:21 --> 00:47:24: our staff and our communities are not overwhelmed by the

00:47:24 --> 00:47:25: sickness,

00:47:25 --> 00:47:28: and although we still continue to prepare a staff and

00:47:28 --> 00:47:31: our operations for the peak of this pandemic were primarily

00:47:31 --> 00:47:33: in the mitigation phase,

00:47:33 --> 00:47:36: using different kinds of tools and strategies to enable our

00:47:36 --> 00:47:37: communities,

00:47:37 --> 00:47:42: government, hospitals and businesses to reduce the negative impacts of

00:47:42 --> 00:47:47: the pandemic and to continue functioning as much as possible.

00:47:47 --> 00:47:50: So I thought it would be helpful to look at

00:47:50 --> 00:47:53: three key areas where we can focus our response efforts

00:47:54 --> 00:47:56: and the sick of responding to this pandemic.

00:47:56 --> 00:48:00: People first protecting the health and the safety of staff,

00:48:00 --> 00:48:04: tenants, service providers and other stakeholders is always our number

00:48:04 --> 00:48:05: one priority.

00:48:05 --> 00:48:09: Secondly, ensuring that you're using best practice communication strategies and

00:48:09 --> 00:48:12: Thirdly making sure that essential business continues.

00:48:12 --> 00:48:15: So we're going to just take a look at each

00:48:15 --> 00:48:17: of these areas in a little more detail.

00:48:19 --> 00:48:21: As time goes on, our knowledge about the virus is

00:48:22 --> 00:48:26: increasing reengaging in research and studying the epidemiological data and

00:48:26 --> 00:48:29: strategies from other countries and this improves our understanding of

00:48:29 --> 00:48:33: the virus and what it's going to take to stop

00:48:33 --> 00:48:33: it.

00:48:33 --> 00:48:36: As you know, we don't have a vaccine available yet

00:48:36 --> 00:48:37: to protect people,

00:48:37 --> 00:48:39: so we need to rely on science,

00:48:39 --> 00:48:42: health experts and the government to inform policy.

00:48:42 --> 00:48:45: For example, staff have to be able to stay at

00:48:45 --> 00:48:47: home if you're sick or if they need to look

00:48:47 --> 00:48:48: after sick family members.

00:48:48 --> 00:48:52: So as an example, the city of San Francisco has

00:48:52 --> 00:48:55: adopted their sickly policy for employees as follows.

00:48:55 --> 00:48:59: City employees who don't have paid leave available and can't

00:48:59 --> 00:49:03: work due to circumstances related to COVID-19 now can get

00:49:03 --> 00:49:05: an advance on their page,

00:49:05 --> 00:49:08: sick leave or vacation. Under this policy,

00:49:08 --> 00:49:11: the city can advance up to 80 hours of paid

00:49:11 --> 00:49:15: sick leave or vacation to eligible employees and this is

00:49:15 --> 00:49:18: all based on criteria set by the HR director and

00:49:18 --> 00:49:21: the policy would be valid as long as the declaration

00:49:21 --> 00:49:25: of emergency which is signed by the mayor on February

00:49:25 --> 00:49:25: 25th.

00:49:25 --> 00:49:26: Is active.

00:49:29 --> 00:49:32: The Centers for Disease Control and Prevention of published interim

00:49:32 --> 00:49:36: guidance for businesses and employers and their guidance is as

00:49:36 --> 00:49:36: follows.

00:49:36 --> 00:49:39: And again, these are this is a reiteration of what

00:49:39 --> 00:49:41: we've already heard today.

00:49:41 --> 00:49:43: Encourage anyone who's sick to stay home.

00:49:43 --> 00:49:44: If someone does get sick,

00:49:44 --> 00:49:49: separate them immediately. The key message to all stakeholders is

00:49:49 --> 00:49:50: take home if you're sick.

00:49:50 --> 00:49:53: Practice appropriate cough and sneeze etiquette.

00:49:53 --> 00:49:57: Wash your hands. Ensure cleaning protocols are in alignment with

00:49:57 --> 00:50:01: COVID-19 recommendations and make sure your staff understand and follow

00:50:01 --> 00:50:02: travel guidance.

00:50:05 --> 00:50:08: The CDC guidance document goes on to advise that if

00:50:08 --> 00:50:10: an employee has a sick family member,

00:50:10 --> 00:50:13: they should notify their supervisor.

00:50:13 --> 00:50:17: And when a sick employee when play actually does get

00:50:17 --> 00:50:18: sick employees,

00:50:18 --> 00:50:21: employers should inform the rest of his staff of their

00:50:21 --> 00:50:22: possible exposure.

00:50:22 --> 00:50:26: But they need to keep confidential the details concerning a

00:50:26 --> 00:50:27: Secondly.

00:50:27 --> 00:50:31: They also provide a risk assessment that exposed employees should

00:50:31 --> 00:50:34: use to determine their risk and the appropriate actions they

00:50:34 --> 00:50:38: should take that encourage you to review your HR policies

00:50:38 --> 00:50:39: of these guidelines in mind.

00:50:42 --> 00:50:46: Social distancing as we know is of primary importance.

00:50:46 --> 00:50:50: the CDC recommends that businesses encourage work from home whenever

00:50:50 --> 00:50:51: possible.

00:50:51 --> 00:50:55: Enable flexible work hours and make sure infrastructure required is

00:50:55 --> 00:50:57: in place to support Tele work.

00:50:59 --> 00:51:02: Like to draw your attention to other reliable,

00:51:02 --> 00:51:06: excellent sources of information which will help inform your stakeholder

00:51:06 --> 00:51:09: health and safety practices during the pandemic.

00:51:09 --> 00:51:12: And here are three from the US Occupational Health and

00:51:13 --> 00:51:14: Safety Administration.

00:51:14 --> 00:51:17: So the fact sheet on protecting workers during a pandemic

00:51:18 --> 00:51:21: is guidance on things like training control measures in the

00:51:21 --> 00:51:22: workplace,

00:51:22 --> 00:51:25: like physical barriers and service windows and masks,

00:51:25 --> 00:51:30: and reps respirators. Second, resource guidance on preparing workplaces for

00:51:30 --> 00:51:35: COVID-19 offers very specific guidance and and organizes the information

00:51:35 --> 00:51:36: under low,

00:51:36 --> 00:51:39: medium, and high exposure risk.

00:51:39 --> 00:51:42: And the third, the OSHA Alert document,

00:51:42 --> 00:51:46: is just a basic one page summary of recommended general practices for the workplace.

00:51:46 --> 00:51:49: I also encourage you to review the US Department of

00:51:49 --> 00:51:52: Labor wage and Hour Division.

00:51:52 --> 00:51:55: Webpage is all sorts of great practical advice on specifics

00:51:55 --> 00:51:59: like the employers obligation working from home,

00:51:59 --> 00:52:03: whether or not employees require doctors,

00:52:03 --> 00:52:06: note sickly policies, making sure that weed is not abused

00:52:06 --> 00:52:10: and caring for sick children.

00:52:10 --> 00:52:12: The University of Minnesota Center for Infectious Disease

00:52:14 --> 00:52:19: Research and

00:52:19 --> 00:52:20: Policy,

00:52:20 --> 00:52:26: also called Cidrap, has an excellent COVID-19 information page that

00:52:26 --> 00:52:31: you may want to check out for employers and businesses.

00:52:31 --> 00:52:35: The World Health Organization also publishes general guidance on getting

00:52:36 --> 00:52:38: workplace ready for COVID-19.

00:52:38 --> 00:52:40: Ann has very specific guidance as well,

00:52:40 --> 00:52:45: unhealthy ways to cope with stress during the COVID-19 pandemic

00:52:45 --> 00:52:46: and use of PPE.

00:52:48 --> 00:52:53: Other relevant health and safety considerations include supporting employees who

00:52:53 --> 00:52:55: have pre existing health conditions,

00:52:55 --> 00:52:58: who are or who are older providing resource is to support mental health through these stressful times.

00:52:58 --> 00:53:01: Maintaining air quality and I would point you to the

00:53:01 --> 00:53:04: American Society of Heating,

00:53:05 --> 00:53:06: Refrigerating and Air Conditioning Engineers called ASHRAE

00:53:06 --> 00:53:10: for short.

00:53:10 --> 00:53:15: They have a position document on airborne infectious diseases.

00:53:15 --> 00:53:19: And also finally how you're going to manage situations such

00:53:19 --> 00:53:21: as how employees who refuse to work,

00:53:21 --> 00:53:23: how you will deal with that.

00:53:26 --> 00:53:29: So the second critical consideration for business is how you're

00:53:29 --> 00:53:32: going to ensure you're communicating effectively.

00:53:32 --> 00:53:36: During an incredibly quick, evolving public health emergency.

00:53:36 --> 00:53:41: Who are your audiences? What types of of communication modalities

00:53:41 --> 00:53:45: are you going to use to communicate to these audiences?

00:53:45 --> 00:53:48: And I would make caution you to make sure that

00:53:48 --> 00:53:52: you anchor all public health messaging using credible sources like

00:53:52 --> 00:53:53: the CDC,

00:53:53 --> 00:53:57: the World Health Organization, local public health authorities,

00:53:57 --> 00:53:58: trusted industry leaders.

00:54:00 --> 00:54:05: The CDC has published an excellent comprehensive manual which provides

00:54:05 --> 00:54:06: guidance on crisis,

00:54:06 --> 00:54:11: an emergency risk communication. The Council that crisis communication should

00:54:11 --> 00:54:14: be based on these six principles on this slide.

00:54:14 --> 00:54:18: That is the first interesting to know that the first

00:54:18 --> 00:54:22: source of information often becomes the preferred source.

00:54:22 --> 00:54:24: That need to be right.

00:54:24 --> 00:54:27: Absolute accuracy is essential. Be credible.

00:54:27 --> 00:54:31: The importance of honesty and truthfulness.

00:54:31 --> 00:54:36: Express empathy, any sacrifice and suffering should always be acknowledged

00:54:36 --> 00:54:38: in our communication.

00:54:38 --> 00:54:43: Promote appropriate action. Give people meaningful things to do and

00:54:43 --> 00:54:47: definitely show respect because respect promotes cooperation.

00:54:49 --> 00:54:53: And this slide shows some common pitfalls.

00:54:53 --> 00:54:55: the CDC warns us to avoid,

00:54:55 --> 00:55:00: such as mixed messaging or being late in getting information

00:55:00 --> 00:55:04: out to our stakeholders expressing paternalistic attitudes,

00:55:04 --> 00:55:10: not countering rumors, and miss immediately and engaging in public

00:55:10 --> 00:55:12: power struggles always,

00:55:12 --> 00:55:16: always not a good thing to be doing.

00:55:16 --> 00:55:18: Finally, from the CIRC manual,

00:55:18 --> 00:55:23: it's so important to remember that effective communication is always

00:55:23 --> 00:55:26: two way we need to listen to our stakeholders need

00:55:26 --> 00:55:31: to have mechanisms for listening and respond appropriately to what

00:55:31 --> 00:55:32: they tell us.

00:55:35 --> 00:55:38: The 3rd and final priority for businesses right now is

00:55:38 --> 00:55:41: making sure our business continues.

00:55:41 --> 00:55:44: So here is just some points on that specific concern,

00:55:44 --> 00:55:49: so have you determined your essential business functions and roles

00:55:49 --> 00:55:53: can be cross trained your staff so they can perform

00:55:53 --> 00:55:56: these essential functions over the longer term.

00:55:56 --> 00:56:00: Have you implemented recommended social distancing strategies?

00:56:00 --> 00:56:02: What about your supply chain?

00:56:02 --> 00:56:05: Do you have backup arrangements made in case your essential

00:56:05 --> 00:56:07: suppliers cannot keep up with demand?

00:56:07 --> 00:56:11: Are you considered a preferred client?

00:56:11 --> 00:56:15: Finally, junior third third party service providers have solid business

00:56:15 --> 00:56:18: continuity plans in place and have they shared them with

00:56:18 --> 00:56:18: you.

00:56:21 --> 00:56:25: Here are a few other excellent resource is the Canadian

00:56:25 --> 00:56:29: Center for Occupational Health and Safety has a great guide

00:56:29 --> 00:56:33: on infectious disease business continuity planning.

00:56:33 --> 00:56:38: The real estate international Real Estate Institute for Real Estate

00:56:38 --> 00:56:42: Management is just published a great pandemic guide.

00:56:42 --> 00:56:45: And the Centers for Disease Control and Prevention in a

00:56:45 --> 00:56:49: more general way has got key issues to think about

00:56:49 --> 00:56:50: for business continuity.

00:56:50 --> 00:56:55: When you're when you're thinking about Pandemic.

00:56:55 --> 00:56:57: So what can we expect in the weeks ahead?

00:56:57 --> 00:57:01: You create some thoughts from our previous panelists.

00:57:01 --> 00:57:04: This slide just shows that pandemic curve again that shows

00:57:04 --> 00:57:08: the cases of infection reaching the peak number quickly,

00:57:08 --> 00:57:12: and that's this, is exactly what our public health systems

00:57:12 --> 00:57:15: are trying to avoid because it will exceed our health

00:57:15 --> 00:57:16: care.

00:57:16 --> 00:57:18: Our health care systems capacity.

00:57:18 --> 00:57:22: There's a real, very real danger of overwhelming resource is

00:57:22 --> 00:57:25: our work for health care workers are necessary supplies,
00:57:25 --> 00:57:29: equipment? Which all are needed to respond to the most
00:57:29 --> 00:57:31: severely sick people?
00:57:33 --> 00:57:36: This slide shows what we're trying to accomplish.
00:57:36 --> 00:57:40: You've likely heard the phrase over and over flattening the
00:57:40 --> 00:57:40: curve,
00:57:40 --> 00:57:43: and that is meaning the public health measures such as
00:57:43 --> 00:57:47: isolation and Florentine and physical distancing which are
trying to
00:57:48 --> 00:57:51: slow down the rate of COVID-19 infections by slowing down
00:57:51 --> 00:57:54: the number of cases needing hospitalization.
00:57:54 --> 00:57:57: Resource is the health care system can cope with the
00:57:57 --> 00:57:57: demand.
00:58:01 --> 00:58:04: So we need to expect and plan for subsequent waves
00:58:04 --> 00:58:05: of illness,
00:58:05 --> 00:58:08: and we don't know how these subsequent how severe these
00:58:08 --> 00:58:10: subsequent waves might be.
00:58:10 --> 00:58:13: This is definitely a longer term of urgency that we're
00:58:13 --> 00:58:14: dealing with.
00:58:14 --> 00:58:19: This slide shows the two ways of the SARS coronavirus
00:58:19 --> 00:58:20: in 2003,
00:58:20 --> 00:58:23: so you'll see the peak.
00:58:23 --> 00:58:26: In mid to late March and a bit of a
00:58:26 --> 00:58:29: breather and then another phase.
00:58:29 --> 00:58:34: In May, so subsequent waves are possible and quite likely.
00:58:37 --> 00:58:39: As Whitney has already noted,
00:58:39 --> 00:58:43: we can expect more infectious disease outbreaks in the
future.
00:58:43 --> 00:58:46: The World Economic Forum wrote a white paper about a
00:58:46 --> 00:58:50: year ago morning that increased trade travel,
00:58:50 --> 00:58:53: population density, human displacement, deforestation,
00:58:53 --> 00:58:57: and climate change. With all of these factors were entering
00:58:57 --> 00:59:00: a new era of the risk of epidemics and the
00:59:00 --> 00:59:05: frequency of disease outbreaks are expected to grow further
as
00:59:05 --> 00:59:07: they have for the past 30 years.
00:59:09 --> 00:59:10: So with this in mind,
00:59:10 --> 00:59:14: we need to include that growing risk of infectious disease
00:59:14 --> 00:59:15: in our plans,
00:59:15 --> 00:59:18: and we need to reduce our exposure to this reality
00:59:18 --> 00:59:20: to improve our resilience.
00:59:20 --> 00:59:24: And we need to look for opportunities for coordination for
00:59:24 --> 00:59:28: enhancing public private cooperation to strengthen global

health,
00:59:28 --> 00:59:33: security, and mitigate potentially devastating impacts of infectious disease,
00:59:33 --> 00:59:35: both in human and economic terms.
00:59:39 --> 00:59:42: Finally, this could take a while.
00:59:42 --> 00:59:45: This document is dated March 13th,
00:59:45 --> 00:59:47: 2020. It's on the Internet.
00:59:47 --> 00:59:50: the US government COVID-19 response plan,
00:59:50 --> 00:59:52: and they have noted their assumptions.
00:59:52 --> 00:59:55: They're planning assumptions.
00:59:55 --> 00:59:58: The pandemic can last 18 months or longer.
00:59:58 --> 01:00:02: It can include multiple waves of illness.
01:00:02 --> 01:00:06: Supply chain and transportation networks will be impacted.
01:00:06 --> 01:00:10: And COVID-19 outbreak will likely result in significant shortages for
01:00:10 --> 01:00:11: government.
01:00:11 --> 01:00:13: The private sector, an individual consumers.
01:00:16 --> 01:00:18: So with those planning assumptions in mind.
01:00:18 --> 01:00:22: Here are just a few considerations.
01:00:22 --> 01:00:25: If we know that the pandemic could last 18 months
01:00:25 --> 01:00:26: or longer,
01:00:26 --> 01:00:29: how can your business adapt to the long term?
01:00:29 --> 01:00:32: If we know that it's likely that there could be
01:00:32 --> 01:00:33: multiple ways of illness.
01:00:33 --> 01:00:36: What about your staffing requirements?
01:00:36 --> 01:00:40: Supply chain and transportation impacts.
01:00:40 --> 01:00:45: It really underscores the need to have ongoing conversations with
01:00:45 --> 01:00:46: our suppliers.
01:00:46 --> 01:00:49: And if we know that there will be significant shortages,
01:00:49 --> 01:00:52: what is your plan to cope with expected shortages and
01:00:52 --> 01:00:53: shortfalls?
01:00:55 --> 01:01:00: But the good news is that recovery will happen.
01:01:00 --> 01:01:02: What's your plan for recovery?
01:01:02 --> 01:01:05: What kinds of things do you have in place when
01:01:05 --> 01:01:09: we thought about and in terms of programs and services
01:01:09 --> 01:01:11: that need to resume first?
01:01:11 --> 01:01:14: Will you continue providing coping resources for your
stakeholders?
01:01:14 --> 01:01:16: And what would those be?
01:01:16 --> 01:01:20: How wide and who will you communicate when the
emergency
01:01:20 --> 01:01:21: is over?

01:01:21 --> 01:01:25: And then making sure that we conduct debriefing sessions with

01:01:25 --> 01:01:28: our stakeholders identifying what went well,

01:01:28 --> 01:01:30: any gaps that we've noted.

01:01:30 --> 01:01:33: What kinds of things need to be improved,

01:01:33 --> 01:01:36: and then putting those findings in after action reports?

01:01:36 --> 01:01:39: Noting how will amend procedures,

01:01:39 --> 01:01:42: plans and protocols based on what we've learned.

01:01:42 --> 01:01:45: How are we going to communicate these distaffs?

01:01:45 --> 01:01:48: So I want to encourage you to make sure you're

01:01:48 --> 01:01:51: documenting everything right now.

01:01:51 --> 01:01:55: Everything that you're doing during this pandemic response.

01:01:55 --> 01:01:59: Don't forget and you're definitely going to need that for

01:01:59 --> 01:02:00: your report later.

01:02:00 --> 01:02:03: And then I'd like to encourage all of us to

01:02:03 --> 01:02:06: find ways to share a findings with the industry.

01:02:09 --> 01:02:12: So Are you ready? Have you prepared to protect your

01:02:12 --> 01:02:15: stakeholders throughout this long term?

01:02:15 --> 01:02:20: Emergency is your communication strategy in alignment with crisis communication

01:02:20 --> 01:02:21: best practices,

01:02:21 --> 01:02:25: and have you thoroughly considered how you're going to ensure

01:02:25 --> 01:02:29: essential business continues as emergency evolves?

01:02:29 --> 01:02:33: Very important thoughts for us to to consider at this

01:02:33 --> 01:02:34: moment.

01:02:34 --> 01:02:36: Thanks so much.

01:02:36 --> 01:02:39: Thank you, Suzanne, and thank you,

01:02:39 --> 01:02:41: Kathy Ann Whitney, as well.

01:02:41 --> 01:02:45: We've gotten some great feedback from the participants.

01:02:45 --> 01:02:48: I think the information has been very helpful.

01:02:48 --> 01:02:50: So now is the time for Q&A and let me

01:02:50 --> 01:02:51: just.

01:02:51 --> 01:02:54: I've gotten a bunch of questions about whether or not

01:02:55 --> 01:02:59: these materials will be available online and the answer is

01:02:59 --> 01:02:59: yes,

01:02:59 --> 01:03:02: will work as hard as an fast as we can

01:03:02 --> 01:03:04: to get these up on the website.

01:03:04 --> 01:03:07: We're continuing to update that you'll I page WWW dot.

01:03:07 --> 01:03:11: You lied at work slash COVID-19 with links to various

01:03:11 --> 01:03:12: resources,

01:03:12 --> 01:03:16: materials from other organizations, articles and links,

01:03:16 --> 01:03:19: and we will post a link to this web and

01:03:19 --> 01:03:22: are there as soon as we can and you should
01:03:22 --> 01:03:25: also expect an email with a link to all of
01:03:25 --> 01:03:29: the materials so we have just a few minutes for
01:03:29 --> 01:03:30: questions.
01:03:30 --> 01:03:33: And I've been looking at the questions.
01:03:33 --> 01:03:36: There's a lot of specific ones and some of them
01:03:36 --> 01:03:37: at the beginning.
01:03:37 --> 01:03:41: Healthy for you. Are about how do we know when
01:03:41 --> 01:03:44: we can lift control measures?
01:03:44 --> 01:03:48: What can we expect about what comes next?
01:03:48 --> 01:03:53: What does severe measures really mean and can we sustain
01:03:53 --> 01:03:53: that?
01:03:53 --> 01:03:57: And is a joint global shutdown necessary?
01:03:57 --> 01:04:03: A coordinated shutdown necessary to to help to mitigate the
01:04:03 --> 01:04:05: spread of this disease?
01:04:05 --> 01:04:09: So basically just looking at that question is.
01:04:09 --> 01:04:12: You know physical distancing, social distancing,
01:04:12 --> 01:04:15: and flattening the curve. Yeah,
01:04:15 --> 01:04:18: so let me start with what severe means and this
01:04:18 --> 01:04:21: is what was done in China,
01:04:21 --> 01:04:25: where the Hubei province, first the city of Wuhan and
01:04:25 --> 01:04:29: then will be probably obey Prophet Province,
01:04:29 --> 01:04:33: was basically shut down and people were not allowed to
01:04:33 --> 01:04:35: leave their house.
01:04:35 --> 01:04:38: You know, unless they were healthcare workers,
01:04:38 --> 01:04:42: but not for really any other reason an this was
01:04:42 --> 01:04:46: enforced quite severely with drones that would.
01:04:46 --> 01:04:52: Follow people who did venture out and you know so
01:04:52 --> 01:04:55: that type of thing is severe.
01:04:55 --> 01:04:59: I think what will happen when we decide what we're
01:04:59 --> 01:05:02: going to use to decide whether OK if a public
01:05:02 --> 01:05:04: health person were in charge,
01:05:04 --> 01:05:06: let me put it this way.
01:05:06 --> 01:05:09: Well, we would look at to decide whether it was
01:05:09 --> 01:05:11: time to think about lifting.
01:05:11 --> 01:05:15: Social, physical distancing is the epic curve that is the
01:05:15 --> 01:05:19: number of cases reported each day an where we are
01:05:19 --> 01:05:22: on that what should be a Bell shaped curve?
01:05:22 --> 01:05:24: Are we still seeing an increase,
01:05:24 --> 01:05:27: or are the number of cases starting to?
01:05:27 --> 01:05:29: Decline.
01:05:29 --> 01:05:33: So once the number of cases is not increasing,

01:05:33 --> 01:05:36: has declined to a level that we think,
01:05:36 --> 01:05:40: and I don't know what that level would be.
01:05:40 --> 01:05:44: But you know we're not seeing very many new cases
01:05:44 --> 01:05:47: we would start to lift those restrictions.
01:05:47 --> 01:05:51: Now I again if a public health person were in
01:05:51 --> 01:05:52: charge,
01:05:52 --> 01:05:54: we would do it gradually.
01:05:54 --> 01:05:58: An be monitoring that epic curve and if we start
01:05:58 --> 01:06:00: to see an increase in cases.
01:06:00 --> 01:06:08: We may Institute. We would Institute those restrictions again.
01:06:08 --> 01:06:11: Is there another question in there?
01:06:11 --> 01:06:17: Out the question was, is a global joint coordinated effort
01:06:17 --> 01:06:18: necessary?
01:06:18 --> 01:06:20: You know, in an ideal world,
01:06:20 --> 01:06:24: yes, that's what we would need to be doing because
01:06:24 --> 01:06:25: it doesn't matter.
01:06:25 --> 01:06:29: Unless every country closes their borders completely,
01:06:29 --> 01:06:32: which is not reasonable for trade.
01:06:32 --> 01:06:35: And you know things. If if one country controls it
01:06:36 --> 01:06:37: but another doesn't,
01:06:37 --> 01:06:39: we will see new cases.
01:06:39 --> 01:06:42: In fact, that's what's happening in China now.
01:06:42 --> 01:06:46: The cases they are seeing are from travelers from other
01:06:46 --> 01:06:48: parts of the world that are.
01:06:48 --> 01:06:50: And so the concern, of course,
01:06:50 --> 01:06:56: is that it will spread again within the Chinese population.
01:06:56 --> 01:07:00: But I mean, realistically speaking.
01:07:00 --> 01:07:03: Not sure that will happen,
01:07:03 --> 01:07:05: but yes, ideally yes. OK,
01:07:05 --> 01:07:08: thank you so question. For Whitney,
01:07:08 --> 01:07:13: you shared some good information about you know specific
strategies.
01:07:13 --> 01:07:18: Is are those strategies available to the public on line
01:07:18 --> 01:07:24: and and do they cover specific recommendations for
apartment buildings
rather than office?
01:07:25 --> 01:07:26: Yes, so at the end of my slides I listed
01:07:26 --> 01:07:29: a link which goes directly to the well building standard
01:07:29 --> 01:07:33: and so I believe Rachel will be able to share
01:07:33 --> 01:07:36: those resources afterwards. So you follow that link and then
01:07:36 --> 01:07:40: you can go specifically to the features listed and I
01:07:40 --> 01:07:43: gave you all the numbers for those as well as
01:07:43 --> 01:07:46:

01:07:46 --> 01:07:49: the research I we do right now,
01:07:49 --> 01:07:50: except all projects and so,
01:07:50 --> 01:07:54: although primarily we first launched we were in commercial.
01:07:54 --> 01:07:57: We are in all projects in which would.
01:07:57 --> 01:08:01: Include multifamily residential, which is where you want to look
01:08:01 --> 01:08:04: specifically for apartments to sway's point.
01:08:04 --> 01:08:08: Earlier in China there was some interesting cases even in
01:08:08 --> 01:08:12: Hong Kong around the spread through apartments and it they
01:08:12 --> 01:08:13: were still investigating it.
01:08:13 --> 01:08:18: But looking very closely at the filtration and ventilation issues
01:08:18 --> 01:08:21: and not keeping those basically at the highest level that
01:08:21 --> 01:08:22: was needed.
01:08:22 --> 01:08:26: More research will be done and will be including those
01:08:26 --> 01:08:29: types of case studies inside of our review as part
01:08:29 --> 01:08:32: of the IDBI Special Task Force on coronavirus.
01:08:32 --> 01:08:35: So currently the standard you do have recommendations in.
01:08:35 --> 01:08:39: There will be also reviewing and updating those as part
01:08:39 --> 01:08:40: of the task force,
01:08:40 --> 01:08:42: and I did get a couple questions.
01:08:42 --> 01:08:45: If people were interested in being part of that,
01:08:45 --> 01:08:47: or they know colleagues, please send them our way.
01:08:47 --> 01:08:51: The email would be Taskforce Atwell certified.com and I included
01:08:51 --> 01:08:54: that in the questions that there are two for people
01:08:54 --> 01:08:57: that are interested in getting more updates an as well
01:08:57 --> 01:09:01: as guidelines beyond the well standard for this.
01:09:01 --> 01:09:05: Thank you Whitney and lost a question for Suzan.
01:09:05 --> 01:09:10: We've gotten some questions about notification protocols
and what to
01:09:10 --> 01:09:14: do if you're a building manager and you learn that
01:09:14 --> 01:09:18: a tenant or somebody who works in your building has
01:09:18 --> 01:09:23: tested positive for COVID-19. What are the protocols for alerting,
01:09:23 --> 01:09:30: building management, and other occupants of the building
and potentially
01:09:30 --> 01:09:32: for cleaning as well?
01:09:32 --> 01:09:35: Great, thank you. That's a great question and sorry,
01:09:35 --> 01:09:38: let me just and then you you sort of covered
01:09:38 --> 01:09:42: this but you know there's the issues of confidentiality and
01:09:42 --> 01:09:45: confidentiality protocols protections for people,
01:09:45 --> 01:09:49: right? As I think we mentioned at the beginning.

01:09:49 --> 01:09:52: I'm a Canadian when I work with real estate associations
01:09:52 --> 01:09:54: here in Canada quite often,
01:09:54 --> 01:09:57: and that is certainly our number one question.
01:09:57 --> 01:09:59: What's what's the protocol about?
01:09:59 --> 01:10:02: You know somebody in our building has.
01:10:02 --> 01:10:07: I'm down with COVID-19 and the consensus that I am
01:10:08 --> 01:10:11: hearing from from all of the.
01:10:11 --> 01:10:15: Various folks and experts is your number one is is
01:10:15 --> 01:10:19: to notify your public health Department.
01:10:19 --> 01:10:23: Work with them. They have a very well refined process
01:10:23 --> 01:10:30: in place for dealing with infectious diseases and COVID-19
specifically.
01:10:30 --> 01:10:34: So first call would be to them and they also
01:10:34 --> 01:10:36: have a confidentiality of.
01:10:36 --> 01:10:40: I would expect a protocol in place so that would
01:10:40 --> 01:10:43: be my best general guidance.
01:10:43 --> 01:10:46: You know, go to them first.
01:10:46 --> 01:10:52: OK, thank you. Alright, well thank you to Kathy and
01:10:52 --> 01:10:58: Suzan Ann Whitney for your guidance and insights.
01:10:58 --> 01:11:01: Next, slide Sarah.
01:11:01 --> 01:11:04: And thanks to all of you for participating in this
01:11:04 --> 01:11:06: web and R as we close.
01:11:06 --> 01:11:10: I'd like to draw your attention to our weekly webinars
01:11:10 --> 01:11:12: series that we're teeing up.
01:11:12 --> 01:11:15: The series will explore.
01:11:15 --> 01:11:19: Virus and information about upcoming webinars will be
shared via
01:11:19 --> 01:11:22: social media and on our COVID-19 issue page.
01:11:22 --> 01:11:26: So next Tuesday, please join us for presentations by
Professor
01:11:26 --> 01:11:31: Joseph Allen and Center for Active Design Executive Director
Joanna
01:11:31 --> 01:11:31: Frank.
01:11:31 --> 01:11:36: And then on April 7th will examine considerations for
multifamily
01:11:36 --> 01:11:37: multifamily buildings,
01:11:37 --> 01:11:40: an affordable housing. So for now,
01:11:40 --> 01:11:43: I'd like to close this webinar by thanking you for
01:11:43 --> 01:11:44: joining us.
01:11:44 --> 01:11:46: We're thinking of you, your family,
01:11:46 --> 01:11:51: your. Businesses and your colleagues at this challenging
time,
01:11:51 --> 01:11:55: please reach out to us anytime at .

01:11:55 --> 01:11:58: Thank you and take good care.

This video transcript has been machine-generated, so it may not be accurate. It is for personal use only. Reproduction or use without written permission is prohibited. If you have a correction or for permission inquiries, please contact [\[email protected\]](#).