



The Front Lines of the Fight Against COVID-19

A TOWN HALL CONVERSATION XIX

We will begin at 1 p.m.



To receive a copy of Dr. Michael J. Klebuc's slides,
please email hmevent@houstonmethodist.org

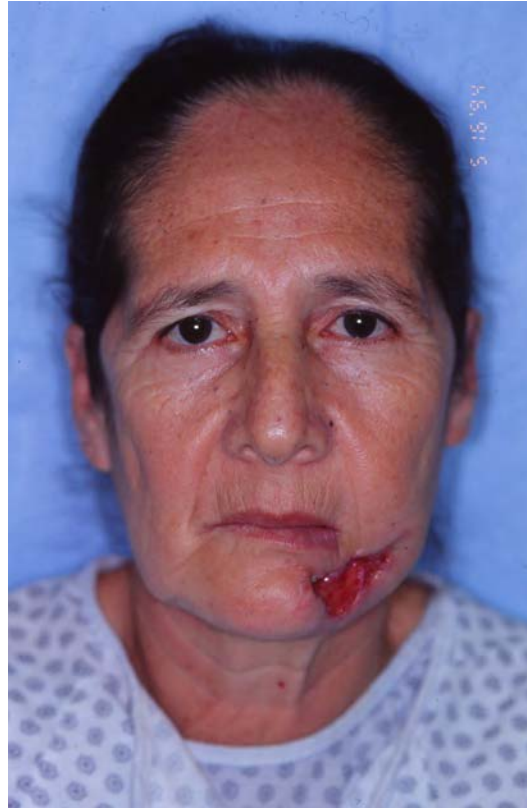
Facial Plastic Surgery Past, Present, and Future

Eugene L. Alford MD FACS

November 8, 2021

- **1956 – S. Baron Hardy MD**
- **1970 – William K. Wright MD**
- **1976 – Melvin Spira MD DDS**
- **1990 – Bobby R. Alford MD**
- **2005 – Jeff Friedman MD**

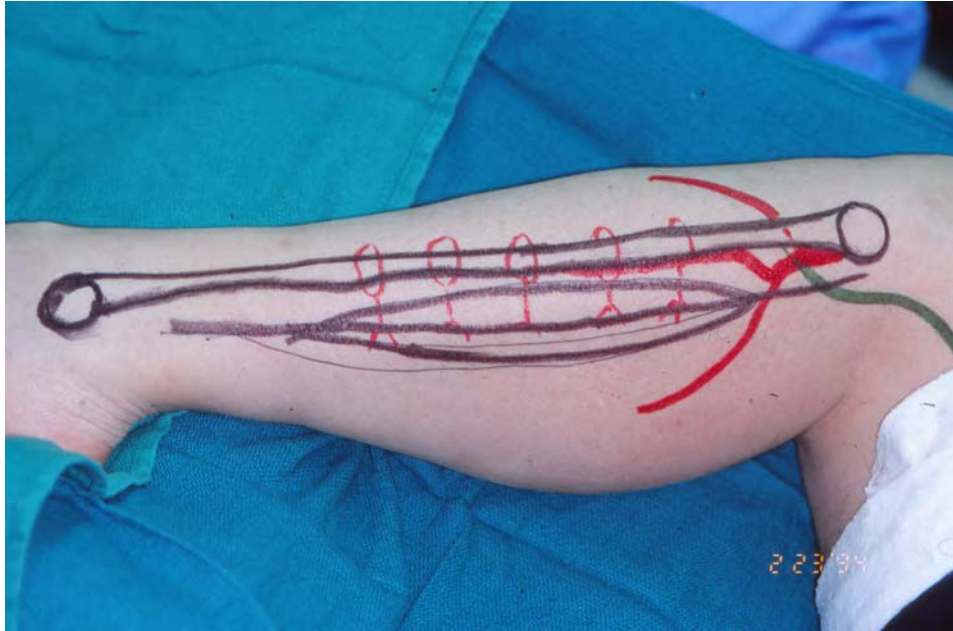
1991 – Head and Neck Reconstruction After Cancer



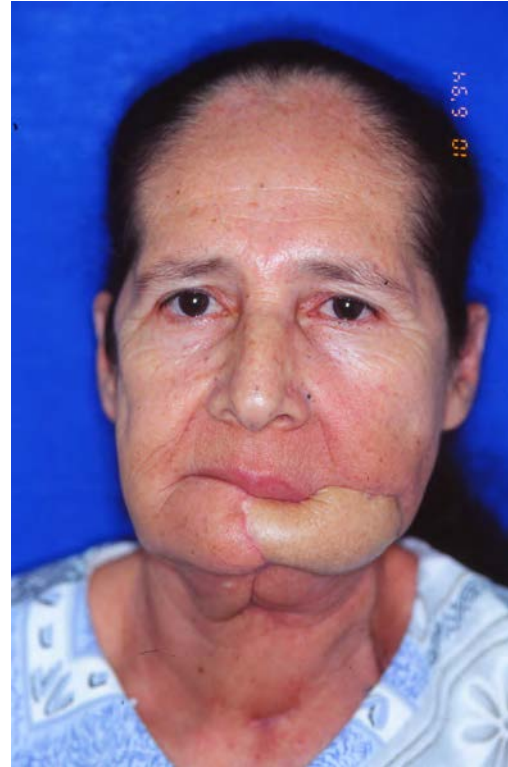
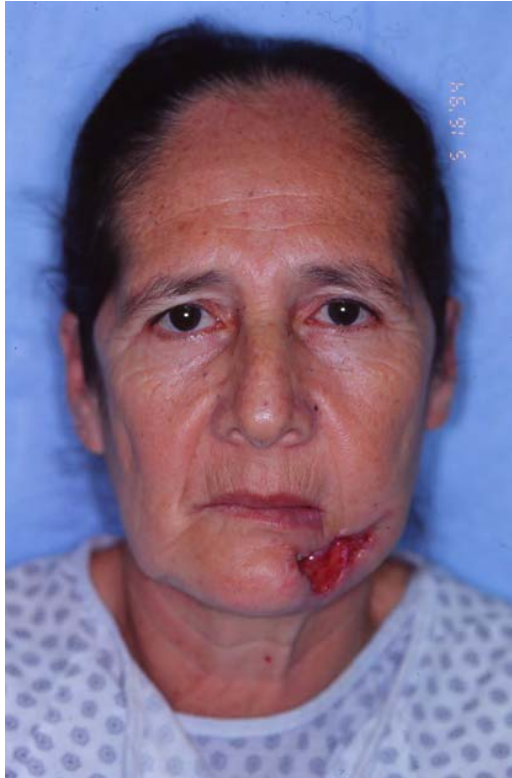
1991 – Head and Neck Reconstruction After Cancer



1991 – Head and Neck Reconstruction After Cancer



1991 – Head and Neck Reconstruction After Cancer



1991 – 2001 Results



More than 150 Patients

Functional and Cosmetic Improvement

Growth of Skill

Better Patient Care

Improved Outcomes

Collegial Cooperation

Other Facial Reconstruction Forehead Flap



Other Facial Reconstruction Forehead Flap



Other Facial Reconstruction Forehead Flap



Other Facial Reconstruction Forehead Flap



Other Facial Reconstruction Forehead Flap



2005 – Carolyn Thomas

Survivor of domestic violence
Assaulted by boyfriend
Mother killed
No insurance
14 months of deformity
November 2004



“Dream Team”

Pro Bono Reconstruction

7 Surgeries over 10 months

\$2,000,000 Free Care

Oprah & Larry King Live

\$37,000,000 Free PR



2005 – Carolyn Thomas



2005 – Carolyn Thomas



2005 – Carolyn Thomas



Today



Today



Today



Today



Today



Training of Residents

Allow Independence

Planning

Decision Making

Gain First-Hand Experience

Enhanced Skills

Improved Outcomes

Create a New Training Paradigm

Facial Deformities Clinic

Pro Bono Care

Resident Control

Staff Supervision

Surgery 1 Friday per Month

Clinic 2 Fridays per Month

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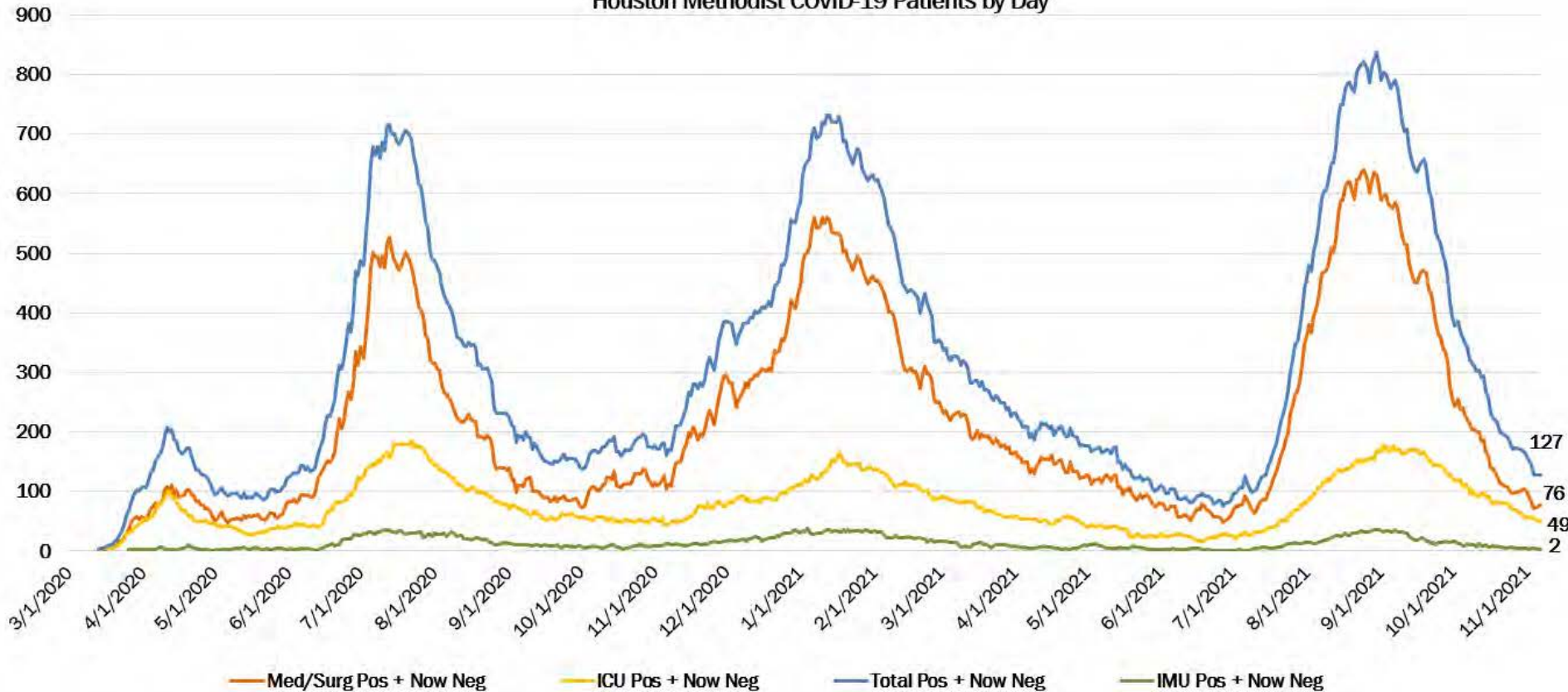
Houston Methodist Update

Marc L. Boom, MD
November 8, 2021

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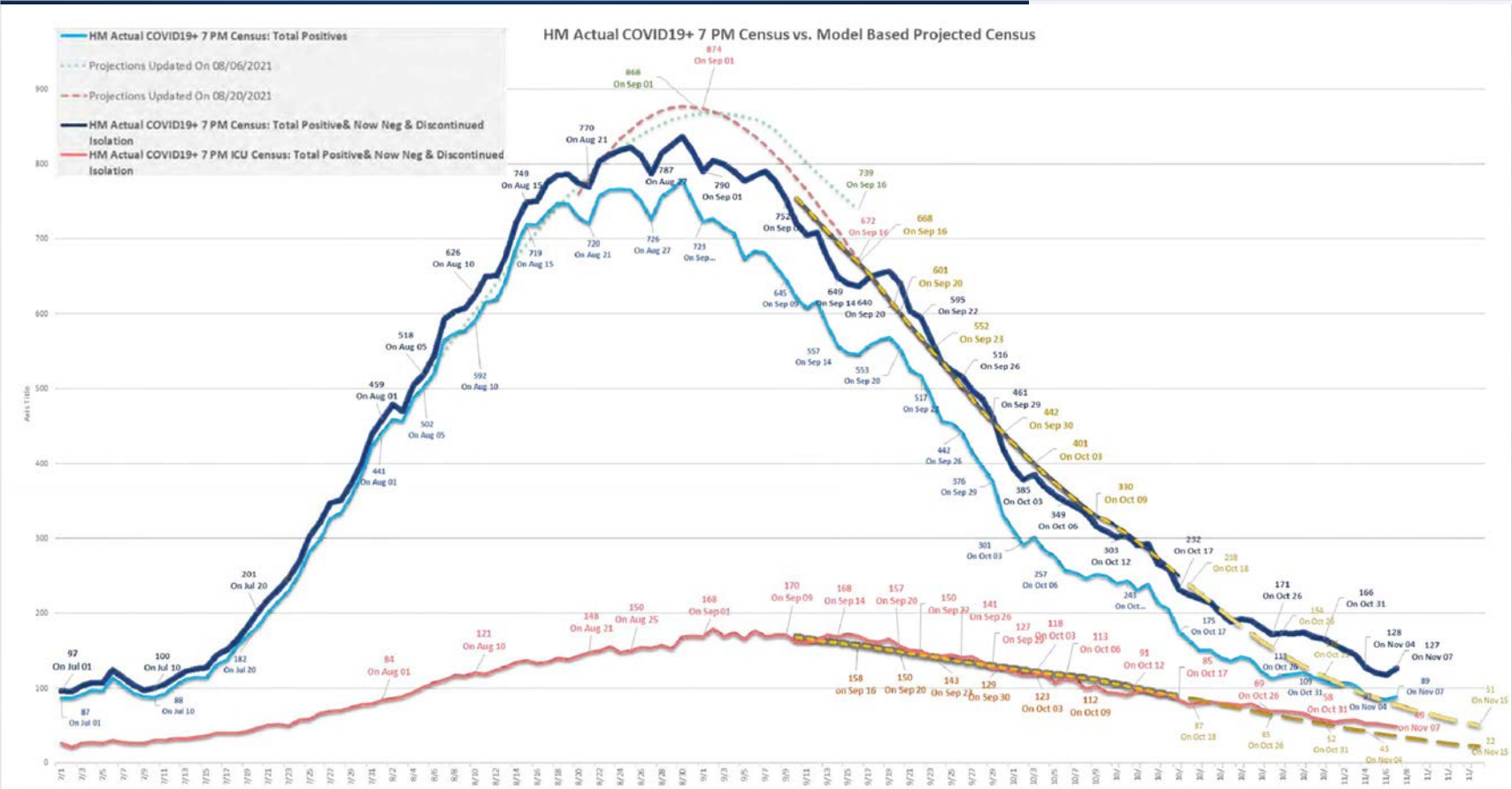
Houston Methodist COVID-19 Cases By Day

Houston Methodist COVID-19 Patients by Day

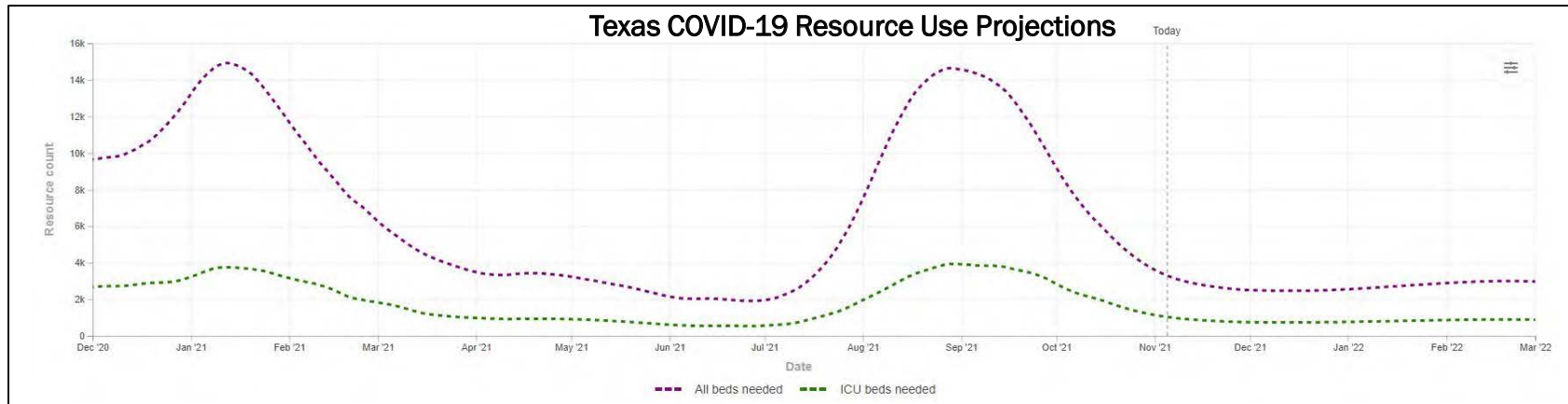
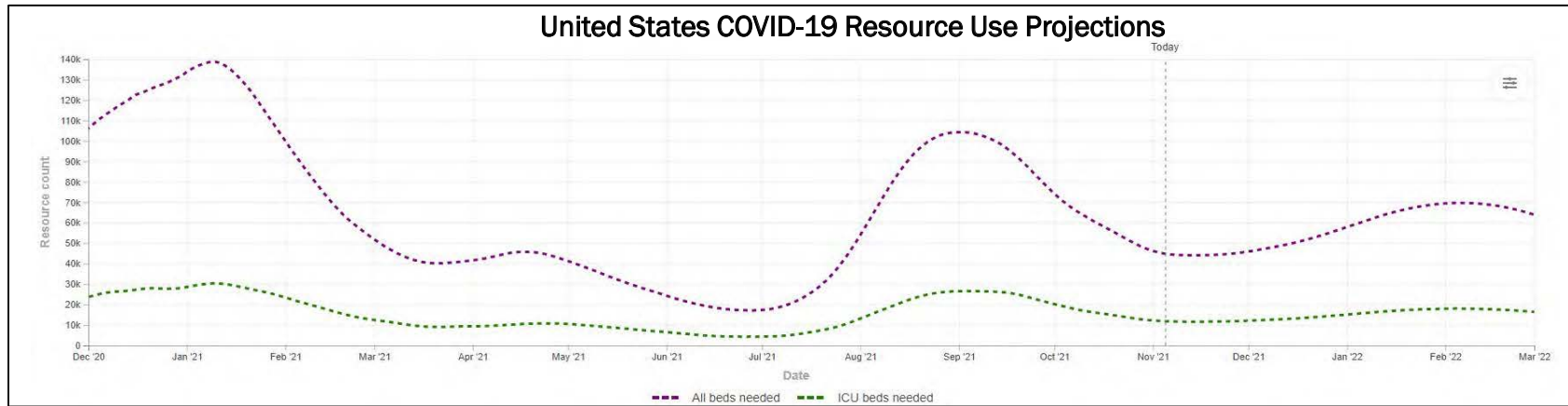


Data as of November 7, 2021

Houston Methodist COVID-19 Inpatient Projections



IHME COVID-19 Resource Use Projections



COVID-19 Oral Antiviral Treatments

Merck & Ridgeback:
Molnupiravir

Preliminary results indicate 50% reduction in risk of hospitalization or death

United Kingdom authorized use of this oral treatment on November 4, 2021

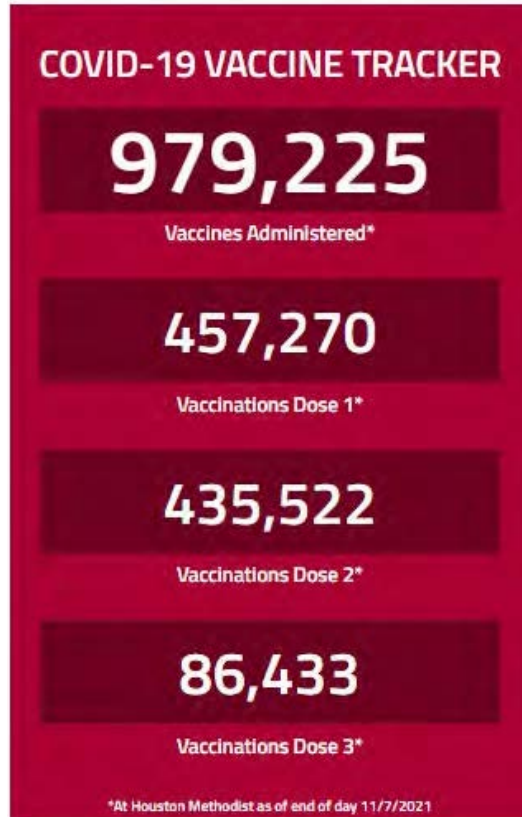
The FDA will discuss Emergency Use Authorization on November 30, 2021

Pfizer:
Paxlovid

Preliminary results indicate 89% reduction in risk of hospitalization or death

As of November 5, 2021 Pfizer plans to submit its data to the FDA for Emergency Use Authorization as soon as possible

Houston Methodist COVID-19 Vaccine Accomplishment



Out of 400 Epic organizations documenting and tracking their vaccine administrations:

Houston Methodist is in the
Top 2%
and
#1 in Texas

Biden's Vaccine Rules for 100 million Workers



Employees must be either fully vaccinated against COVID-19 by **Jan. 4** or that they test negative for COVID-19 at least once a week



Workers must get **paid time off** to get vaccinated



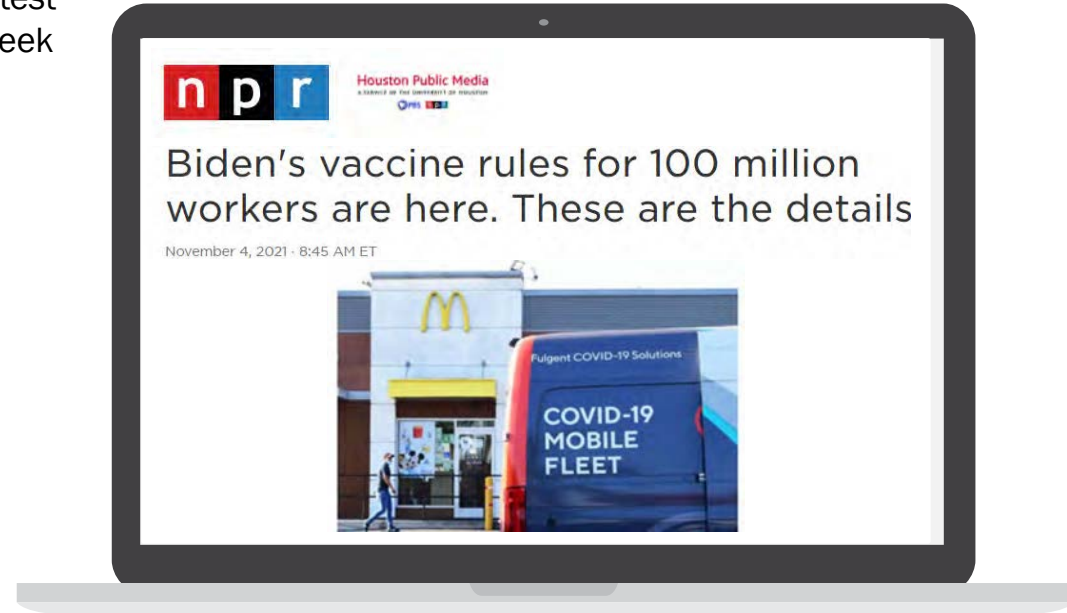
Employers do **not** need to pay for testing



Unvaccinated people must **wear masks**



Health care workers do not have **testing option** under separate rule



Pfizer Vaccine Approved for Children Ages 5-11

*Children ages 5-11 began scheduling
their vaccine with Houston Methodist
November 4, 2021*

The Washington Post

Health

**FDA authorizes Pfizer-BioNTech vaccine
for children 5 to 11**

CDC's November 2, 2021 Statement

“Together, with science leading the charge,
we have taken another important
step forward in our nation’s fight against
the virus that causes COVID-19.”

Summary: COVID-19 Epidemiology in Children Aged 5-11 years

Children aged 5–11 years are at least as likely to be infected with SARS-CoV-2 as adults

- Over 1.9 million reported cases; seroprevalence estimated to be ~38% in September 2021
- Seroprevalence data suggests that infections in children less likely to be reported as cases than infections in adults

Children aged 5–11 years are at risk of severe illness from COVID-19

- >8,300 hospitalizations to date
 - Hospitalization rates are 3x times higher for non-Hispanic Black, non-Hispanic American Indian/Alaska Native, and Hispanic children compared with non-Hispanic White children
 - Hospitalization rates are similar to pre-pandemic influenza-associated hospitalization rates
 - Severity was comparable among children hospitalized with influenza and COVID-19
 - Approximately 1/3 of hospitalized children aged 5–11 years require ICU admission
- At least 94 COVID-19-associated deaths occurred in children aged 5–11 years
- MIS-C was most frequent among children aged 5–11 years
- Post-COVID conditions have been reported in children
- All might have been more numerous had pandemic mitigation measures not been implemented

Secondary transmission from young school aged children occurs in household and school settings

COVID-19 Vaccinations for Children Ages 5-11

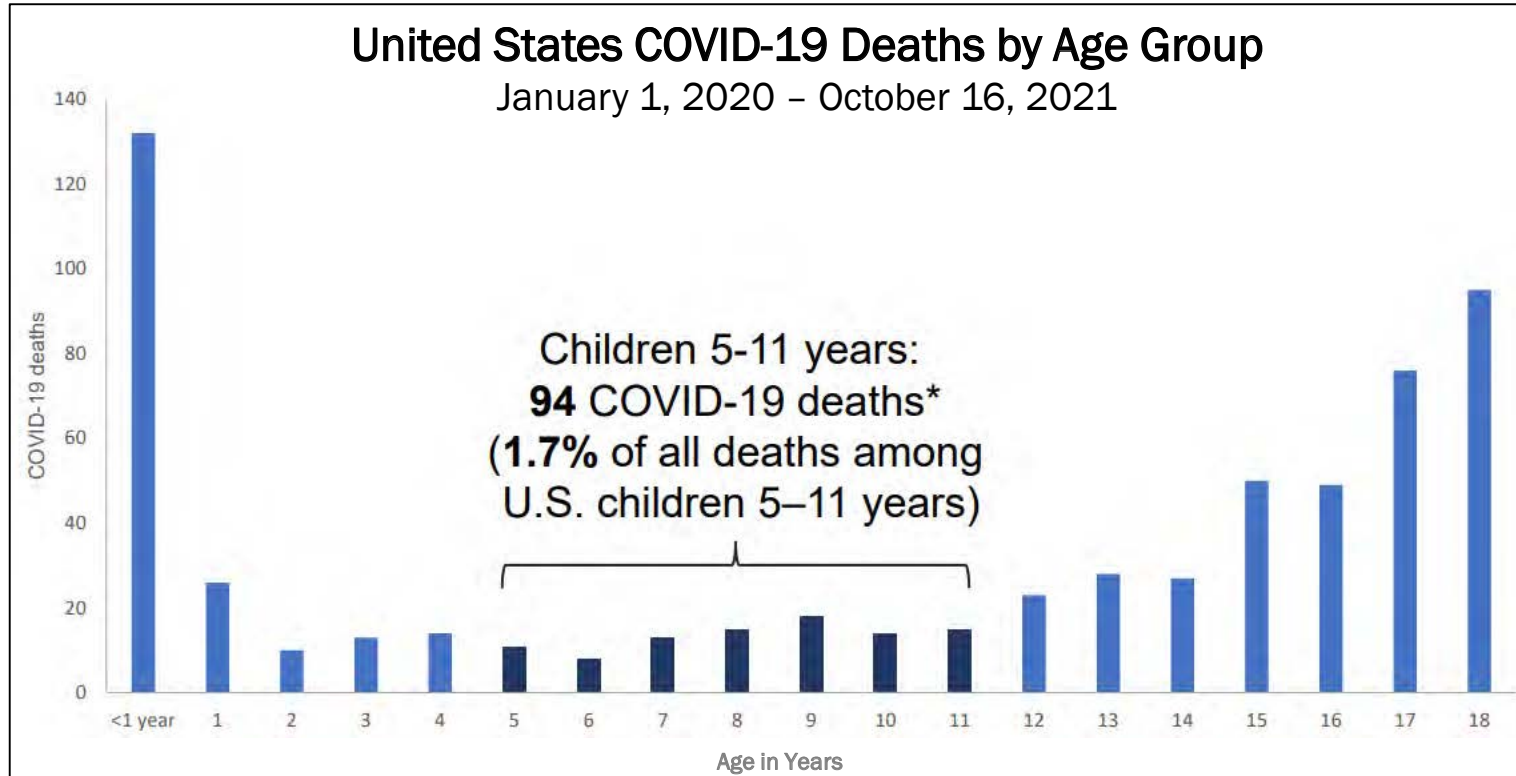
If children typically only have a mild case of COVID-19, why do they need to be vaccinated?

Texas children between the ages of 5 and 11:

- **22** have died from complications of COVID-19
- **118** have been diagnosed with Multisystem Inflammatory Syndrome in Children

	Age	Time Period	Average Deaths per year
Hepatitis A	<20 years	1990-1995	3
Meningococcal (ACWY)	11-18 years	2000-2004	8
Varicella	5-9 years	1990-1994	16
Rubella	All ages	1966-1968	17
Rotavirus	<5 years	1985-1991	20
COVID-19	5-11 years	Oct 2020-Oct 2021	66

United States COVID-19 Deaths by Age Group



United States Leading Causes of Death in Children 5-11 Years of Age

2019 United States Leading Causes of Death in Children 5-11 Years of Age

Causes of Death	Death (n)	Crude rate per 100,000
Accidents (unintentional injuries)	969	3.4
Malignant neoplasms	525	1.8
Congenital malformations, deformations and chromosomal abnormalities	274	1.0
Assault (homicide)	207	0.7
Diseases of the heart	115	0.4
Chronic lower respiratory diseases	107	0.4
Influenza and pneumonia	84	0.3
Intentional self-harm (suicide)	66	0.2
Cerebrovascular diseases	56	0.2
Septicemia	48	0.2

66 COVID-19 associated deaths in children 5–11 10/3/20-10/2/2021

Total population 5-17 years, 2019: 52,715,248

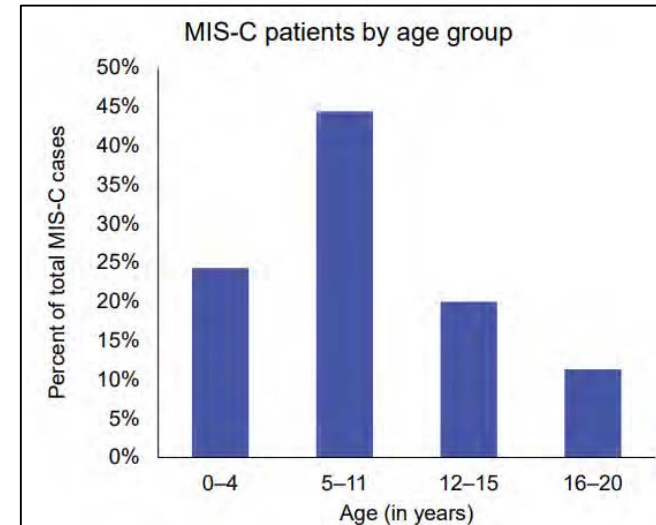
Multisystem Inflammatory Syndrome in Children (MIS-C)

Severe hyperinflammatory syndrome occurring 2-6 weeks after acute SARS-CoV-2 infection, resulting in a wide range of clinical manifestations and complications

Incidence has been estimated as 1 MIS-C case in approximately 3,200 SARS-CoV-2 infections

60-70% of patients are admitted to intensive care, 1-2% die

- **5,217 MIS-C** cases reported to national surveillance with date of onset between February 19, 2020–September 23, 2021
 - Median age of 9 years
 - 2,316 (44%) of these cases occurred in children aged 5–11 years
- **61%** occurred in children who are Hispanic/Latino or Black, Non-Hispanic
- Among children aged 5–11 years, **9 died** (20% of MIS-C deaths)




Vaccinated vs. Natural Immunity

Unvaccinated individuals who previously had
COVID-19 were

5x

More likely to test positive for COVID-19 again
compared to vaccinated individuals

Who can get a booster?

Criteria	Self Schedule	CDC Recommendation
Received Pfizer or Moderna <u>more than</u> six months ago		
65 years and older	✓	Should
Residents in long-term care settings	✓	Should
50-64 years of age with <i>underlying medical conditions</i>	✓	Should
18-49 years of age with <i>underlying medical conditions</i>	✓	May
18-64 years of age who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting	✓	May
18-64 without an increased risk for COVID-19 exposure and transmission		Discuss with your physician
Received Pfizer or Moderna <u>less than</u> six months ago		
12+ who are immunocompromised	✓	Should
Received Johnson & Johnson <u>more than</u> two months ago		
Anyone who is 18+	✓	Should

Symbol Key:



Yes-please schedule your booster



You need a physician's order to schedule (*Pfizer only*)

Pfizer is available at all Houston Methodist locations

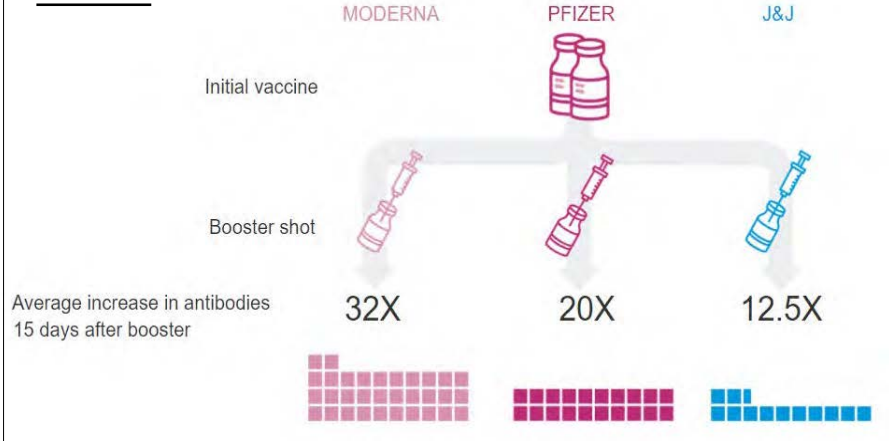
Moderna is only available at select Houston Methodist Primary Care Clinics

Johnson & Johnson is not available at Houston Methodist

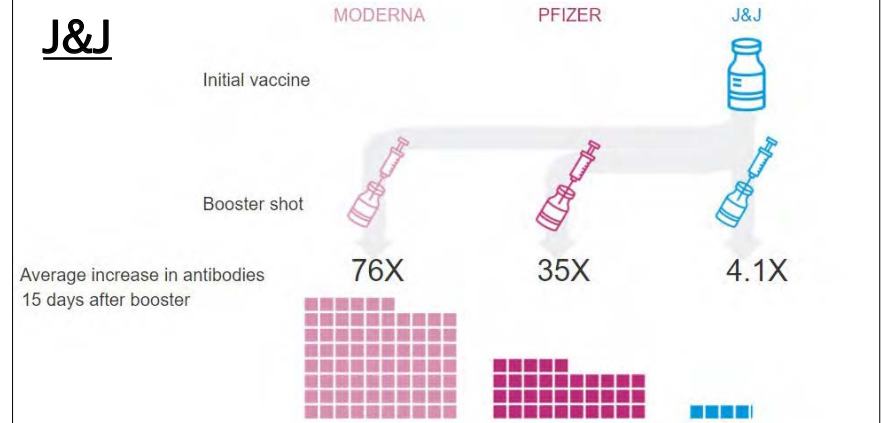
Mixing & matching: eligible individuals may choose which vaccine they receive as a booster dose

COVID-19 Vaccine Boosters' Mix-and-Match Efficacy

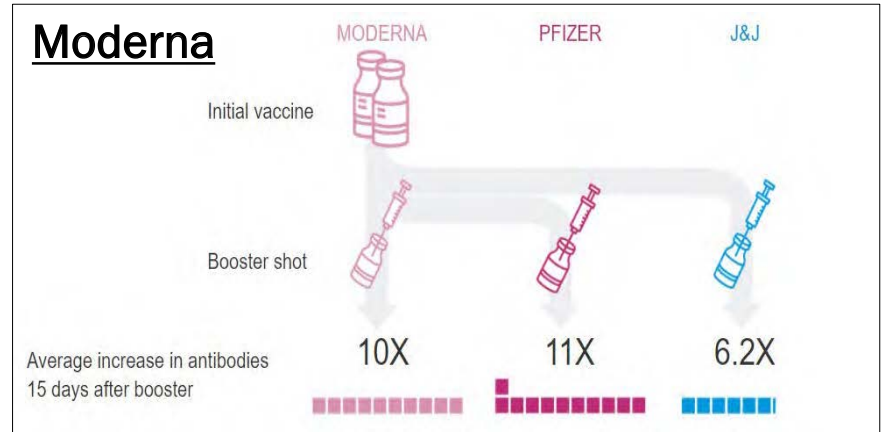
Pfizer



J&J

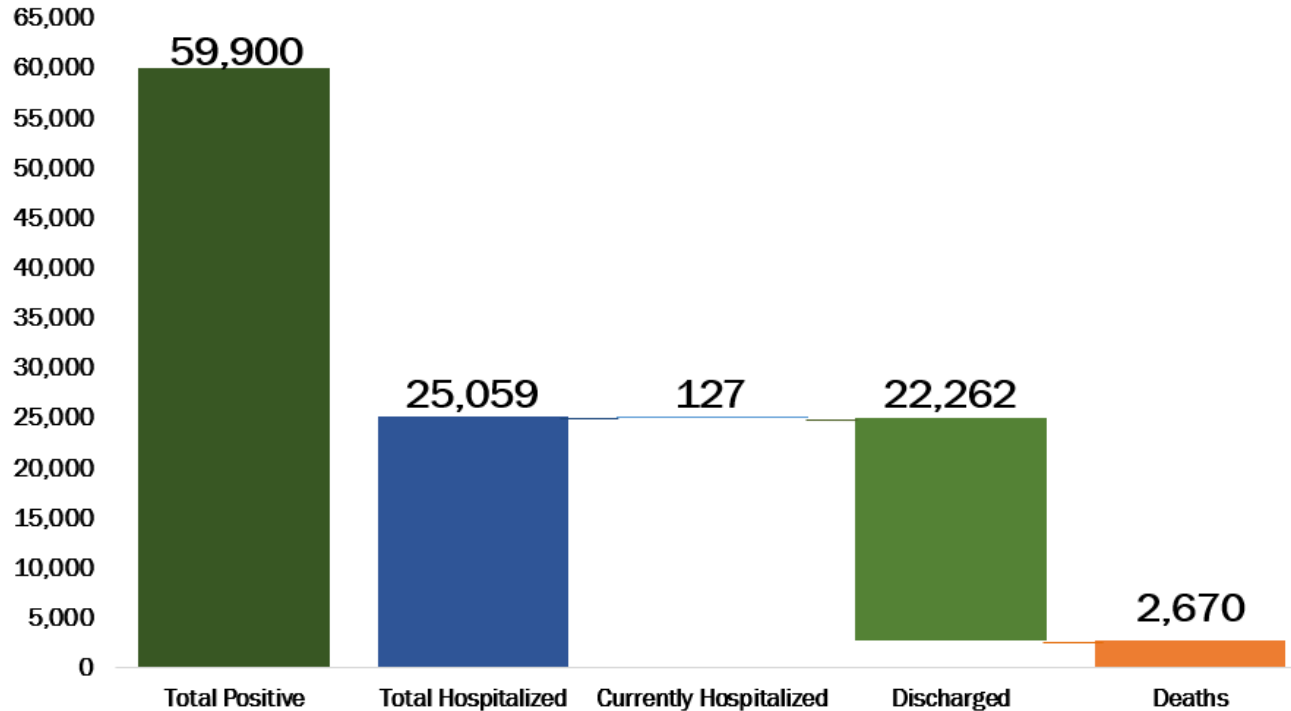


Moderna



Houston Methodist COVID-19 Stats

COVID-19 related patients through Houston Methodist as of November 7, 2021



Key Messages

▶ Houston Methodist has served 25,059 COVID-19 related in-patients to date.

▶ 22,262 patients have been successfully discharged.

Houston Methodist Hospital, Baytown, Clear Lake, Continuing Care, Sugar Land, West, Willowbrook, Woodlands

Data as of November 7, 2021; Hospitalized numbers as of 7pm and Total Positive Tests as of 11:59pm



THE VISION FOR THE SECOND CENTURY

Houston Methodist will set a new standard for leading academic medical centers through *unparalleled safety, quality, service and innovation.*

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EXCELLENCE IN PATIENT CARE & SAFETY

Houston Methodist Hospital is recognized by *U.S. News & World Report* as
NO. 1 IN TEXAS and **NO. 16 IN THE NATION.**

4,750

hospitals **evaluated**
this year

20

hospitals are on the
Honor Roll

1

nationally ranked Honor
Roll hospital in **Texas**


















































**BEST
HOSPITALS**
U.S. News
HONOR ROLL
2021-22

2021 Vizient Q&A Prelim. results

Overall and domain final rankings (lower=better)

	Cohort #1: Academic (n=101)	Cohort #2: Specialized Complex Care (n=117)	Cohort #3: Complex Care (n=121)				Cohort #4: Community (n=226)
	HMH	HMSL	HMB	HMW	HMWB	HMTW	HMCL
Overall Rank	6	4	8	4	9	1	22
Star Rating	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★
Mortality (25%)	1	6	7	10	12	2	32
Efficiency (10%)	34	5	2	5	8	9	33
Safety (25%)	9	3	24	16	17	1	9
Effectiveness (20%)	53	41	55	13	39	41	132
Patient Centeredness (15%)	51	40	40	43	61	27	129
Equity (5%)	77	61	34	42	36	1	1
	Top 10%	Between 11% & 25%	Between 26% & 50%		Below 50%		

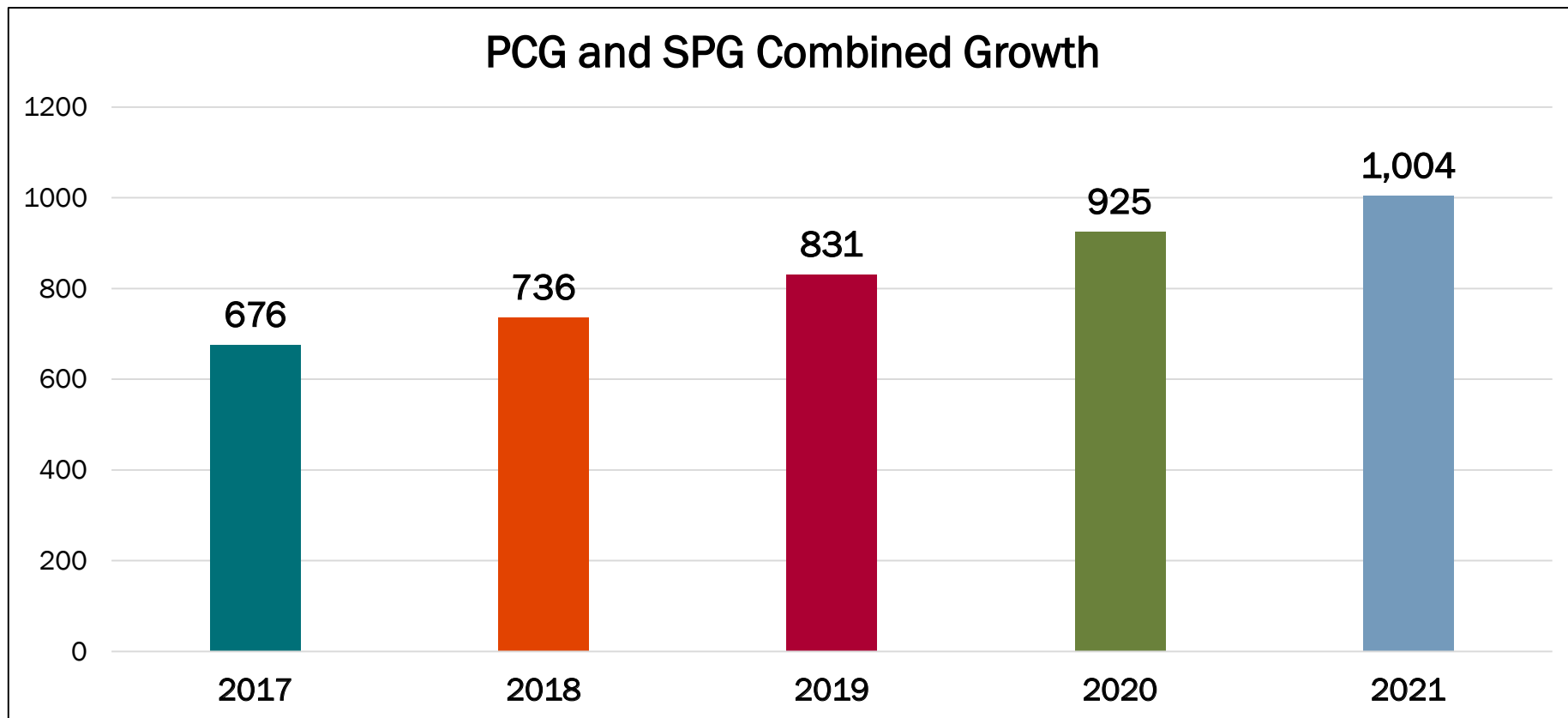
2021 Leapfrog Hospital Safety Grade

	2021	Past Scores					
HMH		2020		2019		2018	
							
HMB		2020		2019		2018	
							
HMCL		2020		2019		2018	
							
HMSL		2020		2019		2018	
							
HMTW		2020		2019		2018	
							
HMWB		2020		2019		2018	
							
HMW		2020		2019		2018	
							

Benchmark Scorecard

	Honor Roll	CMS Star	Leapfrog	Vizient
Mayo Clinic	1	★★★★★	A	★★★★★
Cleveland Clinic	2	★★★★★	A	-
UCLA Medical Center	3	★★★★★	B	★★★★★
Johns Hopkins Hospital	4	★★★★★	A	-
Massachusetts General Hospital	5	★★★★★	A	-
Cedars-Sinai Medical Center	6	★★★★★	C	-
New York-Presbyterian Hospital	7	★★★★★	C	-
NYU Langone Hospitals	8	★★★★★	A	★★★★★
UCSF Medical Center	9	★★★★★	A	-
Northwestern Memorial Hospital	10	★★★★★	B	-
University of Michigan Hospitals	11	★★★★★	A	-
Stanford Health Care	12	★★★★★	A	★★★★★
Hospitals of the University of Pennsylvania	13	★★★★★	A	★★★★★
Brigham and Women's Hospital	14	★★★★★	A	★★★★★
Mayo Clinic-Phoenix	15	★★★★★	A	-
Houston Methodist Hospital	16	★★★★★	A	★★★★★
Barnes-Jewish Hospital	17	★★★	C	★★★★★
Mount Sinai Hospital	17	★★★★★	B	-
Rush University Medical Center	19	★★★★★	A	★★★★★
Vanderbilt University Medical Center	20	★★★★★	B	-

Physician Organization Growth Over the Last Five Years



Selected Projects from Center for Innovation Portfolio in 2021



Leveraging natural language processing to transfer calls effectively and eliminate callers bouncing from one department to another.



MyMethodist Patient Tablets and Amazon Alexa

Bringing familiar technologies such as tablets and Amazon Alexa that patients utilize at their home to bedside.



2,150+

MyMethodist Patient Tablets deployed

1,200+

Amazon Alexas deployed



Utilizing Bluetooth Low-Energy (BLE) to provide real-time location for asset management of wide range of devices such as tablets as well as setting a new foundation for temperature monitoring.



3,722

Devices installed across six hospitals and Research Institute



Using data-driven approach to patient engagement that offers tailored payment solutions through the right type of communication (paper or digital) to the right person at the right moment.

43%

Reduction in "general requests" calls

74%

Reduction in calls to "create a payment plan"



Clinical Voice Technologies

Center for Innovation and Amazon Web Services are working to eliminate the keyboard in the clinic and bringing the power of voice to the Operating Room to achieve greater efficiencies.



6

Physicians in the pilot

159

Visits facilitated with Ambient Listening* July 2021



Talent management platform that makes applying to Houston Methodist jobs easy with tools like automated CV parsing, LinkedIn account linking and retail like "jobs cart".



Application Drop-off Rate Comparison

38.7%

PRE-ICIMS

9.3%

Top 25% National Benchmark

6.8%

POST-ICIMS

DEI Timeline

2020



SEPTEMBER

CEO Dr. Marc Boom created the Diversity, Equity & Inclusion Department



NOVEMBER

Diversity, Equity & Inclusion Grant, Social Equity Grant and Strategic Initiatives Fund established to support nonprofit organizations in the community



JANUARY

Virtual vaccine town halls hosted, including all-Spanish speaking, live translation and captions

JUNE

DEI Committee created, five goals established for 2020–2022



OCTOBER

DEI Corner added to every CEO newsletter, celebrating cultural holidays and awareness months



DECEMBER

Website and @hmethodistcares Twitter handle launched



2021



FEBRUARY

- First three employee resource groups (ERG) became official: Black Ties for Culture, Asian Heritage and LGBTQ+Allies
- First ERG event hosted: Lunar New Year



MAY

First DEI grant recipients announced



JUNE

- LGBTQ+Allies ERG hosted first Pride lighting of Outpatient Center roofline
- DEI holiday announced



SEPTEMBER

Together We Grow training sessions launch for employees

MARCH

Together We Grow training launched for leaders



APRIL

DEI Leadership Council quarterly meeting held



JULY

DEI dashboard launched



AUGUST

DEI toolkit distributed to all managers



2021

--- Spring 2020 ----- Fall 2020 ----- 2022

May 2020: Set Goals for the New Normal



1. Houston Methodist will be the safest hospital system in the world
2. Volumes will be back to normal by July 1
3. Achieve at least breakeven by the end of the year
4. Maintain full operations during a second surge
5. Avoid furloughs, layoffs, and pay cuts

These goals will be the guiding principles for ongoing decision making during this transition to the new normal. We will continue to adjust these goals as circumstances change.

Goals for the Remainder of 2020



1. Houston Methodist will be the safest hospital system in the world
2. Volumes will again be back to normal by October 1
3. We will achieve ~75% of budgeted operating margin for September - December
4. Maintain full operations throughout the COVID pandemic
5. Press our strategic advantage

Houston Methodist will use these guiding principles in decision making and goal setting. We will remain nimble and adjust these goals as circumstances change.

COVID-19 MAY BE A REASON, BUT
IT WILL NEVER BE AN EXCUSE

Goals for 2022

1. Heighten focus on the Vision for the Second Century: Unparalleled Safety, Quality, Service and Innovation
2. COVID-19 does not define our strategy, but we will plan for endemic COVID-19 for the foreseeable future
3. Reinforce and accelerate our strategies that make us successful
4. Aggressively pursue our strategic advantages and achieve clear differentiation in our market, nationally and globally

Houston Methodist will use these guiding principles in decision making and goal setting. We will remain nimble and adjust these goals as circumstances change.

Taking Care of Our Employees



We're thankful for you!
Happy Thanksgiving,
to you and your family.

Marc

Please use the attached gift card at any HEB location.

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Controlling the Pandemic and Living with COVID-19: a User's Guide

Town Hall, November 9, 2021

H. Dirk Sostman, MD FACR, Ernest Cockrell, Jr. Presidential Distinguished Chair, EVP & Chief Academic Officer



Not This Way

Colorado could move to “crisis standards of care” because of COVID surge. What does that mean?

Formula could decide who gets an ICU bed, nurses could be asked to work longer shifts and calling up the National Guard is on the table

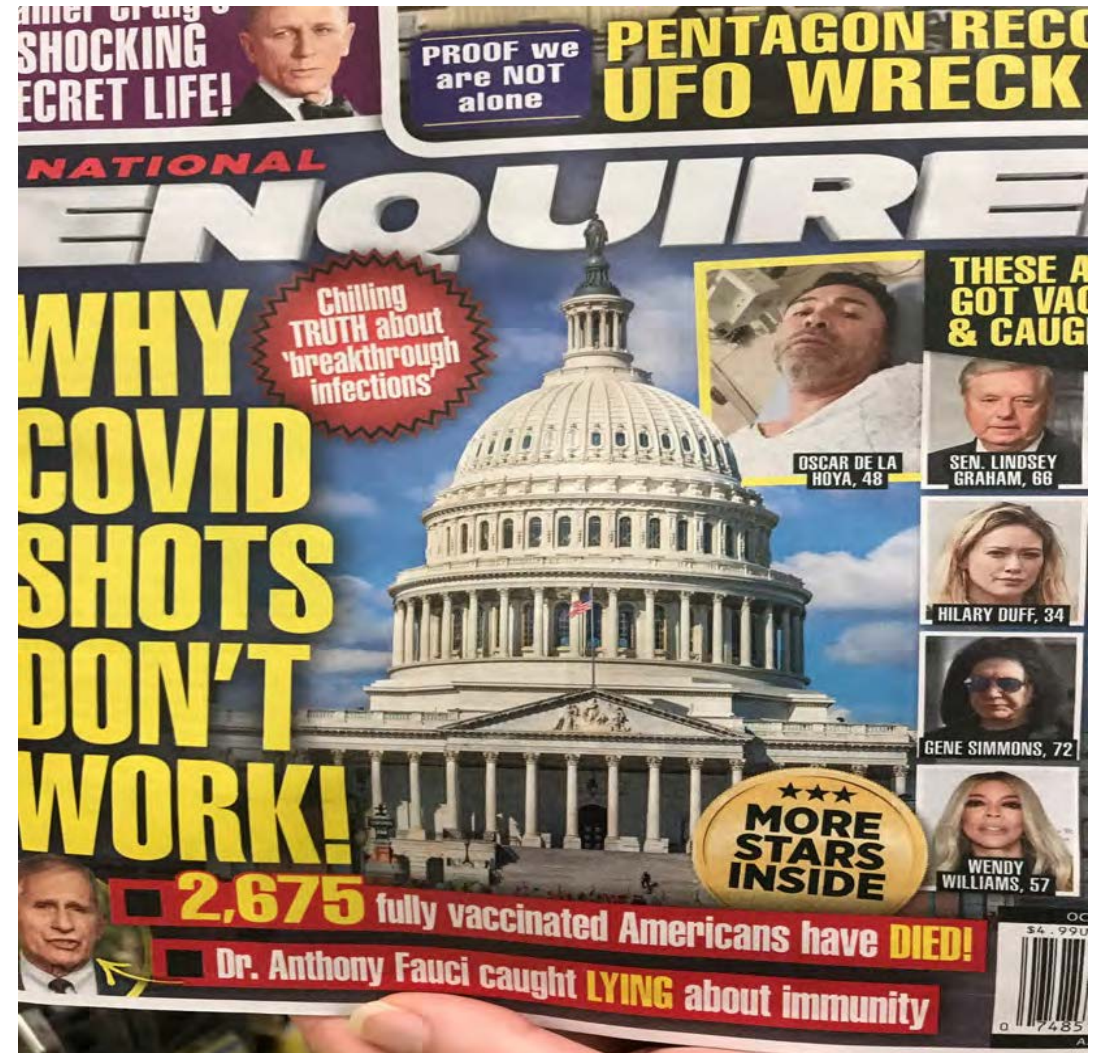


Smart Investment Decisions Start Here - GfK Investor Update

Hedge funds rely on GfK Boutique Research to make strategic and timely investment decisions. Our demand insights cover 300+ product categories, from technology and home appliances to smaller consumer segments. Che...

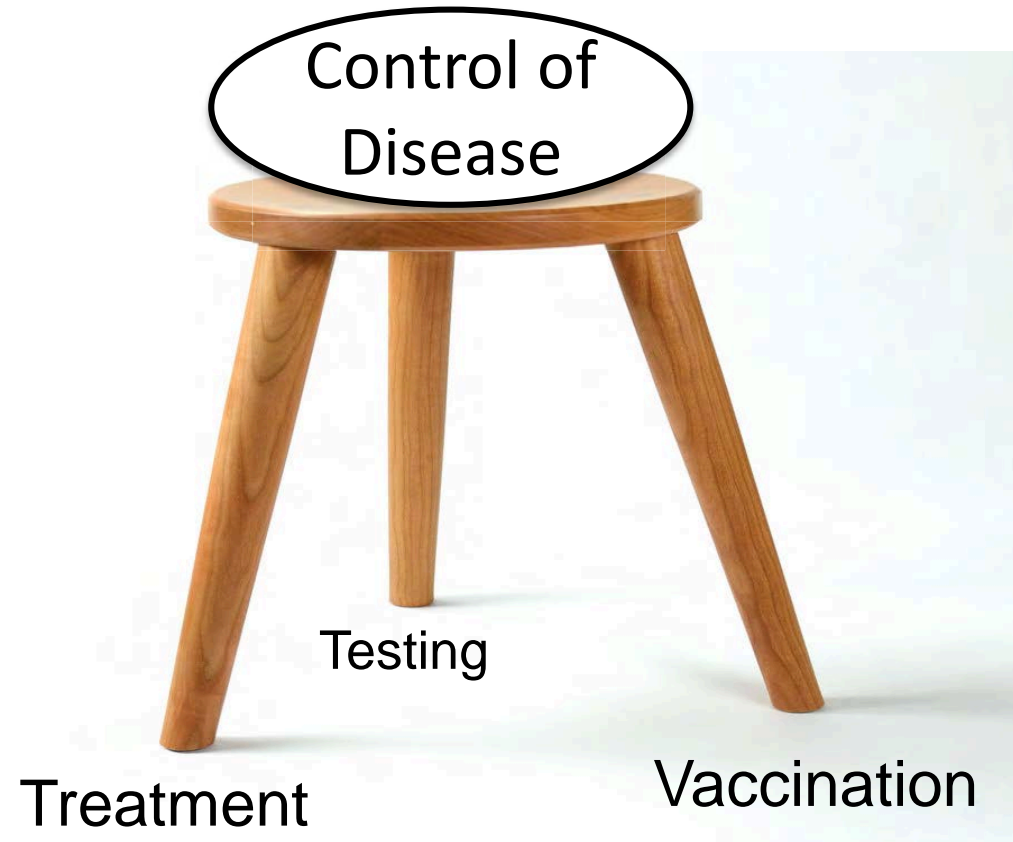


[Learn more](#)



The Big Picture: Controlling Infectious Diseases

**We Now Have All of These
Measures Available to Fight
COVID-19**



Masks, Hand Hygiene & Other Precautions

Preventing Infection

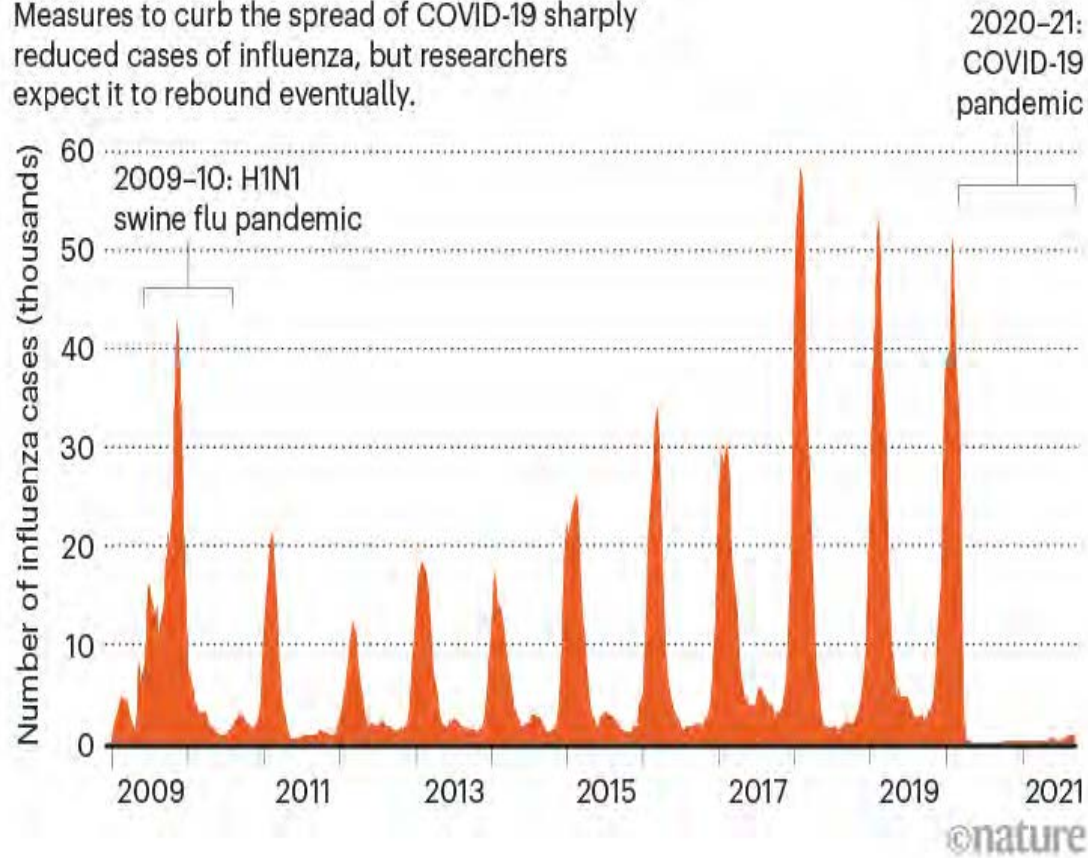
Airborne and droplet transmission are principal risks – use good quality well-fitting masks & hand hygiene

Follow common-sense approach to using precautions

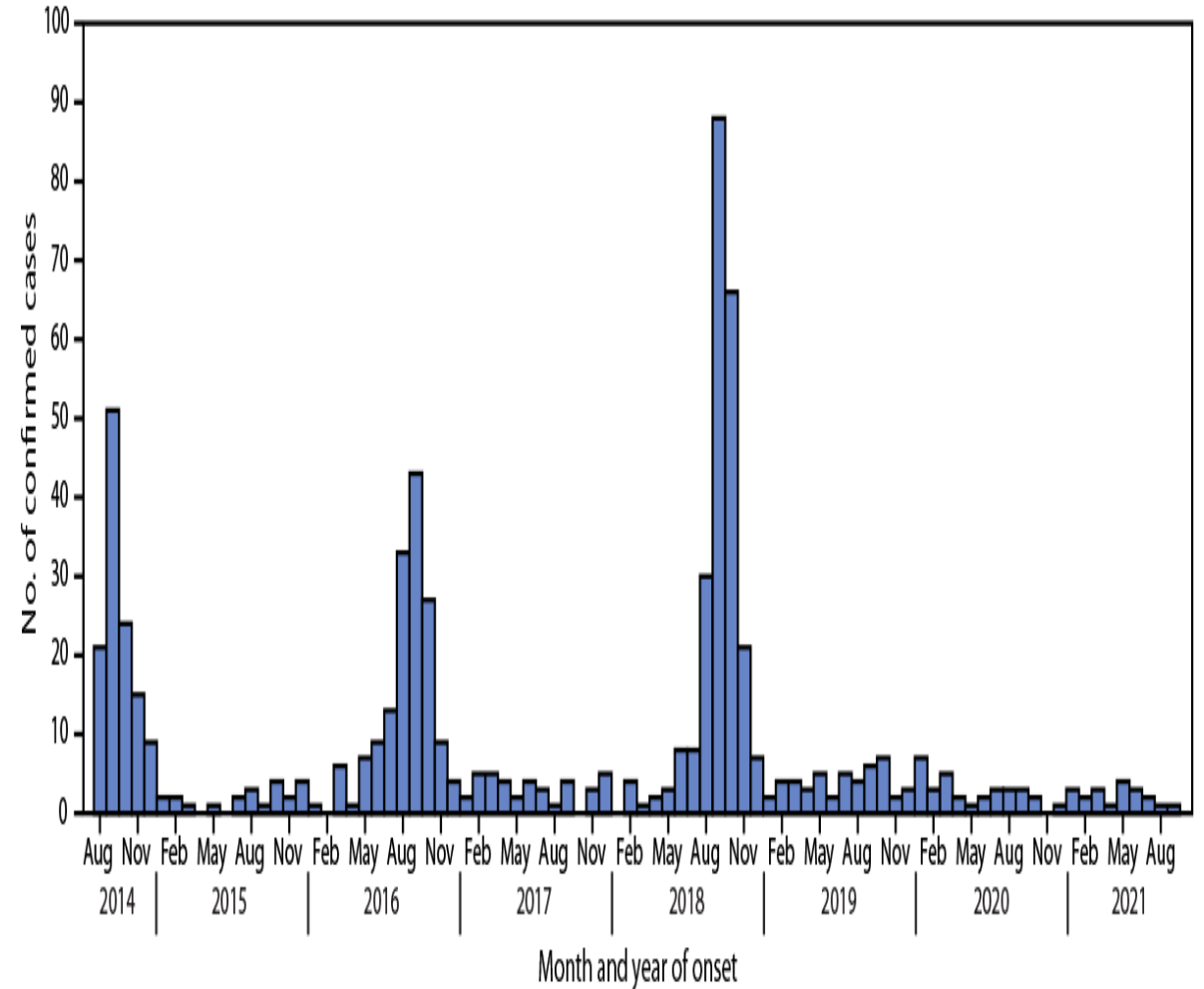
Precautions Work for All Respiratory Viruses

VIRAL SHIFT

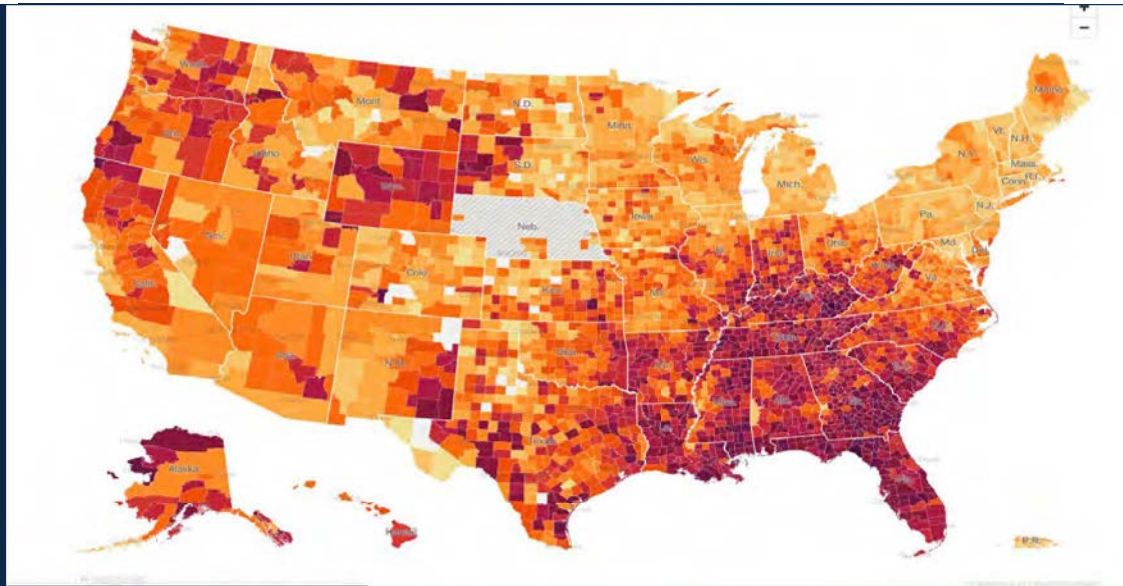
Measures to curb the spread of COVID-19 sharply reduced cases of influenza, but researchers expect it to rebound eventually.



Influenza



Acute Flaccid Myelitis

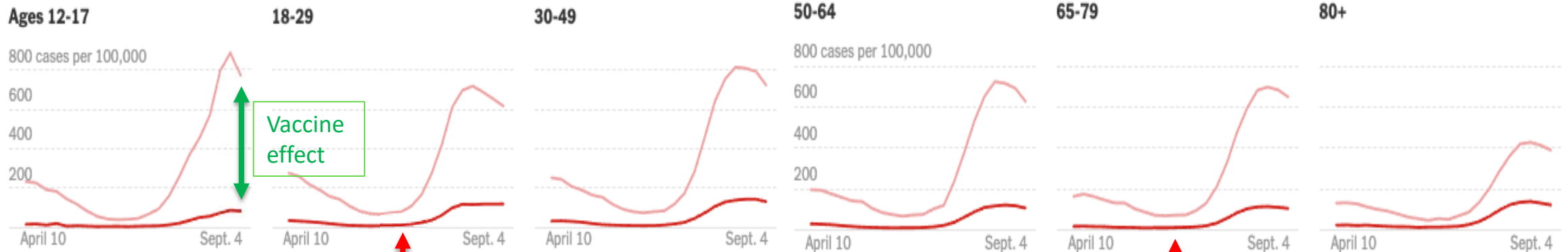


Vaccines Are Key: Updates

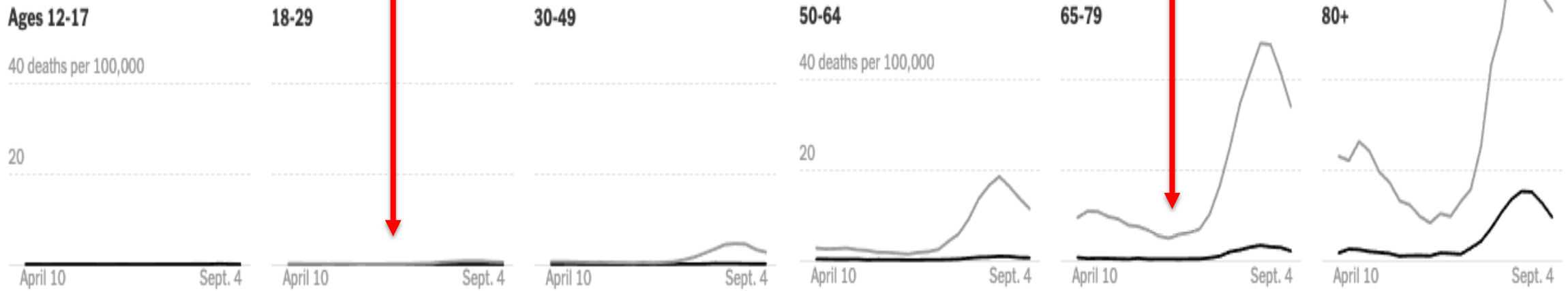
Vaccine Effectiveness: Age, Delta, Infection vs. Hospitalization

CDC Data, NYT graphic

■ Unvaccinated ■ Fully vaccinated

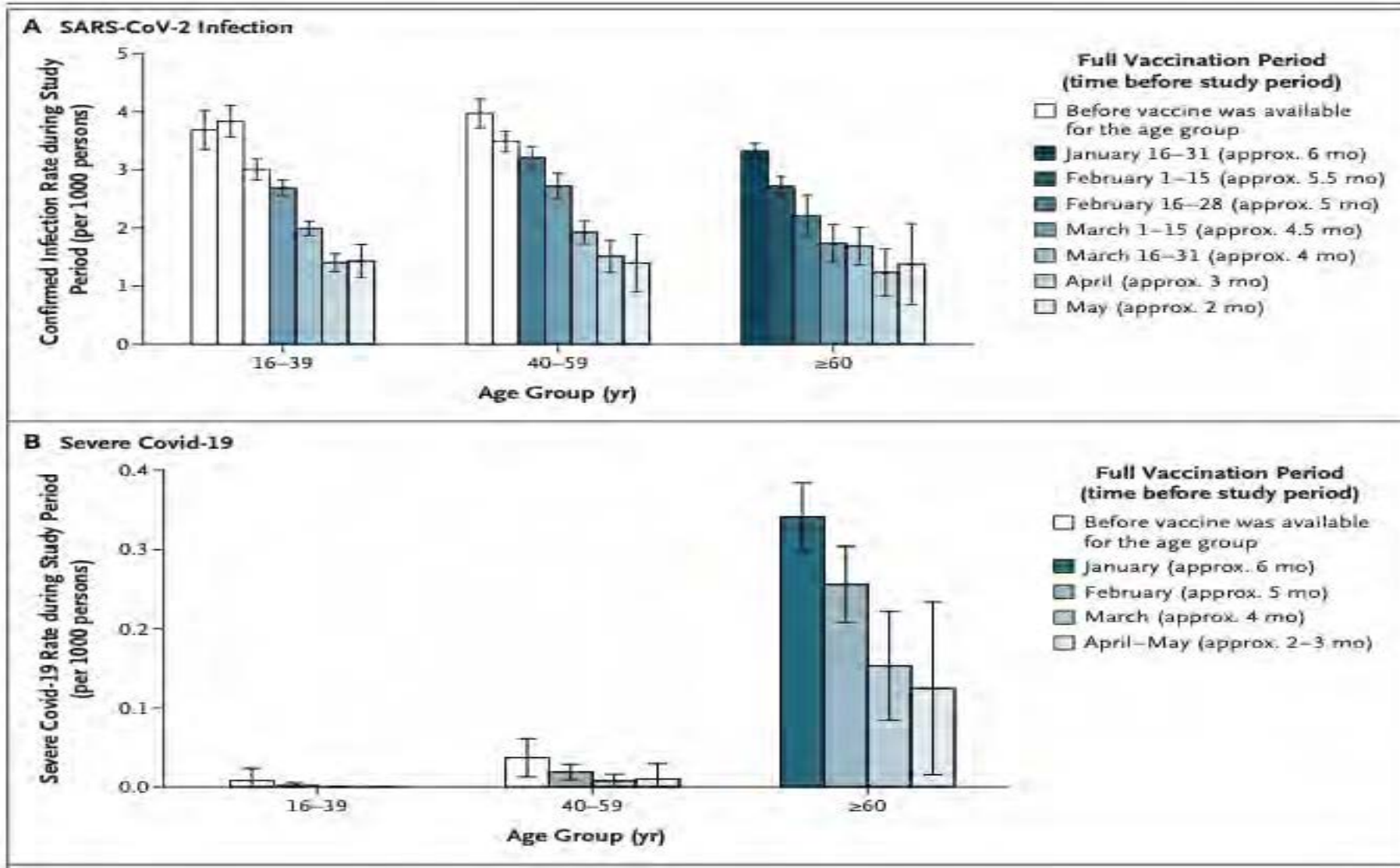


■ Unvaccinated ■ Fully vaccinated



Waning Immunity After Vaccination in Israel

Goldberg et al, NEJM, October 27, 2021




Rate of infection goes up (protection wanes) in all age groups

Rate of severe disease goes up (protection wanes) only in > 60 yo

MMWR October 29, 2021

A study of hospitalized patients with symptoms similar to COVID-19* found...

Unvaccinated people with a previous infection were

**5x**
more likely to have a positive COVID-19 test
compared to vaccinated people†

*COVID-19-like illness hospitalizations 90-179 days after prior infection or full vaccination

†Received two doses of an mRNA vaccine and no previous infection

Get vaccinated
as soon as possible

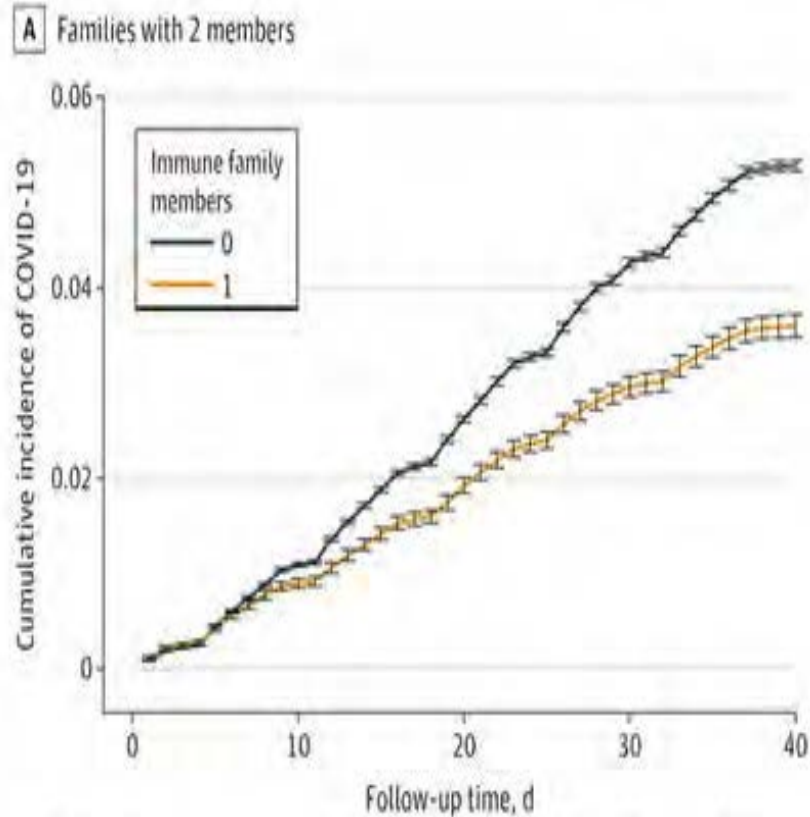


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MMWR

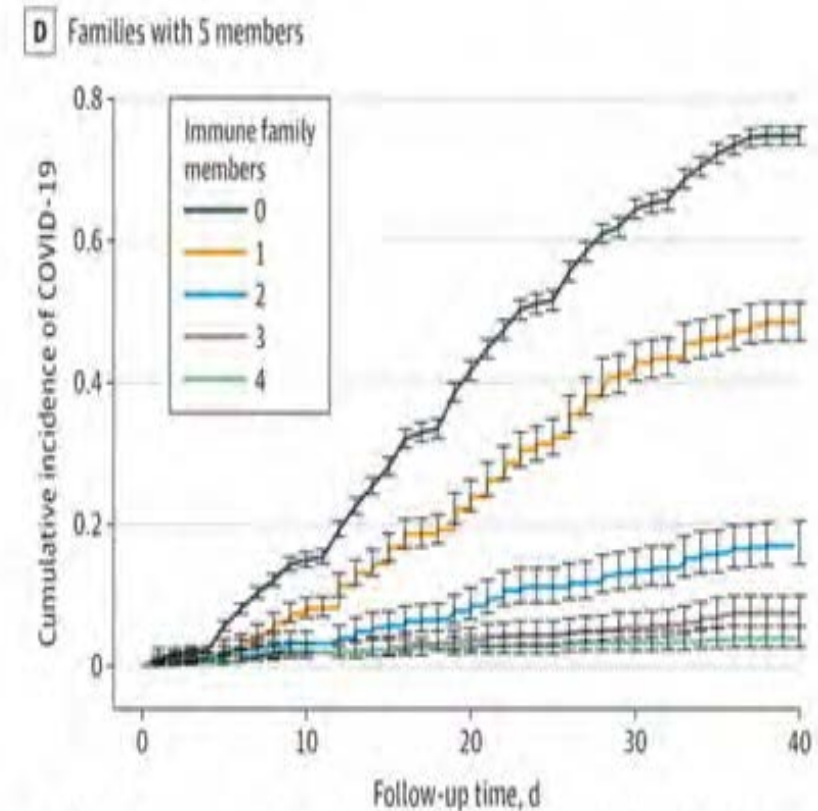
Family Herd Immunity

JAMA Internal Medicine October 2021



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Vaccination for Kids 5 – 11

- Pfizer – 1/3 strength of adult dose
- Reasons for vaccination
 - Children as likely to be infected with COVID as adults
 - Severe disease occurs in children (similar rate to influenza) ~ 8500 so far with >140 deaths
 - MIS-C most frequent in kids 5 – 11
 - Post COVID conditions seen in kids
 - Vaccination of young children is NORMAL
- Data
 - Vaccine efficacy in kids = 90.9%
 - Immune responses and side effects similar to older kids and adults
 - No significant adverse effects in 1500 vaccinated subjects
 - No cases of myocarditis in 5 – 11 year olds
- Other benefits
 - Continued schooling / social interactions
 - May reduce transmission
 - Parents can work

Booster Shots

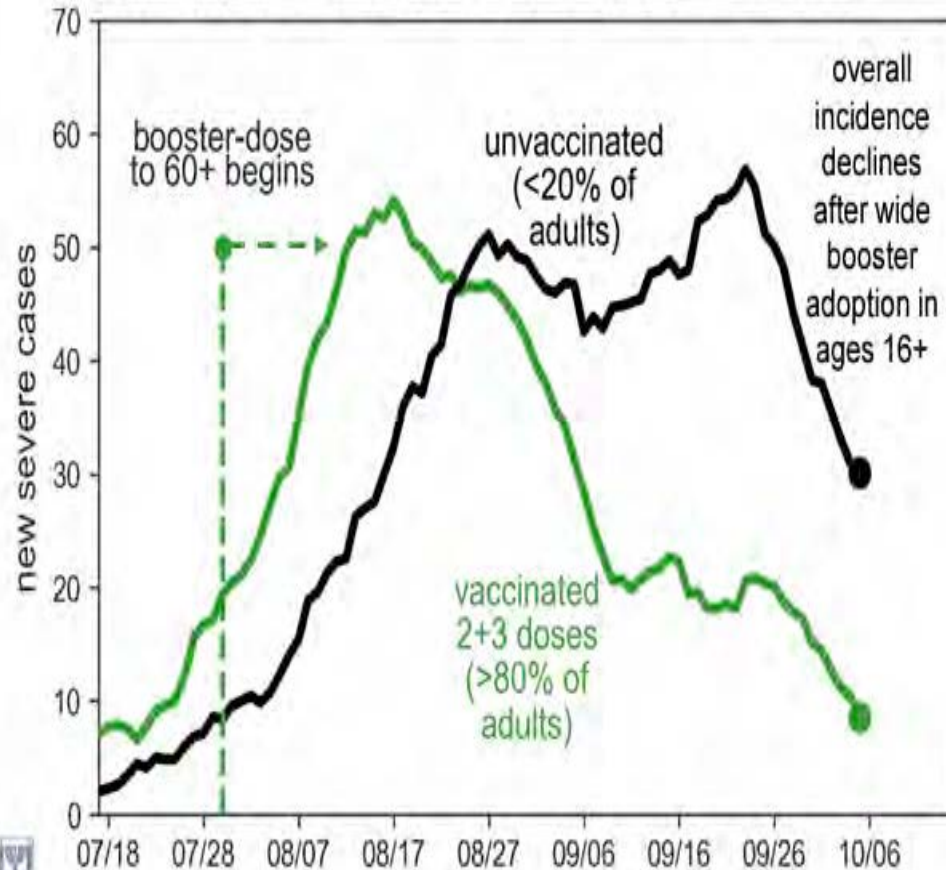
Before long everyone will probably be eligible for a booster

Future most likely includes additional booster shots but details unclear

Pfizer Booster and Severe Cases

Presentation by Israel MOH to FDA, October 14, 2021

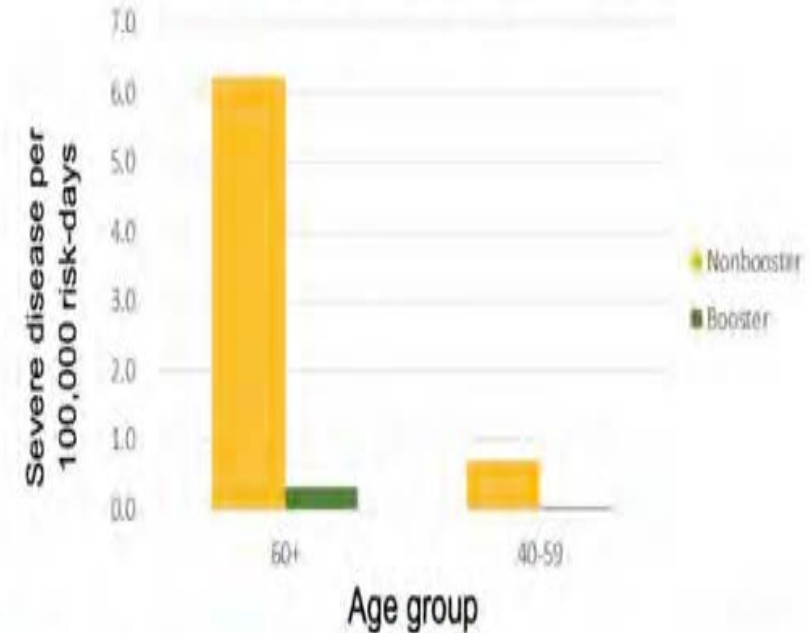
Following the third dose, severe cases among vaccinated decreased sharply



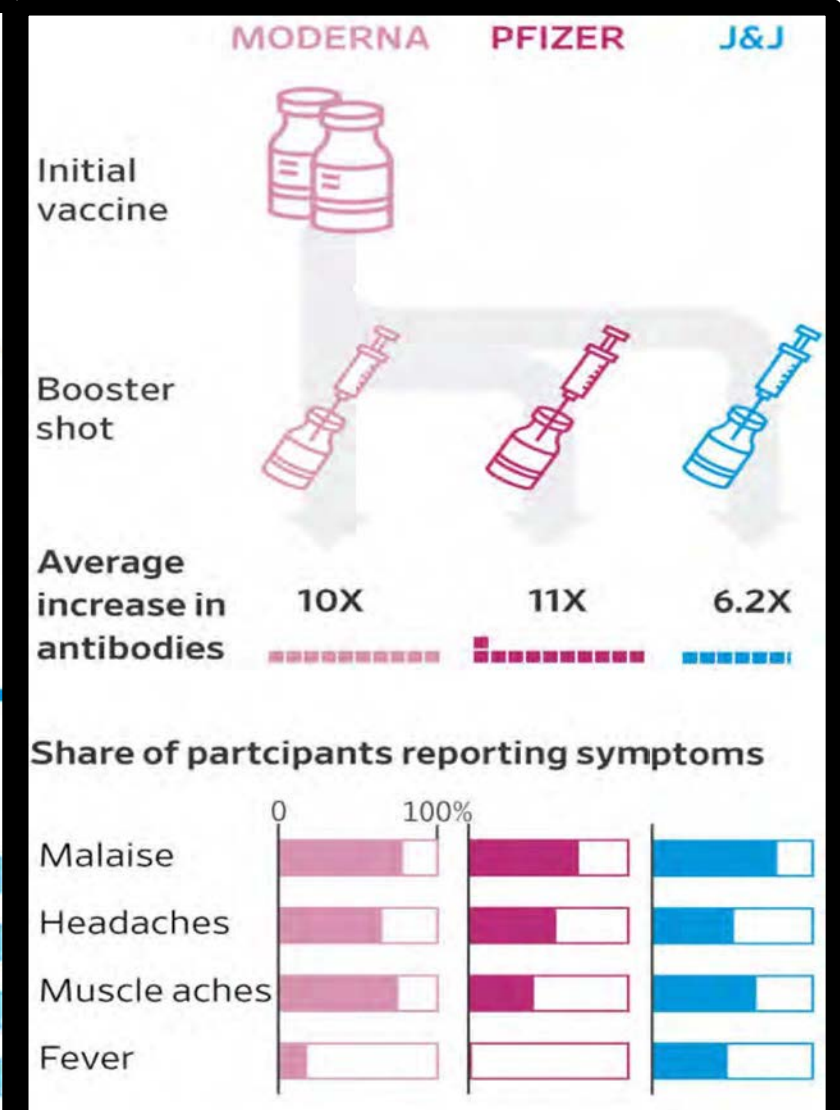
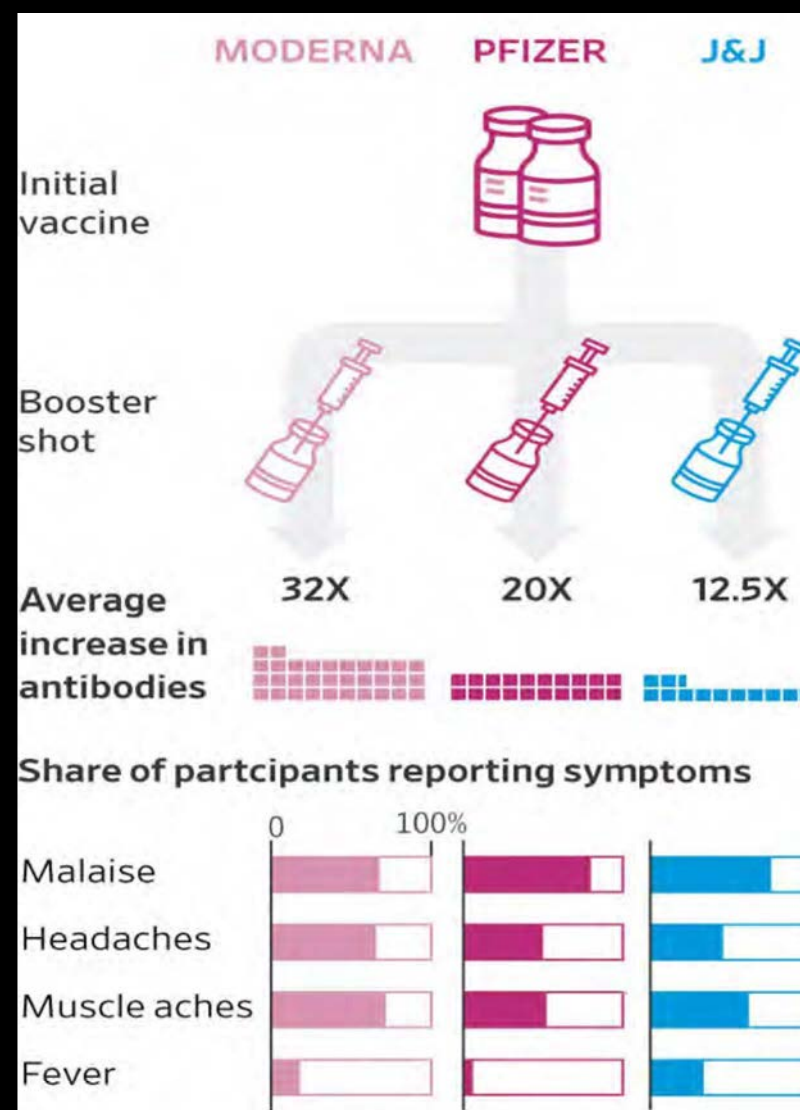
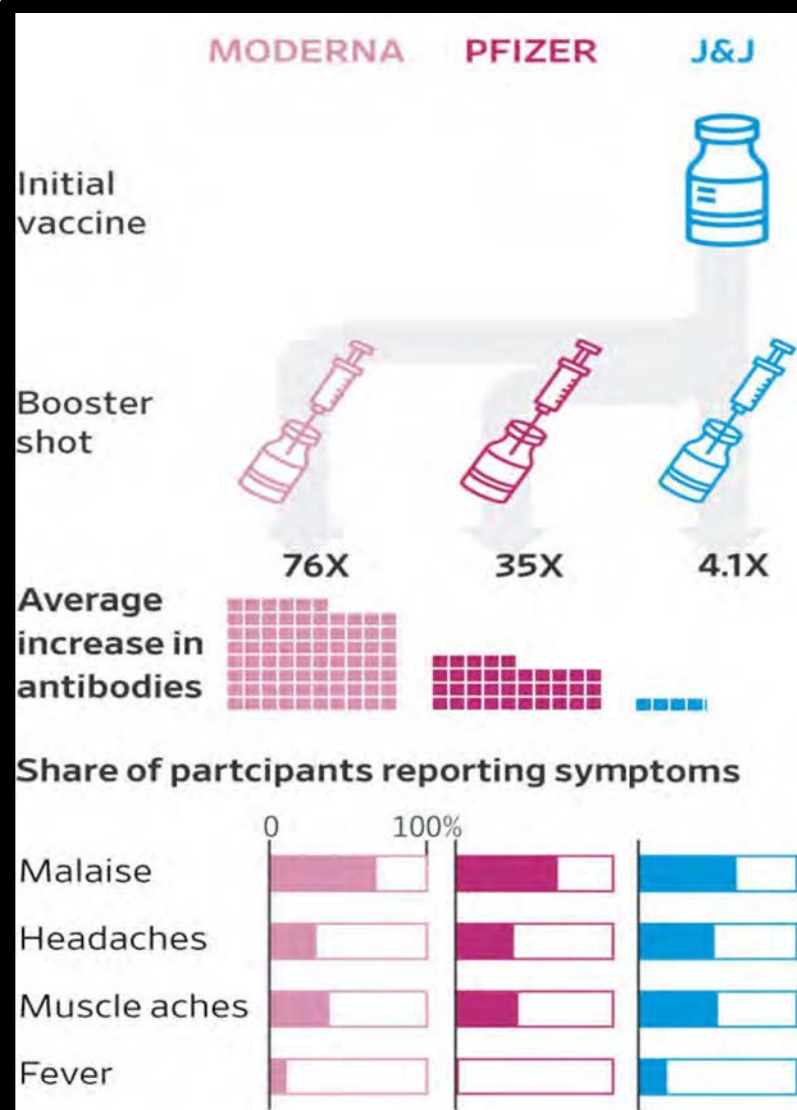
Absolute rates of **severe disease** per 100,000 risk-days

12+ days following booster versus 2nd dose only.
Based on data eligibility in age group until 9/29

*Severe disease (NIH definition):
resting respiratory rate
>30 breaths per minute,
or O2 saturation <94%,
or PaO2/FiO2 <300



Mix & Match Boosters



- Best population-level measure is neutralizing antibody levels (titers)
- Not all antibodies are neutralizing
- However, Houston Methodist data indicates that overall antibody titers correlate well with neutralizing antibodies
- Therefore, higher antibody titer is better protection
- Problems in applying this to individuals:
 - No data on individual correlations
 - Levels change over time, no standard time to measure
 - Many labs only report semi-quantitative values

Outpatient Treatments

Early treatment of high-risk outpatients is a critical need

- Lilly Long Term Care Prevention Study

- 80% reduction in symptomatic infection in 299 nursing home residents who tested negative at study initiation
- In 41 who tested positive at study start, 0/21 in treatment group died, 4/20 in placebo

- Regeneron Household Contacts Prevention

- 100% prevention of symptomatic infection in people with household exposure to COVID
- Reduction in asymptomatic infection (5.4% in mAB group versus 6.7% in placebo group)
- Lower viral load and shorter duration of viral shedding

- Lilly Early Treatment Study (mAb “cocktail”)

- 1,035 high risk patients with COVID
- mAb group – 2.1% events, placebo group – 7%
- mAb group – 0 deaths, placebo group – 10 deaths

- Action versus viral variants

- Dual mAb cocktail is **active** against all variants
- Recent data show sub-Q injection as effective as IV
- Prophylaxis for immune compromised a realistic idea but not yet EUA; Regeneron starting trial

- Pan-sarbecovirus mAb (NEJM Nov 2021)

- 85% RR for progression to hospitalization
- 97.2% RR for death
- Neutralizes all variants – even SARS-CoV-1

“COVID Pills”: Molnupiravir Trial

Merck press release and ISDA conference presentation

- 775 people with mild / moderate COVID
 - +At least one risk factor for progression
 - +Within five days of symptom onset
- Consistent efficacy across viral variants
- No safety signals
- Could be combined with other therapy
 - Protease inhibitor
 - mAb

Outcomes	Treated	Placebo
Hospitalized	7.3%	14.1%
Death	0	2.1%

November 3:

U.K.'s Medicines and Healthcare Products Regulatory Agency Authorizes Molnupiravir for the Treatment of Mild-to-Moderate COVID-19 in Adults With a Positive SARS-CoV-2 Diagnostic Test and at Least One Risk Factor

“COVID Pills”: Paxlovid Trial

Pfizer press release

- 1,219 people with mild / moderate COVID
 - +At least one risk factor for progression
 - +Within three or five days of symptom onset
- No safety signals
- Could be combined with other therapy
 - Polymerase inhibitor
 - mAb

Treated within 3 days	Treated	Placebo
Hospitalized	0.8%	7.0%
Death	0	1.8%

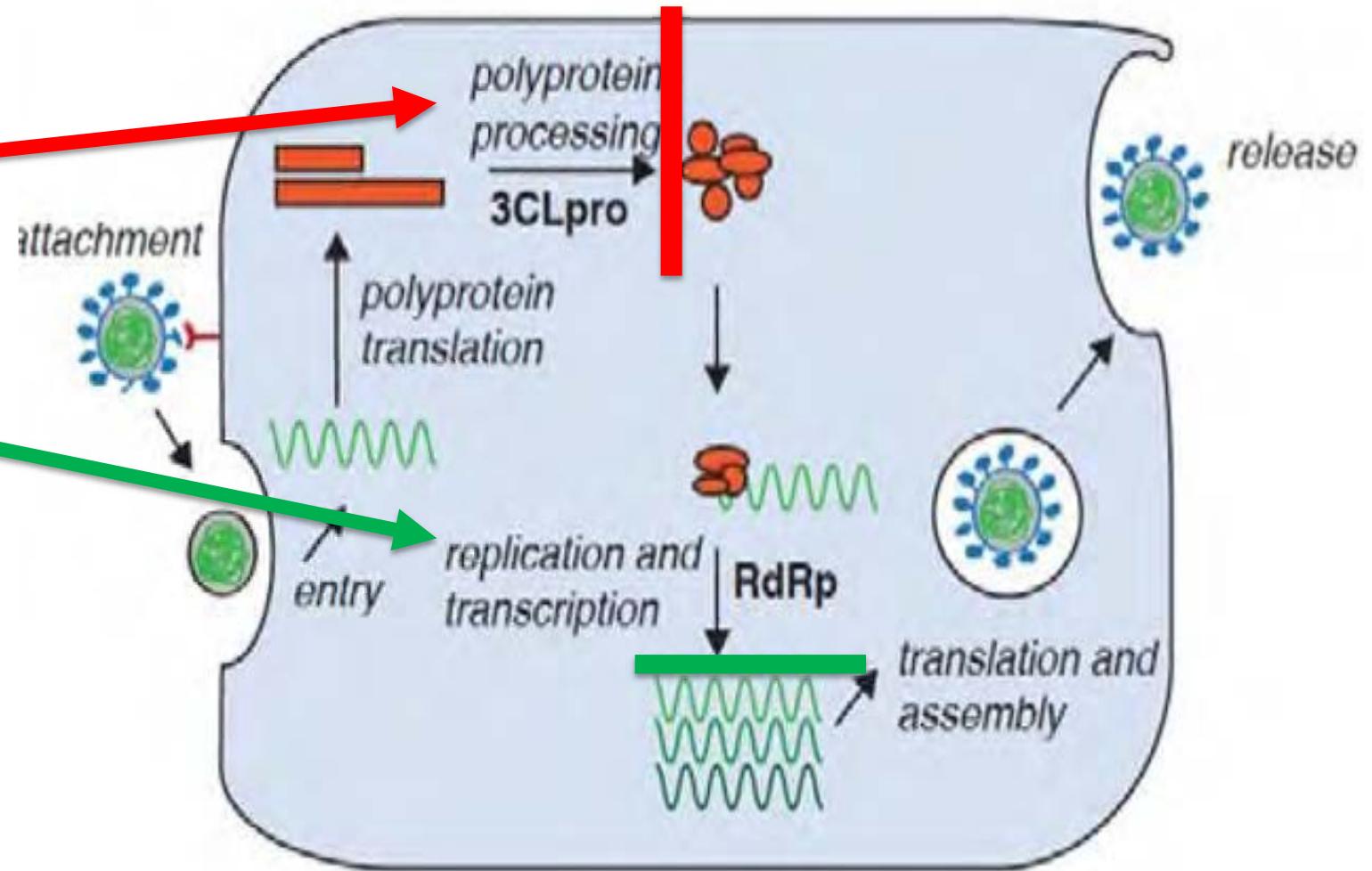
Treated within 5 days	Treated	Placebo
Hospitalized	1.0%	6.7%
Death	0	1.6%

Leading Anti-viral Drugs for COVID-19

- Paxlovid

- Molnupiravir

- They block different steps, so combination therapy might be advantageous



- Ivermectin

- In vitro at high levels, interferes with viral replication and may have anti-inflammatory effects
- None of the published clinical trials have used doses that would achieve these levels
- Pivotal Elgazzar trial withdrawn
 - Contained patients who died before the trial started, etc.
- Only good quality trial (Canadian TOGETHER study) showed no benefit
- Literature review commissioned by BBC
 - 26 studies: 5 clearly faked, 5 major red flags, 14 authors would not provide data for review

- Fluvoxamine

- Randomized clinical trial (JAMA July 2020)
 - 152 outpatients with symptomatic COVID-19
 - Clinical deterioration in 0% treated, 8.3% placebo ($p = 0.009$)
- Randomized clinical trial (Lancet Global Health October 2021)
 - 1,497 high risk outpatients w symptomatic COVID-19
 - RR for extended ED stay or hospitalization = 0.68 (0.52 – 0.88)
 - OR for death = 0.09 (0.01 – 0.47)

Testing

At-home testing less sensitive but can rapidly identify those who have high viral loads

Potentially major effect on transmission of infection & early treatment



Control of
Disease

Testing

Treatment

Vaccination

Masks, Hand Hygiene & Other Precautions

Tools to control the pandemic exist now.
They will continue to improve.
We can control the pandemic and live with
COVID-19 by using them correctly and consistently.

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THANK YOU FOR ATTENDING OUR TOWN HALL CONVERSATION

If you'd like additional information about Reconstructive Surgery, or would like to get involved with the Reconstructive Surgery Task Force, please contact us at foundation@houstonmethodist.org.

Take care and be well

