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**To:** Members of the Alabama COVID-19 Task Force  
**From:** Lieutenant Governor Will Ainsworth  
**Date:** March 25, 2020  
**Re:** Current needs and concerns in Alabama's COVID-19 Response

It is important to begin this memo by thanking Gov. Ivey for assembling this task force and populating it with many of the best minds Alabama has to offer in responding to the COVID-19 pandemic within our state's borders.

State Health Officer Dr. Scott Harris deserves commendation, as well, for his efforts to educate the public about the need for social distancing and remaining isolated as much as possible. There is no doubt that Alabama is in a better position today because of the efforts made by Dr. Harris and the ADPH team.

Unfortunately for Alabama and the nation, it is now believed most states have had community transmission for longer than originally thought, and most experts believe we have substantially more cases than are being reported due to lack of testing.

In my opinion, and those of many experts I have consulted, Alabama's biggest hurdles in the coming months will be a lack of hospital capacity and a dramatic shortage of personal protective equipment, known commonly within the medical community as PPE. Those needs and my deep concerns have prompted me to write this memo.

A tsunami of hospital patients is likely to fall upon Alabama in the not too distant future, and it is my opinion that this task force and the state are not taking a realistic view of the numbers or adequately preparing for what awaits us. Every health specialist with whom I have spoken is anxious about surge capacity and has expressed doubts about our preparations.

During our call on Monday, March 23, I inquired about our state plan for expanding hospital capacity and increasing PPE availability, and I followed up with Chief of Staff Jo Bonner after the call to stress the urgency and discuss the steps that other states are taking. I also informed him of my intention to help seek solutions for these needs.

Since Monday, I have spoken with officials at both UAB Hospital and Huntsville Hospital and had several discussions with Dr. Don Williamson, the former state public health officer and current president and CEO of the Alabama Hospital Association, and his staff. I asked Dr. Williamson to put together a comprehensive statewide plan, which he is currently compiling.

Time is our enemy, and each moment that we lose by not preparing for the coming deluge will result in the loss of life and the crippling of our healthcare infrastructure. Hospitals need our immediate help to expand capacity, but it will require an “all hands on deck” approach and the willingness of all involved to make it a priority.

Simply put, we have not done enough to prepare, and action must be taken now.

Using simple math and statistics, the most conservative data and real-time cases we are experiencing indicate Alabama could soon face the following scenarios beginning today:

<u>Date</u>	<u>Cases</u>	<u>Hospital Beds*</u>	<u>ICU Patients</u>
3/25	290	37	7
3/28	501	65	13
3/31	864	112	22
4/3	1,491	193	38
4/6	2,575	334	66
4/9	4,449	578	115
4/12	7,686	999	199
4/15	13,280	1,726	345
4/18	22,947	2,983	596
4/21	39,651	5,154	1,030
4/24	68,516	8,907	1,781
4/27	118,394	15,391	3,078
4/29	170,486	22,163	4,432
5/1	245,499	31,914	6,382

\* Assuming a 13% hospitalization rate

Keep in mind that New York is currently at a 23% hospitalization rate among those with COVID-19. Assuming the May 1 projections shared above are correct, we will have double the number of hospitalizations than beds available in Alabama. Also imagine what occurs if we have 6,382 ICU patients on May 1 with a statewide stockpile of only 1,344 ventilators.

Officials at UAB hospital inform me that at 1 p.m. today, they had 135 patients in beds who have either tested positive for COVID-19 or are awaiting test results. More than 34 of the 135 patients are currently on a ventilator.

I believe that the public’s safety and simple common sense demand that we create a formal plan to double or even triple hospital capacity and also provide for adequate staffing levels. Even with the help of federal government and FEMA assistance, building capacity takes time, which is why we need to take action **now**.

In order to address anticipated staffing shortfalls, we should begin contacting family doctors and their staff, most of whom are currently practicing telemedicine, and survey their availability. One doctor with whom I have spoken said he would be willing to practice telemedicine for four hours a day and assist during a patient surge for 8 to 12 hours a day, and he has two certified registered nurse practitioners, two registered nurses, four nursing assistants, and one x-ray

technician who could be made available, as well. This is the kind of coordination and work that should have already been started on a statewide basis, but Alabama has not yet begun the process.

Considering the medical professionals, hospital executives, and public officials like Sen. Greg Reed and Sen. Del Marsh, who understand the healthcare industry, we have the talent, knowledge, and experience necessary to put together a comprehensive emergency action plan that addresses anticipated capacity, staffing, and PPE needs.

No one will ever fault us for being over prepared for the worst case scenario, but blame will be well deserved if we chose to wait for whatever comes and do nothing to prepare.

My staff and I stand ready to take whatever actions are necessary, and I hope each of you will join us in those efforts.