

# Third wave of COVID-19 expected to sweep across the United States

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Recent trends in the number of new cases of COVID-19 in the United States suggest a third wave in the pandemic will strike soon as the virus is continuing its spread through the Midwest and western states. After the high peaks in mid-July, new cases had slowed, downtrending until reaching their most recent low in mid-September at just over 35,000 cases per day on a seven-day moving average. The numbers have started to climb again, getting close to 44,000 per day, on average, a 26 percent increase in just a few weeks.

Globally, the number of daily new cases of COVID-19 has reached a high of 294,000 on a seven-day average. There have been 35.66 million cases and 1.045 million deaths in the ten months since it was acknowledged that the world was facing an outbreak of a novel coronavirus, a deadly respiratory pathogen no one on the planet had immunity against.

In the pandemic's chaotic and turbulent course globally, the United States has established itself as the persistent epicenter, having faced two waves in the spring and summer that has seen 7.67 million confirmed cases with 215,000 dead. The disease first heavily impacted the Northeast and then moved into the South along the sunbelt and is now deeply entrenched across the country.

Dr. Tom Inglesby, director of the Johns Hopkins Center for Health Security at the Bloomberg School of Public Health, noted eerily, "The latest information is that 90 percent of the country has not yet been exposed to the virus. The virus hasn't changed and has the capacity to spread rapidly if given a chance." For the significant majority that can still fall victim to COVID-19, the experience of the last ten months and the pandemic's current course is a dire warning.

The hospitalization of President Donald Trump after testing positive for COVID-19 has made clear how

easily the virus can spread. The White House Rose Garden celebration ten days ago packed with 150 people with complete disregard for masking and social distancing was an apparent superspreading event that resulted in the infection of several senators, White House staff and President Trump and his wife.

According to *USA Today*, the White House on Monday rejected the Centers for Disease Control and Prevention's (CDC) offer to investigate the event by tracking and testing those exposed. Ironically, on the same day the CDC also posted on its website their long-awaited clarification stating that the coronavirus can spread through airborne transmission. "There is evidence," they write, "that under certain conditions, people with COVID-19 seem to have infected others who were more than 6 feet away."

Trump's joyride outside Walter Reed hospital Sunday best exemplified his utter contempt and disregard for the public's safety and well-being before his being discharged back to the White House to continue his treatment. Access to the best medical care and treatment is made readily available to Trump and his ilk, with the working class paying for his treatment cost. The world will never know how many infected individuals of Trump's age were turned away from hospitals to die at home or were found dead in emergency room halls because there was no bed available for them.

While Trump continues to downplay the severity of the pandemic, the virus has established itself in the Midwest with large spikes in Wisconsin, Minnesota, Missouri, the Dakotas, Utah and Wyoming. Six states have reached record-high COVID-19 hospitalizations in recent days based on data from the COVID Tracking Project dashboard. Due to a lack of serious contact tracing and inadequate testing of the population,

hospitalizations have become the surrogate for determining the existence of severe outbreaks in an area, despite it being an extremely late indicator.

Minnesota has seen five consecutive days of newly-confirmed COVID-19 cases exceeding 1,000, a 7.3 percent increase over seven days. Many of the newly infected are a younger population, and health authorities have applauded the declining hospitalization rates. However, the deaths reported are among the elderly in assisted living residences.

Studies have shown that the older population lags the younger generation who transmit the virus. Death remains a lagging indicator of rising infections. As Minnesota Public Radio noted, the number of high school-age children infected has grown with almost 10,000 total cases among those 15 to 19 years, representing nearly 10 percent of all cases. The surge in cases is occurring in central and northern Minnesota, in more rural sections of the state.

Cases in Wisconsin have been surging since the second week in September, reaching an average peak of 2,440 per day. Though the number of deaths remains low, a jump in fatalities was evident by the last days of September. Over 780 people are hospitalized in the state for COVID-19, a leap of 119 patients since Friday. Two hundred and nine patients are being treated in intensive care units (ICUs). The month previous, there were only 286 hospitalized patients, indicating a three-fold increase.

According to Ann Zenk, a senior vice president with the Wisconsin Hospital Association speaking with the *Wisconsin State Journal*, “in the next two to three weeks, if we don’t see further slowing down, we could be at the crisis stage.” Though hospital officials feel they have the overflow capacity and equipment to manage patient surges, they fear they lack enough nurses and trained staff to provide adequate care.

According to the COVID Tracking Project dashboard, as of Monday, North Dakota has the second-highest case rate with 409 per one million, only behind Kansas with 548. With a total population of 762,000 people, the state is logging 400 new cases a day. The *Bismarck Tribune* reported that the hospitalizations had hit a new high with 112 people admitted for COVID-19, a ten percent jump from Sunday. There are 24 patients in the city’s ICUs. As of Monday, the Department of Health reported that there were only 268 available staffed

inpatient beds and 39 ICU beds in North Dakota. In Bismarck, the state capital, with a population of 73,529, has six available staffed beds that include one in the ICU.

As of mid-August, small counties have surpassed medium and large populated counties in daily cases, demonstrating the shift into more rural communities. There are 2,804 counties with less than 220,000 residents which account for one-third of the US population, close to 110 million people. As expected, death due to COVID-19 complications in rural counties has also been climbing along with the surge in infections.

Despite the dramatic impact of COVID-19 in large cities like New York City, Chicago, Miami and Houston, using a per capita basis, it has been the small and mid-sized cities in the Southwest that have seen the virus take a heavy toll, particularly among Native American and Hispanic populations. According to the *New York Times*, “in Yuma County, Arizona, along the country’s border with Mexico, about one of every 17 residents is known to have had the virus. In McKinley County, New Mexico, which includes part of the hard-hit Navajo Nation, one of every 278 residents has died from COVID-19.”



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