

US hits five million COVID-19 cases as testing declines and schools reopen

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It has taken just over two weeks for the United States to record an additional one million cases of COVID-19. On August 6, the nation reached the grim milestone of five million cases.

As of this writing, there have been 5,187,611 cases and 165,500 deaths. There are 2,367,820 active cases and over 50,000 people hospitalized for treatment of COVID-19. After a low point in the positivity rate of 4.5 percent in mid-June, it has risen to 8 percent, where it has remained for several weeks despite claims of more testing by the Trump administration.

Globally, there are now 20 million cases of COVID-19 and the death toll is 732,000. The United States, comprising 4.25 percent of the global population, accounts for 26 percent of all cases and 22.6 percent of all fatalities. On a per-capita basis, only Brazil, Peru and Colombia have more daily cases than the US (with approximately 163 infections per million people).

Alarmingly, the Institute for Health Metrics and Evaluation (IHME) at the University of Washington School of Medicine is now projecting that America's death toll will reach 295,011 by December 1. The institute estimates that another 135,000 people will succumb in the next 113 days (1,195 deaths per day). These estimates are based on the assumption that mask usage will be inconsistent and that half of the school districts in each state will opt for online rather than in-person instruction.

IHME Director Dr. Christopher Murray acknowledged that should the public adopt near-universal mask usage, estimated additional deaths by that date would drop by 49 percent, to reach a lower total of 228,271. If mandates were eased, the death toll could rise to over 391,000. The present estimate of community mobility, using cell phone data, is at 25 percent below pre-pandemic norms. At the peak of the nationwide restrictions, mobility had declined to 55 percent below pre-pandemic patterns.

The IHME has consistently been overly conservative in

predicting the number of infections and deaths from the pandemic, and, by all accounts, the transition to fall and winter seasons can have a significant impact on the dynamics of community transmission.

Given the continuing rise in the rate of new infections and deaths and the lack of any nationally, let alone internationally, coordinated plan to scale up testing, contact tracing, quarantining and treatment, the drive to reopen the schools in the US assumes a homicidal and criminal character.

Several early school openings—Indiana, Mississippi and Louisiana—have been marked by confirmed COVID-19 cases on day one, necessitating closure or quarantining of students and teachers. Experience has already exposed the falsity of claims that schools can be safely reopened for in-person instruction. What, in fact, is being prepared is an explosive increase in infections and deaths.

This is perhaps most clearly exemplified by Florida, with over 530,000 COVID-19 cases statewide and 8,500 new cases on Saturday. Education Commissioner Richard Corcoran told the Hillsborough County School Board that it “needs to follow the law, it’s that simple,” after the board issued a statement that the district did not meet the requirements for safely offering in-classroom instruction when schools resume. In the meantime, Governor Ron DeSantis, who has pushed hard for the schools to reopen, instructed health directors across Florida to refuse to give school boards recommendations or risk assessments.

On August 5, three rural school districts in Texas were the first to head back to the classroom. With some Dallas-area districts poised to begin the first day of fall sessions, state officials were debating if data on COVID-19 infections at public schools should be collected. “This question on data collection is still under active deliberation by the agency, and we expect to have an update in coming weeks on what, if any, data will be required, and how it will be recorded,” said Texas

Education Association spokesperson, Frank Ward.

Several school reopenings in Europe and Asia that proceeded with little incident have been cited as examples of the low risk of transmission among school-aged children. However, these nations have a per capita transmission rate significantly lower than the US, along with a much more capable surveillance system to track and trace new infections.

It is worth mentioning that the outbreak in an Israeli school in May of two known COVID-19 cases led to 153 students and 25 staff testing positive, including 87 close contacts outside the school. At the time, the number of daily cases nationwide had for many days been below 30.

Studies of children are limited because they are less likely to be tested, given their better outcomes. According to the US Centers for Disease Control and Prevention (CDC), more than 200,000 COVID-19 cases have occurred in children under the age of 18. They account for less than 1 percent of COVID-19 deaths. There have been 342 cases of a Kawasaki Disease-like syndrome, medically known as Multisystem Inflammatory Syndrome in Children. Six have died.

Yet recent findings have brought to the forefront of the school opening debate the fact that children are susceptible to becoming infected and have the ability to transmit the virus. In a study published for the Georgia Department of Health, Dr. Christine M. Szablewski noted that over half of the children between ages 6 and 10 tested positive at an overnight day camp. She concluded, “This investigation adds to the body of evidence demonstrating that children of all ages are susceptible to SARS-CoV-2 infection and, contrary to early reports, might play an important role in transmission.”

The porous nature of communities and the extensive interactions that occur between counties and states place all geographic sectors at risk of new outbreaks. Dr. Tina Hartert of the Vanderbilt University School of Medicine told the *Wall Street Journal*, “[O]ur schools are little mini-microcosms of our cities that they’re in—what’s happening in cities is what’s going to happen in schools. Until there is definitive data one way or the other, we have reason to believe from decades of data from other respiratory viruses that children are very good transmitters. There isn’t a lot of reason to believe that that wouldn’t be the case with this virus.”

The American Academy of Pediatrics issued a new report this week noting that more than 97,000 children tested positive for the coronavirus in just the last two weeks of July.

According to a Kaiser Family Foundation analysis, one in four workers is at high risk of severe illness if he or she becomes infected. Among teachers, some 1.47 million (24 percent) have a condition that will place them at higher risk for serious illness. Additionally, millions of seniors live in homes with school-aged children.

By all accounts, the United States has been flying blind through this pandemic despite White House boasts about the vast number of tests conducted thus far. Of great concern is the fact that the number of daily COVID-19 tests in the US has dropped significantly in recent weeks. On July 24, when new cases peaked at 75,204, the number of tests performed that day reached a single-day high of 926,876. Since then, the number has plummeted, with only 665,029 tests on August 8. The US reported 53,923 new cases that day.

Even the *Washington Post* felt obliged to comment on August 6: “The number of new coronavirus cases recorded nationwide each day is dropping after peaking at more than 75,000—but the declines are muddled by issues with testing and data-gathering in big states.”

President Trump has repeatedly complained that supposedly too aggressive testing was pushing up statistics on infections, and falsely attributed the explosive rise in confirmed cases to increased testing. In the context of the drive to reopen the schools, part of the murderous campaign to force workers back to work, there is every reason to believe that the government, working on behalf of the corporate elite, is engaged in a criminal effort to conceal the true impact of the pandemic.



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