

# As world toll from COVID-19 pandemic passes 200,000, American hospitals at risk of being overrun

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Newly published findings from the Harvard Global Health Institute show that cities across the United States are not equipped to handle even a mild surge of cases caused by the coronavirus. In the “best case” scenario, where 20 percent of American adults, some 50 million people, contract COVID-19 in the course of 18 months, hospitals would need 25 to 50 percent more beds to provide necessary medical care for the influx of patients.

The research was led by Dr. Ashish Jha, who has previously advocated for a two-week quarantine of the entire country in order to allow medical facilities time to treat and discharge current patients, while at the same time curtailing the disease. In the worst-case outcome projected by the study, which agrees with the worst estimates of the Centers for Disease Control and Prevention that 214 million Americans will be infected by the end of the year, the most densely populated areas will need nine times as many hospital beds as they currently have. Such a scenario would see somewhere between 2 and 11 million dead.

There were nearly 20,000 new coronavirus cases confirmed worldwide yesterday, bringing the total to 218,000, including more than 124,000 active cases. The number of new deaths surged to more than 950, including 475 in Italy, 147 in Iran, 105 in Spain, 89 in France, 41 in the US and 33 in Britain. The total cases in Europe now exceed those in China by at least 6,000, as the number of new cases across the continent continues to increase, particularly in Italy, Spain, Germany and France.

The Harvard study paints a grim picture of American healthcare in the next several months. At the current rate of exponential increase, there will be 100,000 cases by the end of March and an estimated one million cases sometime in April. While less densely populated regions may cope, cities such as New York, Los Angeles, Seattle

and San Francisco are already becoming inundated with old and new cases. With only 35,713 cases, doctors in Italy are already being forced to make impossible choices between who receives care and lives and who does not and dies.

Border closings also continue internationally, as nations use the pandemic to raise figurative and literal walls between their geopolitical rivals. The United States and Canada have closed their border to “nonessential” travel. India has banned entry of those who hold Indian passports if they are traveling from the European Union, the United Kingdom or Turkey. Australia has imposed an indefinite travel ban against the entire world, warning its citizens, “do not travel abroad.” Bangladesh has banned entry from Europe, India and other countries for at least 16 days. South Africa has blocked all travel to and from Iran, South Korea, Germany, Italy, China, the United Kingdom and the United States.

It should be made clear, however, that such measures are not considered wholly adequate by the World Health Organization. During its most recent press conference, it again stressed that “to suppress and control epidemics, countries must isolate, test, treat and trace.” WHO Executive Director Dr. Michael Ryan made clear the explicit procedures that should be followed. “The real challenge is, are you testing every single suspect case. Every suspect case should be tested, their contacts identified. If those contacts are sick or showing symptoms, they should be tested.”

At the same time, Dr. Ryan noted that this still “requires a scale up because many countries have not been systematically testing all suspect cases, and it is one of the reasons we are behind in this epidemic.” While he did not name names, Dr. Ryan’s statement is most aptly applied to the United States, where Vice President Mike Pence

has repeatedly insisted that “people without symptoms should not get tested.” The United States has only begun its mass coronavirus testing efforts after a month of the virus being spread in the population, as compared to a week in South Korea.

Trump himself continues to reference COVID-19 by the xenophobic term “Chinese virus,” as if the pathogen is a biological weapon deployed by a foreign power. Along these lines, Trump described himself as a “war-time president,” and has invoked the Defense Production Act to acquire more medical equipment. He also indicated during yesterday’s press conference that he is preparing to implement more aggressive measures against immigrants attempting to cross the country’s southern border.

As is always the case when the capitalist state declares war, the first victims are the working people of the country involved. This is demonstrated in the United States in the legislation passed by the Senate Wednesday and sent to the White House for Trump’s signature, providing only a pittance in terms of sick leave and family leave for tens of millions who have become victims of the coronavirus crisis, either medically or financially.

The United States is the only major country in the world which has no legal requirement for sick pay for workers who become ill, and about one quarter of American workers lack any sick time at all, with most of the rest limited to five to ten days total per year. Among temporary, gig and contract workers, the proportion with no sick pay is well over 50 percent.

Under terms of the bill passed by the House of Representatives Friday, two weeks’ sick pay would be guaranteed for workers at medium-sized businesses, those employing between 50 and 500 workers. Most workers at larger employers already have some sick pay, but 6.7 million have nothing and they would remain without benefits under the House bill. Some 60 million workers at small businesses or those classified as self-employed would also not be covered.

The legislation also provided 12 weeks of paid family leave for workers whose children were out of school because of coronavirus-related closures, or who had to take care of a family member with coronavirus. This provision came with the same exclusions, meaning only about 20 percent of all workers qualified.

In a secretive procedure on Monday, negotiated by House Speaker Nancy Pelosi and Trump’s Treasury secretary Steven Mnuchin, the House approved without a recorded vote some 90 pages of “corrections” to the bill

passed Friday, which had the effect of significantly reducing even the totally inadequate benefits provided in the original bill. Workers with a family member contracting coronavirus will have only two weeks’ sick leave, not 12 weeks, and several other provisions were made more stringent, in order to appease business lobbyists who complained of the expense—particularly the fast-food giant McDonald’s, many of whose franchisees fall in the 50-500 employee bracket.

This dismal product of the capitalist two-party system and corporate control of Congress then passed the Senate by 90-8, with every Democrat as well as “independent” Senator Bernie Sanders voting for it, while eight Republicans objected that even this derisory amount was too lavish a “handout.”

Meanwhile the Pentagon has revealed that the US military was making available “up to five million N95 respirator masks and other personal protective equipment” and up to 2,000 ventilators. This begs many questions, among them: Why weren’t these resources freed up weeks ago? And what other equipment is the US military hoarding that could otherwise be used to save lives? The only other support from the \$736 billion war machine will be the use of field hospitals and the deployment of two US Navy hospital ships, *Mercy* and *Comfort*, one off each coast.

The vast sums of money given each year to the US war budget are another indication of the actual orientation of the Trump administration and the financial elite which it serves. Hundreds of billions of dollars are spent to forcibly defend the trillions that were just handed to the big banks and major corporations just this past week, not to mention the trillions more given to Wall Street in the wake of the 2008 crash.

The fight against the coronavirus pandemic must start with the reallocation of all these resources to containing the disease and providing emergency care to all those infected. This can only be done by the American and international working class, armed with a revolutionary socialist perspective, to overthrow capitalism in the fight for their right to live.



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