

Hospital capacity in the US severely strained as coronavirus infections continue to surge

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As the Food and Drug Administration advisory panel has formally recommended that the Pfizer vaccine be given emergency use authorization, approximately 125 people are dying from COVID-19 every hour in the United States. The level of testing continues to lag as the national positivity rate has climbed over 11 percent.

The approval of the life-saving vaccine will have little impact on the current pace of fatalities raging through community after community across the nation over the next several months. “The reality is the vaccine approval this week’s not going to really impact that I think to any degree for the next 60 days,” Centers for Disease Control and Prevention Director Robert Redfield said Thursday. If projections hold, more than 500,000 Americans will have died from COVID-19 by the end of March.

The statistics are staggering.

There have been 16.2 million people in the US confirmed infected with COVID-19, 5.5 million in just the last 30 days. Over 300,000 have succumbed to this deadly disease. The seven-day average of deaths has reached 2,425 per day. The last three days running, COVID-19 deaths have hovered near or exceeded 3,000. On Friday, six states had more than 10,000 new cases, with California registering a one-day high of 37,143 cases with an exponentially accelerating trajectory.

The COVID Tracking Project reported that there are currently 108,044 people hospitalized with COVID-19. Almost one in two patients admitted to the ICU is for COVID-19. This is up from one in 10 in September. A recent report by the US Department of Health and Human Services showed that as many as 200 hospitals had reached full capacity last week. One-third of all hospitals reported their ICU occupancy was above 90 percent.

Repeatedly, public health officials and epidemiologists have sounded the alarm. Dr. Ashish Jha, dean of the Brown University School of Public Health, told CNN, “What we have seen over the last few weeks is a sharp rise in infections. And what we know—from the beginning of this pandemic—is infections are followed by hospitalizations, which are then followed by death.”

Dr. Michael Osterholm, director of the Center for Infectious Disease Research and Policy and a member of President-elect Joe Biden’s COVID-19 advisory board, warned Thursday that the surge in cases would continue through January. “However, it’s likely that until we see substantial rates of vaccination, high numbers of cases and deaths will occur for at least the next 5 to 6 months,” Osterholm tweeted.

Neither scientist followed up their dire warnings with a call for a lockdown of nonessential production, even to provide health systems breathing room. While Congress has been able to approve a record \$740 billion budget for the military, a billion-dollar emergency program to build a national public health infrastructure with an adequate number of tests and contact tracers is inconceivable.

The situation is particularly severe in California, with more than 1.5 million cases and nearly 21,000 deaths. Hospitalizations across the state are at record levels. ICU admissions are up 70 percent from two weeks prior. As in the spring, elective surgeries are being canceled to make room for COVID-19 patients. Jan Emerson-Shea, the vice-president of the California Hospital Association, told the Associated Press on Thursday, “Canceling elective procedures [like heart valve replacements or removal of tumors] really is a last-resort option. However, in the midst of this current surge, which is the largest to date, some hospitals may

have no choice.”

Los Angeles County reported an alarming 13,718 new cases on Friday. Barbara Ferrer, the county’s public health director, called it the most dangerous time for the region. San Gabriel Valley, South Bay, the Westside, and central Los Angeles have seen more than 200 percent increase in infections since late September. The ICU availability in Southern California is down to 7.7 percent. In the San Joaquin Valley region, hospitals are reporting only 1.9 percent availability in ICUs.

US hospitals are facing severe staff shortages. Traveling intensive care nurses are seeing their pay double or even quadruple. Despite finding ways to expand hospital capacity, such as in Reno, Nevada, where the parking garage of Renown Regional Medical Center was turned into a 700-patient COVID unit, staff shortages are straining health care systems’ ability to treat patients.

Parth Bhakta, chief executive of NurseFly, told the *Financial Times*, “Major health systems in all 50 states are scrambling to figure out how to cope with the surge in cases to all-time highs. We’re seeing the situation significantly more dire than what it was in April.” Many nurses are quitting their positions to pursue these lucrative temporary traveling positions. More impoverished hospitals and those in rural areas face the brunt of this exodus as they are unable to afford the higher rates.

However, many health care workers are leaving their positions due to exhaustion and PTSD, traumatized by the repeated waves of COVID-19 patients and deaths. This is not dissimilar to the phenomenon suffered by soldiers deployed to war zones.

As deaths mount, morgues throughout the country are reaching capacity as they had in New York City and El Paso, Texas. For instance, Idaho Governor Brad Little stated that COVID-19 is now the leading cause of death in the state. Little reported, “In multiple counties, the morgues are full, and they are starting to ask for refrigerated trailers to hold the bodies.” Yet, with the Christmas holidays in less than two weeks, things are expected to turn for the worse.

In Springfield, Missouri, Mercy Hospital is putting to use a mobile morgue used in 2011 after a deadly tornado killed more than 160 people in the city of Joplin. The *Star Tribune* in Minneapolis noted that there had been a 40 percent increase in “the number of

pages dedicated to paid obituaries in November.” Peoria County, Iowa, coroners have reported that morgue capacity is at a critical stage. The National Guard has set up a 250-bed field hospital in Worcester, Massachusetts.



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