

Dear Faculty, Staff, Fellows, Residents and Students,

As our eighth week of alternate operations comes to a close, we remain awed by what all of you have done to keep our campus going, both on-site and remotely. But May 18<sup>th</sup> looms and, just when we might have had a moment to catch our breath, we must instead begin to think about the risk of another surge in the months ahead and likely again next fall. With the prospects of a vaccine not likely in the near future, protecting ourselves, our loved ones, and our community will once again depend to a great extent on public health countermeasures.

We are so proud of the role our faculty and staff has taken on in the regional response. Our Institute for Public Health, led by Dr. Bill Powderly, has served as a catalyst for community engagement and mobilization in response to COVID-19. The Institute for Informatics, led by Dr. Philip Payne, including notably Dr. Randi Foraker's group, helped our healthcare system with modeling data to plan for the epidemic and will now be critical in tracking contacts as an essential countermeasure. That modeling data gave public health advocates like our own Dr. Will Ross the information they needed to push City and County officials to introduce shelter in place orders as early as they did, a decision that undoubtedly saved many lives. Additionally, we are lucky to partner with BJC and its leadership. Rich Liekweg, CEO of BJC, and his team have worked seamlessly with Paul Scheel, the CEO of our faculty practice, WU Physicians, as well as Bill Powderly and his team from IPH, to coordinate with the other hospital systems and government officials of the city, the county, the state, as well as all of the public health departments in the region. Our great relationship with BJC, and Rich's ability to build bridges across the region, have been absolutely critical for the handling of the surge, putting all of us in a position to protect our community as best we can.

But just because we have avoided the worst predictions of overwhelmed hospital systems does not mean that our job is done or that our community has not been seriously impacted. We now know that the largest clusters of infection across the country are among the most vulnerable populations, such as those in nursing homes, other congregate housing and meatpacking plants, and our own vulnerable populations are bearing the brunt of this virus in St. Louis. Here it is the African-American community that has been hardest hit, marking another painful chapter in the long story of systemic inequality in a region where residents of zip codes separated by only few miles already have up to a 20-year difference in life expectancy. Additionally, the St. Louisans bearing the disproportionate burden of this virus are often those who don't have the ability to stay home because they rely on precarious jobs in essential industries as well as those who are homebound without ready access to food, telehealth, and other necessary services.

It is becoming clear that while we and other academic medical centers around the country are focused on a medical solution to this virus, our only truly effective response *right now* – and possibly for some time – will come from public health systems here and around the country. But,

while public health measures may not seem terribly exciting compared to medical advances like vaccines and cutting-edge surgical techniques, they have arguably had a larger impact on human health over the last two centuries than anything we have done in the lab or the operating room. We have long come to take these advances in public health for granted, but the public perception that infectious disease was a problem from a different era has now been shattered by a virus that has disrupted our individual lives and our national economy.

Any effective public health response must account for the most vulnerable members of our community. To keep everyone safe, we must truly work to protect *everyone*. We are proud of the WashU faculty members who have stepped into the breach; those who are supporting the City and County health departments, those assisting with initiatives like PrepareSTL, a campaign to keep all communities informed and protected, and those helping to mitigate the virus' impact on the unhoused, to give a few examples. They know that we cannot overcome this virus unless we work together to take care of our most vulnerable. They know that advocating for the underserved is the key to public health and one that we have unfortunately grown used to overlooking as we have come to rely on medical interventions to fight infectious disease.

We must continue to work collaboratively with the City and the County, and with the other local hospital systems, to effectively handle this wave of infection and a secondary surge should it arrive. But as we start to think about the next stage of our response, it is incumbent upon us to identify those areas and groups who are underserved and overlooked. As a society, we must train our attention and our expertise on the public health challenges particular to this virus, which means figuring out how to provide protective equipment not only to frontline doctors but also to other vulnerable workers, especially those who supply our food chain and care for our elderly and homebound. It means making sure that everyone can get medical care at a time when we are relying more on telehealth options that require patients to have access to the internet. And on this campus we will certainly have a role to play in the safety net provision of healthcare in what is likely to be the worst unemployment period since the Great Depression. Major teaching hospitals make up only 5% of hospitals nationwide but take care of 31% of the country's indigent population. This is our "Safety Net Mission" and we must work to cast our net ever more widely over the coming months.

These have been trying times for everyone and our institution is no exception. We have seen beloved colleagues furloughed and we all feel the impact of the uncertainty wrought by this unprecedented event. It is precisely at this moment, though, that we must remember that it isn't just the patients in our wards who depend on us. Our position in this community and the expertise we bring to the table mean that the work we do reverberates far beyond our walls. As an academic medical center, we are defined by how we educate and train, our patient care, and how our research leads to improved clinical outcomes. But this crisis reminds us that unless we also figure out how to leverage our knowledge and assist in our surrounding community, we will not have accomplished our mission.

It is truly inspiring to watch how you work here every day and to see what you have accomplished in the COVID-19 crisis. We deeply appreciate what you are contributing to our academic medical center, and as our ambassadors of health care throughout greater St Louis when you are at home in the community.

Sincerely,

David H. Perlmutter, MD  
Executive Vice Chancellor for Medical Affairs and Dean

Andrew D. Martin, PhD  
Chancellor