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Local City and County Mayors,

Aug 16th, 2021

The UT Department of Emergency Medicine and Memphis area Emergency Department Medical Directors must inform you of the current crisis in the Memphis/Shelby County area medical systems. Currently our system emergency departments are operating dangerously over capacity and housing dozens of admitted patients in each of our Emergency Departments. Projections for COVID patients are that hospitalized patients will double by the end of this month and increase sixfold by the end of September. That increase would produce more admitted COVID patients than the city has hospital beds for on any normal day. These are greater numbers than we have yet faced in the pandemic and do not account for non-Covid patient emergencies such as stroke, heart attack, and trauma.

We must inform you that we may have to begin triaging care to patients in the next few days. To be clear, we may be unable to provide timely care to everyone and will have to make choices about delivering care to patients based on their probability of survival. We can't stress how grave a concern this is to us all. Currently, the city has no surge capacity to accommodate any additional disaster or unplanned events. In fact, we are concerned that without a masking mandate in place as well as a reduction in capacity at large events and an emphasis on social distancing, thousands may be unable to receive prompt care in the coming weeks. Additional unplanned volume in the form of influenza patients is only likely to add to the current crisis when flu season begins this fall.

It is our recommendation that the city and county and adjacent local counties served by the Memphis area medical system reinstitute a mask mandate immediately and that it continue until we can return the medical systems to normal operations and vaccination rates exceed 80% of the eligible population. Failure to provide mitigation strategies at this point will be catastrophic to the Midsouth and affect health care at every level. Patients will not receive timely emergent or urgent care for any medical, surgical, or obstetrical problem, as the system cannot sustain the current patient load with available resources, much less the projected increase.

This crisis is due to a lack of skilled personnel resources (nurses, techs, etc.) and there are already mitigation strategies being employed by the hospitals, such as managing elective and even urgent surgeries and extending nursing ratios with volunteers, but this is a temporary stop gap measure and will likely NOT keep up with the surge, even if a city-wide mask mandate goes into effect today. While a temporary respite will occur with these measures, those already exposed who will then develop symptoms and seek care will exceed our capacity before the situation improves permanently.

We regret having to bring such dire warnings before the city and county leaders, but feel it is our obligation to do so as immediate action is required.

Most sincerely,

J. Richard Walker, III, MD, MS, FACEP

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