As US deaths soar, bipartisan back-to-work drive guarantees the explosive spread of pandemic

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In one week, almost 18,000 Americans succumbed to the ravages of the COVID-19 infection doubling the toll to 35,500 fatalities in the United States. On just April 14, Worldometer logged 6,185 new deaths in the United States. Most of these were COVID-19 related deaths from hospitals, nursing homes, and residents in New York City that had not been accounted for because they had not been tested.

Gruesome news also broke this week that 17 bodies had been found stuffed in a small morgue in Andover Subacute and Rehabilitation Center in New Jersey. On Wednesday, 45 of the 351 people that died with COVID-19 in the state were residents of such facilities. Health authorities revealed that they had accounted for at least 6,815 infected residents in such facilities. The *Washington Post* reported on Wednesday that throughout the country, more than 5,500 residents of nursing homes and long-term care facilities have died. In epidemiological terms, these residents account for 0.4 percent of the population but 22.5 percent of the COVID-19 related fatalities.

As it concludes its deadliest week, at least 316 million people across 42 states, the District of Columbia and the territory of Puerto Rico have been in some form of "shelter in place" for three to four weeks. Estimates suggest that over 90 percent of the population are affected by these measures that have only recently seen the number of new cases approach a steady state with an astounding 30,000 cases per day. In just one month, the United States has seen 700,000 cases with over 200,000 cases in this last week. Presently, the only effective means of mitigating the pandemic remains social distancing measures that are in place.

However, the market's response to the ongoing health crisis and visible tragedy can only be characterized as psychopathic. The Dow Jones Industrial Average climbed more than 705 points yesterday on news that the country will be "reopening the economy again" under guidelines that are fundamentally improvisational recommendations. Boeing stocks spiked as it announced plans to resume production by recalling 27,000 employees back to work starting this Monday in Washington state.

The euphoria in the markets also came on some vaguely positive reports on the drug Remdesivir. This antiviral medication is known to block the virus's RNA chain *in vivo,* in laboratory cells infected with the virus. The timing of the report must be considered circumspect as it coincides, hand in glove, with President Trump's introduction of "guidelines to reopen America again."

New England Journal of Medicine published a week ago results of a small trial of 53 patients receiving Remdesivir—22 in the US, 22 in Europe or Canada, and 9 in Japan—of which 30 were on ventilators and 4 on extracorporeal membrane oxygenation. The paper noted that mortality was 18 percent among those receiving invasive ventilation and 5 percent among those not receiving invasive ventilation. The authors concluded that 68 percent had clinical improvements. However, the study lacked a control arm making these results speculative at best. Gilead has numerous trials in progress, and results are anxiously being awaited by the medical community and, more so, by the markets.

After Trump claimed absolute authority to enforce a back-to-work order earlier in the week, he backed off his position, ceding this authority to the governors. On Thursday, in a choreographed brief, he unveiled a set of guidelines that would proceed in a phased approach to see the country back to work. His protégé, Dr. Deborah Birx, provided a fantastical framework for this public health strategy, lacking as much in real substance as the

optimistic tones that ring hollow.

The contagion is deeply enmeshed in the country across a vast network of integrated communities. However, only 1 percent of the population has been tested, while testing capacity has seemingly hit a plateau of around 150,000 tests per day. Meanwhile, the number of daily cases has not been substantially declining to give any public health expert a sense of assurance. According to Dr. Ashish Jha of Harvard Global Health Institute, "The number one issue in my mind about when to reopen is really about how do we reopen in a way that lets us stay open. We could reopen tomorrow. But if we did, we'd have to shut down again very, very quickly. So, what we need to see are substantially declining case rates."

The other grave concern is that hospitals remain at perilously full capacity. Without an extensive infrastructure that can handle a new surge in cases, any attempt to open the country will have disastrous consequences for the fragile health system that is barely keeping pace under the most difficult of conditions. Specifically, ICU care, ventilators, N95 masks and PPEs need to be well stocked. A network of health facilities requires coordinating across the nation. And, most critically, a need exists for large numbers of health workers who are mobilized and capable of treating patients while well rested so that they can do their work without risking themselves and creating in their health facilities a new vector for the virus.

Yet, the most concerning factor that workers should bear in mind is that the "essential" workers throughout the US are becoming infected at an alarming rate. Nearly 900 US postal service workers have tested positive for COVID-19, and thousands have been presumptively infected. As well, the United Food and Commercial Workers International Union said in a release earlier this week that over 3,000 workers had called in sick with possible coronavirus related symptoms. Thirty supermarket employees have died. In a survey of 5,000 grocery workers, 85 percent said that customers are not practicing social distancing. These concerns are being raised in every sector of the workforce, including among Amazon workers, truck drivers, automotive workers, etc.

Most worrisome, over 9,300 health care workers in the US have been infected with the virus, a conservative estimate at best. At least 27 of them have died. CDC officials said that based on data provided by states, health care workers might account for about 11 percent of all infections or, in absolute terms, close to 75,000.

Under these circumstances, if these "essential" workers are continuing to be at risk for infections and no significant effort is in place to protect them, it stands to reason that the plan to open the country is merely a plan to enforce "herd immunity" on the population.

The reopening of the country and call to return to work have had bipartisan support. Democratic governors are clamoring to get their states back to work despite concerns that have been raised by scientists and epidemiologists. Governor Ned Lamont of Connecticut has picked the CEO of PepsiCo, Indra Nooyi, as an economic adviser, who said, "We are not looking for a big bang approach … [and] considering incremental approaches to give people hope the economy is coming back." The state, however, saw over 1,000 new cases yesterday and over 100 deaths. It begs the question how an economic adviser will assist in public health concerns.

Similarly, California Governor Gavin Newsom outlined his "framework" to get the state back to work eventually. The pandemic has also ravaged Michigan, which trails only New York, New Jersey and Massachusetts in the number of new cases. However, Governor Gretchen Whitmer has indicated she will loosen restrictions on May 1.

The shift by the Trump administration to allow the states to open their economies is a calculated tactical maneuver to redirect the blame of a massive second wave on to the governors. This will encourage him to amass further dictatorial powers. The states will need tremendous support from the federal government to accomplish the necessary tasks to stem the virus while working with depleted financial means. Trump will leverage this to force governors to expedite the back-to-work diktat.

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