



St. Louis Metropolitan Pandemic Task Force Overview

“This is deadly serious for this community right now.”

- The next few weeks will be extraordinarily challenging for this community. This virus will reach every part of the metro area.
- You and your family are NOT immune to this virus. Neither is our region. This will hit us hard. How hard it hits is really up to everyone in the region and the approach we take.
- We have all seen what the virus has done to people and healthcare systems from Illinois to Washington State to Louisiana to the most extreme situations in places like New York and Italy. That same virus is spreading in our region today. We could easily face the same kind of situation – unless we all stop the spread now.
- This is deadly math. The lack of testing hinders our ability to understand the full impact of the virus. To the best of our knowledge, this virus kills 1 to 2 people out of every 100 who become infected. We really can’t change that statistic—we can only change the number of people who get infected.
- Right now, we are on a pace that would result in thousands of people hospitalized and, potentially, hundreds of deaths across the St. Louis metro area. However, this modeling does not have to become our reality. Through our individual and collective actions, we do have the power to stop the spread. That would reduce the number of people who are sick, and the number of people who ultimately die.
- To be really clear: If we want to lower the number of people who get very sick and die, we need to lower the number of people who get infected.
- We don’t have a vaccine for this virus – all we can do to prevent this threat is to stop it from spreading.
- Most of you probably know someone who works in healthcare in this region or as a first-responder. This virus poses a real threat to them as they selflessly care for our sickest patients, so we have to stop the spread to protect healthcare workers. Other essential workers – from grocery workers to janitors to utility workers and more – are also at risk as they continue to provide the basic services we all depend on.
- We have a chance to bend the curve and avoid that reality – but this couldn’t be more serious. Stop spread. Save lives.

“We have a regional plan to stop the spread and save lives.”

- Based on the data, our health systems, public health directors and leaders came together.
- Our region’s elected leaders acted appropriately and boldly weeks ago to close schools and casinos; ban large events; transition bars and restaurants to carry-out or delivery only; and implement “stay at home” orders across the metropolitan area.
- Meanwhile, our healthcare systems came together to plan for a surge in cases and manage capacity, ventilators, and other supplies as if they were one hospital system.
- That’s why our major health systems, BJC HealthCare, Mercy, SSM Health and St. Luke’s Hospital, have come together to form the St. Louis Metropolitan Pandemic Task Force, with Dr. Alex Garza as their system-wide incident commander.
- As a unified system, all of the hospitals have cancelled elective procedures to free up space and resources, evaluating and expanding care spaces, re-training staff and ensuring the best use of resources. Under the Task Force’s leadership, we are also evaluating and expanding care spaces, retraining staff, and more.
- The Task Force is also coordinating constantly with public health officials on matters relating to testing, alternative sites of care, transportation and other issues that will be essential to our metro-wide response in the coming week.

- It is an unprecedented step for our healthcare systems to come together to create a structure like the St. Louis Metropolitan Pandemic Task Force – but this is an unprecedented challenge and we are all in this together.
- Our community is blessed to have outstanding healthcare providers – and many of them. But without unified coordination by a Task Force with our elected leaders and public health officials, and without extraordinary efforts to stop the spread of this virus, COVID-19 could overwhelm our region’s healthcare capacity.
- Because of his unique background, we have asked Dr. Garza to help lead the system’s coordinated response as incident commander for this effort. Dr. Garza is a trained emergency physician with more than 20 years of experience in the U.S. Army Reserves. He also served as Chief Medical Officer of the U.S. Department of Homeland Security.
- The Task Force’s coordination and the heroic work of our healthcare workers will help save lives. But we all need to help stop the spread by following social distancing orders, staying at home as much as possible, washing our hands frequently and cleaning surfaces.

“Do your part.”

- What we do today will absolutely impact how many people get sick, how many people are able to recover in the coming weeks, and how many people lose their lives. Stay home. Wash hands. Save lives.
- The next 10 days to 2 weeks are critical. A surge is coming. Each of us can affect how big that surge is.
- Our health care workers are already working to save lives and doing heroic work.
- But what we do as individuals – whether we stay at home, whether we practice social distancing, whether we wash our hands – will directly impact whether our healthcare providers are able to manage the curve, or whether we get overwhelmed.
- If you are sick, call your healthcare provider. Don’t just show up and don’t wait. Call.
- We will get through this if we all do our part. And eventually, our economy will restart and lives will begin to return to normal. But the single most important priority for our community for now must be to stop/slow the spread of this virus.

“We are together in this challenge.”

- Our region is strongest when we all come together.
- This virus doesn’t stop at a zip code or a neighborhood. It doesn’t care. What we do in St. Clair County will help protect people there and in St. Charles. What we do in the City of St. Louis will save lives there and in St. Louis County.
- The St. Louis region is known around the world for our response to the 1918 influenza pandemic. This region did what others did not do and we saved a lot of lives. It was really a textbook example in public health. We can do this.
- We have world-class medical research and treatment facilities – COVID and vaccine research; thriving agricultural and other industries; rapidly emerging geospatial capabilities.
- Many business leaders and people across the community have reached out to see how they can help and be a part of the solution, because they are committed to the vitality of our region.
- This is a community of boundless generosity, ingenuity and compassion.
- We rally together when times are tough – , we have come together and we will only become stronger.

Issues/Q&A

Q. (TASK FORCE) Who belongs to it?

- A. The task force includes our metropolitan area's largest healthcare systems, including BJC HealthCare, Mercy, SSM Health and St. Luke's Hospital (this includes 24 total healthcare facilities in the Metropolitan Statistical Area). They are working together to coordinate capacity, staffing, supplies and other issues to prepare for a coming surge of patients. They are also coordinating with public health departments, elected leaders and state and federal agencies to provide the best possible care to patients in the weeks ahead.

Q. (TASK FORCE) Where can I follow task force briefings?

- A. Task force briefings are streamed live on Facebook here, and task force briefing slides are also shared: <https://www.facebook.com/St-Louis-Metropolitan-Pandemic-Task-Force-114664760188697/>

Q. (REGION DEFINITION) How are we defining the region?

- A. All of the modeling we have done is based on the Metropolitan Statistical Area of the St. Louis region. That includes St. Louis City, St. Louis County, St. Charles County, Jefferson County, Franklin County, Lincoln County and Warren County in Missouri. And, the Illinois counties of St. Clair, Madison, Bond, Calhoun, Clinton, Jersey, Macoupin and Monroe. Approximately 2.8 million people live in the MSA.

Q. (MODELING) What do the models predict?

- A. The models paint a grim picture with many thousands of people hospitalized and way too many people dead from all over the region. But we are not trapped by those models. We can stop the spread of this virus and demonstrate what happens when an entire region comes together to stop a common enemy. Stop spread. Save lives.

Q. (MODELING – SPECIFICS) Can you tell us exactly how many people might get sick or be hospitalized?

- A. Our current modeling shows that more than 80,000 people in the metro area could become infected by the end of April. That could result in anywhere from around 1,300 to more than 3,000 total patients in our hospitals based on our current modeling. The higher end of that range could potentially overwhelm our healthcare capacity, especially our ICU's and ventilators, as well as burn out our region's healthcare professionals.

However, I want to stress that this is based entirely on how much the virus spreads in the community. Therefore, the single most important thing we can do is prevent this region from reaching our crisis number of patients. We can do that by decreasing the spread. Stay home. Wash your hands. Clean surfaces often, if you are sick, contact your healthcare provider or the health department and isolate yourself. If we do these things, we can lower the number of people who become infected which lowers the number who will need hospital and intensive care and makes the jobs of our healthcare workers easier.

Q. (MODELING) When does the surge hit the St. Louis metro area?

- A. Based on our modeling, we expect the surge to hit within the next two to three weeks. Our work today will impact how big that surge is.

Q. (TESTING AVAILABILITY) Do we have enough COVID-19 tests right now?

A. When something of this scale is coming, every single resource we have is precious. There are not enough available tests right now to test everyone who might show symptoms consistent with this virus. This is a national problem, not just a local one. That's why we have to do everything we can to stop the spread (stay home, wash hands, clean surfaces) even if we are feeling well.

Q. (PPE SUPPLY) Do we have enough PPE for health care workers in this area?

A. We are going to need more. How much more we need depends on how effective we are at stopping the spread. The health systems and government leaders are doing everything we can to get more PPE, but we really need everyone in the region to help us by stopping the spread.

I have seen amazing efforts to make masks at home for healthcare professionals. We are so thankful for that, but the very best thing you can do to protect healthcare professionals is not to make a mask, but to stay home and stop the spread. We are developing a metro-wide framework by which we will track PPE and supplies across all of our hospital systems, and going forward, I will be able to update you regularly on where we stand. Those numbers will change in real time, but we will do our do our very best to keep you informed.

Q. (BED CAPACITY) Do we have enough hospital beds for this surge?

A. We don't have enough beds for the worst possible surge that could come and that is what we are hoping to avoid by asking people to stay home, wash their hands and stop the spread. That's the only way we reduce infections and hospitalizations. We are developing a metro-wide framework by which we will track capacity across all of our hospital systems, and going forward, I will be able to update you regularly on where we stand. Those numbers will change in real time, but we will do our do our very best to keep you informed.

Q. (TRIAGE/CARE GUIDELINES) How will you make decisions about who gets care if this surge happens?

A. We don't want to get to a place where we have to make decisions about who gets care and who doesn't. We want to avoid that by stopping the spread here. But, we are working through now how those decisions would be made if we get to that point.

Q. (ALTERNATIVE CARE SITES) Are you exploring using alternative sites for care?

A. We are exploring every potential resource to deal with the surge that could be coming. As health systems we are working together to share resources. We will continue to do that to meet needs.

But, there are many other issues besides space. If the surge we anticipate does come, we would need more staff, more equipment and other resources. We don't really have all of that available to us. What we can do is prevent the spread of this virus and avoid the surge that would force us to find alternative sites for care.

Q. (HEALTH CARE STAFFING/BURNOUT/ILLNESS) How are you dealing with healthcare staffing shortages caused by illness or burnout?

- A. That is a really important issue and we are working together to make sure that we are taking care of those who are taking care of us. They are going to get tired. They are going to be stressed. They are going to worry about exposing their own families when they go home at night. We are doing what we can to help by arranging additional staff and hotels where they can sleep at night without exposing their families.

Plus, this goes beyond healthcare workers. We should be thinking about first responders, grocery store workers and others whose work is really essential to our daily lives. But, the best thing we can do to protect all of them is to stop the spread.

Q. (TIMING) When will this be over? When will you know that what we are doing is working?

- A. We will know in the next few weeks whether what we are doing is having an impact. When we see a decrease in the number and severity of the cases we are seeing, we will know. Test results are lagging indicators so it will take a while to know what kind of impact we are having. Most models show this will be with us for months.

We do know that staying home, creating social distance and washing hands will have an impact and help us get through this more quickly.

Q. (MENTAL HEALTH CARE) How should we deal with the mental and emotional stress this crisis is causing?

- A. Humans are social creatures. We need to be with each other and all of us who are working on this recognize that. But, for a while, we need to do life differently. We need to protect the people we love and our neighbors by staying at home and connecting only through technology.

Q. (EQUITY/ACCESS TO CARE) What are we doing to ensure there is equal access to care across socioeconomic and racial demographics?

- A. That is a very important issue. This virus doesn't discriminate in any way. All of us are vulnerable and we are all dependent on everyone. So, we have to take care of everyone, regardless of their ability to pay.

If you need care call your health provider. If you don't have a health provider and you are concerned you may have this virus you can go to the [BJC HealthCare website](#), the [Mercy website](#) or the [SSM website](#) for a virtual visit with a provider. You can share your symptoms and a healthcare provider will evaluate that information and offer a recommendation for you. You can also reach out to great providers like Affinia Healthcare or CareSTL.