# US coronavirus pandemic deaths heading towards 3,000 per day

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Coronavirus deaths in the United States are expected to surpass 3,000 per day this month, with the spread of the virus completely out of control and cases rising rapidly in the aftermath of the Thanksgiving holiday. Wednesday marked a new high with 2,831 recorded deaths, raising the seven-day average to 1,658, while hospitalizations nationwide surged past 100,000.

The case fatality rate for the US, according to John Hopkins University, stands at two percent, though this is likely to rise as hospitals are overwhelmed with patients. The cumulative death toll across the country stands at nearly 280,000 as of this writing, with over 14.3 million total cases.

Speaking before the US Chamber of Commerce Foundation on Wednesday, Centers for Disease Control and Prevention Director Robert Redfield ominously warned, “We really have a pandemic that is throughout the nation. … right now it is important that we recommit ourselves to this mitigation as we now begin to turn the corner with the vaccine. But the reality is December and January and February are going to be rough times. I actually believe they’re going to be the most difficult time in the public health history of this nation, largely because of the stress it’s going to put on our health care system.”

Pointing to the alarming number of deaths daily in the US, a Bloomberg opinion piece aptly titled “Covid-19 Will Soon Be Like Another 9/11 Every Day” makes the obvious connection between the death rate and the case number. “So of the 140,000 getting sick every day, eventually about 2,800 will die,” the article notes. “That’s nearly as many as on 9/11, for each day that new infections remain at about 140,000—and we’ve already been at that level for 21 days.”

The article also points to those who will experience long term and, in many cases, debilitating symptoms, stating that half or more of hospitalized cases will become long-haulers as evidenced in multiple studies, accounting for 3,300 to 15,000 people per day.

A study published in the CDC’s Morbidity and Mortality Weekly Report explains, “In a multistate telephone survey of symptomatic adults who had a positive outpatient test result for SARS-CoV-2 infection, 35% had not returned to their usual state of health when interviewed 2–3 weeks after testing. Among persons aged 18–34 years with no chronic medical conditions, one in five had not returned to their usual state of health.”

The explosion in cases is a consequence of the criminal “herd immunity” policy pursued by both Democrats and Republicans which has entailed the reopening of schools and nonessential production in order to maintain profit making and ensure a continued rise in the stock market. Both President-elect Joe Biden and President Donald Trump have repeatedly stated their commitment to oppose lockdowns to control the pandemic no matter the cost in lives.

Contradicting the severity of the virus and basic scientific facts, the CDC has decreased the recommended quarantine time to 10 days for those with symptoms, and seven days without symptoms and a negative test, in order to get workers back on the job faster.

In contradiction to the politically motivated revision by the CDC, the WHO, in a paper on the criteria for releasing COVID-19 patients from isolation, states that the minimum time for isolation is 13 days.

The change in the CDC’s recommendations will lead to a significant increase in cases and deaths, as employers can force infected workers back on the job and still claim to be following federal guidelines, necessarily leading to an increase in cases as

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asymptomatic individuals continue to spread the virus at workplaces.

In an exposure of the crass profiteering of US corporations, a recent Reuters investigation revealed that nearly half of the 140,000 ventilators in the US Strategic National Stockpile “don’t meet what medical specialists say are the minimum requirements for ventilators needed to treat Acute Respiratory Distress Syndrome, the main cause of death among COVID-19 patients, according to a Reuters review of publicly available device specifications and interviews with doctors and industry executives.”

$450 million was handed over to giant corporations like GE, Ford Motor Company and others by the Department of Health and Human Services for the roughly 66,000 sub-par ventilators. These ventilators are acknowledged by health professionals, and even some of the manufacturers themselves, such as Hill-Rom Holdings Inc and ResMed Inc, to be inadequate as per WHO standards set in March for treating COVID-19.

Richard Branson, a professor at University of Cincinnati, speaking on the pNeuton ventilator that GE and Ford manufactured, told Reuters that the sub-par ventilators are “a risk because if they get something they are not expecting and it isn’t capable of meeting the patients’ needs, then that puts the patients at risk” simply stating that without the right equipment “the patient won’t survive.”

According to the investigation, of the half of ventilators considered adequate, only 10 percent are full intensive care unit type ventilators that doctors and ventilator specialists would normally use, while 40 percent are transport ventilators that are not normally used for longer periods for treating ARDS but are “considered sophisticated enough” for patients to recover.

The absolute hostility of the political establishment to any efforts to fight the spread of the virus necessitates action by the working class to stop nonessential production and close schools. This fight must necessarily be organized on a socialist basis, and be politically independent from and irreconcilably opposed to the twin parties of the US financial oligarchy, who are jointly responsible for the hundreds of thousands of deaths in the country from the pandemic. The trillions in bailouts, along with the profits raked in from the pandemic by giant corporations like Ford and General Electric must to be seized in order to pay workers to stay home until a vaccine is freely distributed and the pandemic is brought to an end.

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