

Sharp rise in new coronavirus cases in US south and west

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Six weeks after the Trump administration declared that it had successfully “flattened the curve” and told states to begin reopening, there is now an accelerating rise in coronavirus cases in the American south and west. Contrary to the official line, the pandemic remains an extraordinarily dangerous public health crisis.

There are now more than 2.2 million confirmed cases of COVID-19 in the United States, along with nearly 120,000 known deaths. The US accounts for about a quarter of the world’s cases and deaths, which currently stand at 8.3 million and 450,000, respectively. The worst-hit countries in terms of new cases and new deaths are the United States, Brazil, India and Russia. Others include Chile, Pakistan, Saudi Arabia, Peru, Bangladesh and Mexico.

Half of the cases in the US have occurred since May 1, when the federal guidelines to “slow the spread” of the deadly contagion expired. At the time, the disease had not truly been contained, only blunted, by the physical distancing measures abided to by workers across the country. A rational and scientific plan would have continued such efforts, while expanding testing and contact tracing to hunt down new cases of the disease.

Every effort was instead made to reopen the economies of every state, regardless of whether or not there were necessary medical facilities, equipment and personnel to prevent, find and treat cases of the coronavirus. The Coronavirus Task Force, which provided the veneer of a federal response, has been effectively disbanded. Beginning with Georgia on April 24, every state has now partially or largely reopened its offices, warehouses, factories and other workplaces.

Arizona, California, Florida and Texas are among the worst affected states this week. Arizona two days ago

recorded 2,392 cases and 25 deaths, while it saw 1,827 new cases and 20 deaths yesterday. California suffered a cumulative 7,266 cases and 163 deaths over those days. There were 2,783 cases and 55 deaths in Florida on Tuesday, and 2,610 cases and 25 deaths in the state on Wednesday. And in Texas, which has seen some of the largest outbreaks since the reopening began, noted 7,658 new cases and 88 new deaths in the past 48 hours.

The number of new cases has also hit all-time highs in ten states: Alabama, Arizona, California, Florida, Nevada, North Carolina, Oklahoma, Oregon, South Carolina and Texas. While New York was the epicenter for the pandemic in the country—and the world—in late March and April, there is now community spread of COVID-19 in every state.

At the same time, governors of multiple states are attempting to shift the blame for their own lack of preparedness for the pandemic, despite repeated warnings from the World Health Organization since January, onto their populations. Texas Governor Greg Abbott recently admonished 20- to 29-year-olds, claiming, “They are not wearing face masks, they’re not sanitizing their hands, they’re not maintaining social distancing.”

It was Abbott who made such conditions possible in the first place. While claiming that the state had expanded testing and stocked up on protective equipment, he overrode local lockdown orders in the biggest Texas cities, and reopened all retail stores, restaurants, movie theaters and malls on May 1. Bars, museums, bowling alleys, bingo halls, skating rinks, aquariums, salons, barbershops and even rodeos have also since been allowed to reopen. The state also has plans to reopen its amusement parks and carnivals.

Texas has also seen an increase in the number of new

hospitalizations, to more than 2,200 over a seven-day rolling average. The state only has an estimated 38 percent of its ICU beds available, even as the number of new cases over the past fourteen days has increased by more than 60 percent.

In Florida, at least six bars have closed only a week after reopening in response to the new coronavirus cases surging in the state. Contact tracers in the state have found that those bars have acted as strong vectors for transmission of the virus, causing large percentages of their patrons and employees to become ill. The state as a whole has had nearly 83,000 confirmed cases and more than 3,000 deaths.

There have also been clusters in far less densely populated states. Uinta County, Wyoming now has 80 confirmed infections, many of which are “connected to a particular gathering at a public location,” according to state health officer Dr. Alexia Harrist. She went on to note that, “This situation illustrates how it doesn’t take much to really change the disease picture within a community.”

Harrist’s comments are among the most explicit warnings from a health official in the country. In the absence of a vaccine, even a single case of COVID-19 can reignite the pandemic in a county, state or even a country if allowed to spread unchecked.

There is, however, cautiously optimistic news for the treatment of patients critically ill with COVID-19. British investigators of the Recovery Trial (Randomized Evaluation of COVID-19 Therapy) issued a press release on Tuesday on the use of Dexamethasone, a well-known corticosteroid medication often used for various inflammatory conditions. Last week doctors halted this arm of the trial after there were a sufficient number of patients to assess their data. They found that the use of Dexamethasone led to a reduction of death by one-third in ventilated patients and by one-fifth in those receiving oxygen.

The data was statistically significant, meaning that their findings were most likely not due to chance. This translates to one death prevented by treatment of around eight ventilated patients and approximately 25 patients requiring oxygen alone. The drug had no benefit in preventing the disease or for treating mild cases, and no one should use it without medical advice.

According to Dr. Peter Horby, lead investigator and

professor of Emerging Infectious Diseases in the Nuffield Department of Medicine, University of Oxford, said, “Dexamethasone is the first drug to be shown to improve survival in COVID-19. This is an extremely welcome result. The survival benefit is clear and large in those patients who are sick enough to require oxygen treatment, so Dexamethasone should now become the standard of care in these patients. Dexamethasone is inexpensive, on the shelf, and can be used immediately to save lives worldwide.”

The World Health Organization also reviewed their data on hydroxychloroquine and affirmed that they support the conclusions reached by the Recovery Trial’s hydroxychloroquine arm. On June 4, the principal investigators of the Recovery Trial reported that they found no benefit for hydroxychloroquine in reducing hospitalization time on ventilation or mortality. The WHO will suspend this therapeutic from their Solidarity 1 Trial. They will still need to issue guidance. They did add that the use of hydroxychloroquine in a prophylaxis setting has yet to be determined though a recent trial for post exposure prophylaxis published on June 3 in the *New England Journal of Medicine* found no benefit.

On Monday, the Food and Drug Administration (FDA) announced they had withdrawn the emergency approval of hydroxychloroquine and chloroquine for treatment of COVID-19. They wrote, “based on FDA’s continued review of the scientific evidence available for HCQ and CQ to treat COVID-19, the FDA has determined that the statutory criteria for EUA ... are no longer met. Specifically, FDA has determined that CQ and HCQ are unlikely to be effective in treating COVID 19.” It seems that the long but tortuous story of a miracle cure once touted by the quack-in-chief has finally reached its end.



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