

US coronavirus cases, hospitalizations and deaths explode during past two weeks

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The number of COVID-19 cases, hospitalizations and deaths in the United States have exploded in the past two weeks. Hospitalizations currently stand at 85,836, according to the COVID Tracking Project, a new record for the fourteenth day in a row. The number of active cases has risen to more than five million and is on track to double every six to eight weeks. The number of daily deaths now exceeds 1,500 a day on average, more than 300 more than the summer peak and rapidly approaching the harrowing tolls of March, April and May.

In total, there have been just under 13 million confirmed cases of COVID-19 in the United States and more than 265,000 deaths. Moreover, an analysis from the *New York Times* shows that in reality at least 326,000 people have died from the pandemic, accounting for those who have officially died from the virus and the total number of “excess deaths” since March. Such above normal death rates are now reported in all fifty states.

Similar statistics are present on a global scale. Since the first case of the pandemic in December 2019, there have been 60 million cases worldwide, including 17 million which are currently active, up from 14 million two weeks ago. In total, 1.4 million men, women and children have died from the deadly contagion, a number which is currently estimated by the Institute for Health Metrics and Evaluation to rise to 1.8 million by Christmas Day.

As the death toll increases, so do the markets. The Dow Jones breached 30,000 for the first time on Tuesday, having rallied more than 13 percent since its pre-election low. Hundreds of billions of dollars have been added to stock portfolios and hedge funds while tens of millions of workers in America are on the brink of starvation and eviction.

An article in the *Wall Street Journal* attempted to gloss over this macabre contrast by focusing on the fact that the COVID-19 death rate in the United States is currently 0.6 percent, down from a 0.9 percent death rate in April,

largely thanks to advances in treatments. Little mention is made of the fact that one of the reasons the death rate was so high in April, apart from the inherent deadliness of the coronavirus itself and its novel character, is that hospital systems in Washington, New York and California were overwhelmed with cases.

The overflowing morgues and mass graves in New York City, images that have become infamous, are on the verge of being repeated, this time in every state, county and municipality in the country.

One of the sharpest expressions of the crisis in the United States is the number of hospitalizations nationwide, which have quickly surpassed 85,000, rising from just over 23,000 two weeks ago. The figure is expected to rise even more as tens of millions travel during the Thanksgiving holiday weekend.

In addition to the record number of hospitalizations, there are also a record number of people in intensive care, 16,811. The number of people currently on ventilators, 5,411, is at its highest level since May.

The rise in hospitalizations has been accompanied by the increasing shortage of nursing staff needed to operate the ventilators and help keep patients alive. A recent report from Kaiser Health News notes that, because of the vast spread of the virus, shortages of nurses in a given city or region that were in previous months filled by nurses traveling from other areas are no longer being filled.

Instead, a bidding war has erupted among hospitals and health care systems across the country, offering up to \$10,000 per week in places like North Dakota, where the governor recently told nurses to stay on the job even if they are infected with COVID-19. This makes it nearly impossible for rural and poor areas to get such nurses because of the high pay they can find at hospitals in more affluent neighborhoods. Such high pay offerings are a measure of the strain on a health care system which for decades has relied on traveling nurses to fill gaps, instead

of training and hiring more full-time workers.

Another statistic which characterizes the current surge in cases is the positivity rate in each state. While this figure, the percentage of coronavirus tests that come back positive, hovers around ten percent for the country as a whole, states such as Alabama, Missouri, New Mexico and Pennsylvania all have positivity rates of more than 20 percent. Idaho, Iowa, Kansas and South Dakota have all spiked to around 40 percent, while more than two-thirds of all coronavirus tests in Wyoming come back positive.

Such high rates stem not just from the spread of the virus, but from the abandonment by the Trump administration of any measures to contain the virus. Since the start of October, testing has only increased by about 60 percent, while the number of new cases has gone up by more than 300 percent. This is what White House Chief of Staff Mark Meadows meant when he declared in an interview with CNN last month, “We’re not going to control the pandemic.”

There is a similar lack of contact tracing, which is needed if testing is to actually help prevent the spread of the virus. According to the website CovidExitStrategy, there are only five states and Washington, D.C. where contact tracing is possible or difficult, calculated by comparing the number of daily new cases to the number of contact tracers hired by the state. Everywhere else, the ability of health officials to contact everyone who came into contact with a COVID-19 positive patient is either extremely difficult (17 states) or unlikely (28 states and Puerto Rico).

It has been estimated that \$3.6 billion would be needed to overcome this shortfall in contact tracers. That is the cost of nine of the nearly 400 F-35 stealth fighters which the Pentagon is now slated to purchase.



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