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 Mccleary 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 a
00:14:35 --> 00:14:39: shortage of testing kits and not just the kids but
00:14:39 --> 00:14:41: the supplies to do the testing.
00:14:41 --> 00:14:46: The swabs which are manufactured in Italy.
00:14:46 --> 00:14:51: We are also seeing a shortage of personal protective equipment
00:14:51 --> 00:14:56: for health care workers and other first responders and they
00:14:56 --> 00:15:02: are heroes going to work everyday with potential exposure not
00:15:02 --> 00:15:06: just for themselves, but then for their families and they
00:15:07 --> 00:15:10: are having to make some hard decisions.
00:15:10 --> 00:15:13: One of my colleagues on the faculty here,
00:15:13 --> 00:15:17: her husband is a police is policeman.
00:15:17 --> 00:15:22: He may have made the difficult decision to live separately
00:15:22 --> 00:15:26: 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 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 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 looking
00:32:52 --> 00:32:55: at this really complex situation is saying that in many
00:32:55 --> 00:32:58: ways you know we're in this for the long term,
00:32:58 --> 00:33:01: that fundamentally the way the role the places will make
00:33:01 --> 00:33:04: moving forward has changed and we as building professionals.
00:33:04 --> 00:33:07: And you know, we need to be in this conversation,
00:33:07 --> 00:33:10: so we're looking. We've modeled this place is matter after
00:33:10 --> 00:33:13: looking at the four pillars you've heard me say around
00:33:13 --> 00:33:14: prevention,
00:33:14 --> 00:33:18: preparedness, resilience, and recovery. Many of us are looking at
00:33:18 --> 00:33:19: that last one thinking.
00:33:19 --> 00:33:21: I hope that sooner than later,
00:33:21 --> 00:33:23: but will share with you a couple of the stories
00:33:23 --> 00:33:26: of what we are learning from our colleagues around the
00:33:26 --> 00:33:27: world.
00:33:27 --> 00:33:30: And each of these pillars is not separate or mutually
00:33:30 --> 00:33:31: exclusive by any means.
00:33:31 --> 00:33:34: In fact, many of them will be happening simultaneously.
00:33:34 --> 00:33:36: And this is really our way of saying,
00:33:36 --> 00:33:39: how do you look at some of the short and
00:33:39 --> 00:33:43: long term impact related to buildings and community health outside?
00:33:43 --> 00:33:46: So let's just start with prevention and what I want
00:33:46 --> 00:33:49: to highlight here is this is preventing from getting the
00:33:49 --> 00:33:50: disease.
00:33:50 --> 00:33:53: This can include cleaner air cleaning protocols.
00:33:53 --> 00:33:56: I will also put up their behavior change and immune
00:33:56 --> 00:33:56: support,
00:33:56 --> 00:34:00: 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 asymptomatically 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 organomics,
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 to frontline
00:43:14 --> 00:43:14: workers,
00:43:14 --> 00:43:18: and if you hospitals and living quarters for medical staffers
00:43:18 --> 00:43:19: and Luhan.
00:43:19 --> 00:43:22: People want to know if the virus can spread throughout
00:43:22 --> 00:43:24: the apartment that they are living in.
00:43:24 --> 00:43:27: In the office there returning to and these are really
00:43:27 --> 00:43:30: serious important questions that were up to at the International
00:43:30 --> 00:43:32: Building Institute and we can use well as a tool
00:43:32 --> 00:43:35: to help guide people in their search for healthier places
00:43:35 --> 00:43:36: to live,
00:43:36 --> 00:43:38: work, play and learning. So thank you.
00:43:38 --> 00:43:40: Next time I just want to encourage you.
00:43:40 --> 00:43:42: As I said earlier, with you alive that we are
00:43:42 --> 00:43:45: a community and a family and we do believe that
00:43:45 --> 00:43:47: Wellness is something that we're all up to and health
00:43:47 --> 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 from
00:44:02 --> 00:44:05: an Emergency Management perspective,
00:44:05 --> 00:44:09: specifically as it relates to the challenges for commercial real
00:44:09 --> 00:44:10: estate.
00:44:10 --> 00:44:14: My goal today is to suggest priorities recommend what to
00:44:14 --> 00:44:17: do right now and to give some sources of reliable
00:44:17 --> 00:44:20: information and guidance as we move forward.
00:44:20 --> 00:44:22: So my my.
00:44:22 --> 00:44:25: My talk will center around these three topics.
00:44:25 --> 00:44:29: First of all, just a quick explanation of how pandemics
00:44:29 --> 00:44:32: are seen through the lens of Emergency Management.
00:44:32 --> 00:44:35: Secondly, the top three things that you can do right
00:44:35 --> 00:44:39: now in your business and finally anticipate what's ahead so
00:44:39 --> 00:44:42: we can be planning and expecting what's next.
00:44:42 --> 00:44:46: Pandemic emergencies basically fit within the larger framework of Emergency
00:44:46 --> 00:44:47: Management,
00:44:47 --> 00:44:50: and as you know, pandemics are just one kind of
00:44:50 --> 00:44:54: emergency that can impact commercial real estate.
00:44:54 --> 00:44:59: The National Fire Protection Association publishes a best practice standard
00:44:59 --> 00:45:00: on continuity,
00:45:00 --> 00:45:05: emergency, and crisis management, and this explains in greater detail
00:45:05 --> 00:45:09: all the components of an effective evidence based program.
00:45:09 --> 00:45:13: And this slide shows their definition of Emergency Management.
00:45:13 --> 00:45:16: So it's an ongoing process to prevent,
00:45:16 --> 00:45:20: mitigate, prepare for, respond to maintain continuity during an recover
00:45:21 --> 00:45:23: from an incident that threatens life,
00:45:23 --> 00:45:29: property operations, information, or the environment.
00:45:29 --> 00:45:31: Emergency Management is risk based,
00:45:31 --> 00:45:35: so your pandemic plan is just one part of your
00:45:35 --> 00:45:40: company's Emergency Management plan and is FK 1600 explains risks
00:45:40 --> 00:45:45: can be geological or meteorological human caused or biological,
00:45:45 --> 00:45:51: and pandemics that under the category of biological risks.
00:45:51 --> 00:45:54: 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 coffin 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

00:51:46 --> 00:51:49: practices for the workplace.

00:51:49 --> 00:51:52: I also encourage you to review the US Department of

00:51:52 --> 00:51:55: Labor wage and Hour Division.

00:51:55 --> 00:51:59: Webpage is all sorts of great practical advice on specifics

00:51:59 --> 00:52:03: like the employers obligation working from home,

00:52:03 --> 00:52:06: whether or not employees require doctors,

00:52:06 --> 00:52:10: note sickly policies, making sure that weed is not abused

00:52:10 --> 00:52:12: and caring for sick children.

00:52:14 --> 00:52:19: The University of Minnesota Center for Infectious Disease 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

00:52:58 --> 00:53:01: support mental health through these stressful times.

00:53:01 --> 00:53:04: Maintaining air quality and I would point you to the

00:53:05 --> 00:53:06: American Society of Heating,

00:53:06 --> 00:53:10: Refrigerating and Air Conditioning Engineers called ASHRAE 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 hospitilization.
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 plants,
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
01:07:25 --> 01:07:26: rather than office?
01:07:26 --> 01:07:29: Yes, so at the end of my slides I listed
01:07:29 --> 01:07:33: a link which goes directly to the well building standard
01:07:33 --> 01:07:36: and so I believe Rachel will be able to share
01:07:36 --> 01:07:40: those resources afterwards. So you follow that link and then
01:07:40 --> 01:07:43: you can go specifically to the features listed and I
01:07:43 --> 01:07:46: gave you all the numbers for those as well as

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.

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