

# COVID-19 is now the leading cause of death in the US

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6 December 2020

Since the week ending November 22, the seven-day total number of deaths related to COVID-19 has exceeded 11,000 in the United States. This makes it the leading cause of death three weeks running, surpassing heart disease, which claims approximately 10,700 people each week.

February 29, 2020 marked the first death in the US from COVID-19. On that date, a Washington state man in his 50s with underlying health conditions succumbed to the viral infection. Nine months later, the US death toll is rapidly approaching 290,000.

According to current projections based on estimates by the Institute for Health Metrics and Evaluation (IHME), the death toll will surpass half a million by March 1—that is, by the one-year anniversary of the first reported death. This means the US will see another 215,000 people die from the virus in less than three months—an average rate of 17,900 deaths per week for the next 12 weeks.

If the rolling out of vaccines is factored in, as of April 1 the projected death toll will have declined by only 10,000. In what is being described by the Centers for Disease Control and Prevention (CDC) as a historic public health crisis, the vaccine is not the Hollywood scenario of the cavalry come to the rescue that it is being made out to be in the media.

In fact, as the *Washington Post* reported Sunday: “Federal officials have slashed the amount of coronavirus vaccine they plan to ship to states in December because of constraints on supply. ... Instead of the delivery of 300 million or so doses of vaccine immediately after emergency-use approval and before the end of 2020 as the Trump administration had originally promised, current plans call for availability of around a tenth of that, or 35 million doses.”

Vaccines are critical life-saving therapeutics in the

long run, but to halt the explosive spread of the pandemic and save countless thousands of lives, immediate emergency measures are essential.

Aside from apt comparisons to World War II and the Civil War, which took their toll over several years, only the annual deaths from heart disease and cancer, which in 2019 stood at 655,381 and 599,274, respectively, exceed death from COVID-19. However, unlike heart disease and cancer, COVID-19 deaths are easily preventable.

The implementation of lockdowns and strict public health measures accompanied by full income protection for those workers affected, the allocation of vast resources to expand and improve the health care infrastructure and provide adequate personal protective equipment, and the provision of high-speed internet access to all students will immediately break the transmission chains and drive down the numbers to levels where contact tracing and isolation measures can be nationally instituted to bring the pandemic under control.

Yet, regardless of the political faction that holds power and the magnitude of the health crisis befalling the population, Wall Street rules, and Wall Street will not tolerate any measures that depress stock values or interrupt the flow of profit from the exploitation of the workforce. As President-elect Joe Biden said, “I’m not going to shut down the economy, period.”

The consequences of this bipartisan policy of “herd immunity” are already seen in the breakdown of health care systems across the nation.

On Friday, there were a record 235,000 new cases of COVID-19, indicating that the post-Thanksgiving surge is underway. Six states—Pennsylvania, New York, California, Illinois, Florida and Ohio—reported more than 10,000 new cases on Friday. The seven-day

moving average of the COVID-19 positivity rate has risen from 4.1 percent in October to over 10 percent today. Twenty-nine states reported positivity rates greater than 10 percent. In Idaho, one in two test results confirmed COVID-19 infection.

In what amounts to an absurd position that abdicates all responsibility for the pandemic, the CDC's latest recommendation is for people inside their own homes to wear facemasks and physically distance from their families to help limit the transmission of the virus. If, as CDC Director Robert Redfield admitted, the next few months "are going to be the most difficult time in the public history of this nation," why does he not declare that a lockdown is required to avert more deaths instead of asking people to isolate from each other in their own homes?

Hospitalizations for COVID-19, which reached near 60,000 in April and July, have now exceeded 100,000. If projections hold, hospitalizations for the virus will peak at 180,000 by January 15. Intensive care units that were caring for one COVID-19 patient out of 10 in September are now seeing that ratio climb to one in four, or 25 percent of intensive care admissions.

In November, the University of Nebraska Medical Center, renowned for treating dangerous and unusual diseases, converted an entire building just for COVID-19 patients. Three of its 10 COVID-19 units have been converted to ICU facilities to care for the sickest patients. Infectious disease specialist Angela Hewlett told the *Atlantic*, "We've never had to do anything like this. We are on an absolutely catastrophic path." The hospital provides critical care covering a 200-mile radius.

There is a deep concern that with rising hospitalizations, the level of care is declining, as health care workers fall ill or suffer from exhaustion. New graduates from nursing schools and residency programs are being thrown into the breach, despite lacking the skill and acumen that come from years of experience. COVID-19 patients in the ICU tend to stay three times the usual length and require twice the attention.

According to Ashish Jha, dean of the Brown University School of Public Health, the percentage of people hospitalized with COVID-19 had been stable for weeks at 3.5 percent. Recently, however, a smaller proportion of cases are being accounted for in hospitalization statistics. The implication is that

hospitals are running out of beds and staff, and the standard for admission is beginning to change. This means that only the sickest are being admitted, creating a bottleneck for intensive care and further exacerbating the situation.

For instance, in South Dakota's Avera Health system, scores and scores of COVID-19 patients are being sent home with oxygen tanks to preserve the less than a dozen ICU beds available for the most urgent cases. Patients in Texas are being sent across the state border to Oklahoma. But as that state's system becomes overwhelmed, patients have to make do with staying put at urgent care centers not prepared to care for them.

The case fatality rate is already seeing an upturn, which means that hundreds of patients who will die in the next few weeks would have survived had they been infected just a month ago. A recent report published in the *Atlantic* on the rate of hospitalizations stated, "But ominous no longer fits what we're observing in the data because calamity is no longer imminent; it is here."



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