

State sees deadliest month of pandemic as cases continue to spike

North Carolina ICU nurse: “There is a general expectation that though things have been bad so far, the worst is still on the horizon”

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29 December 2020

As in other states across the US, in North Carolina the coronavirus pandemic is spiraling out of control. According to recent reports from the North Carolina Department of Health and Human Services (NCDHHS), there were 6,164 new positive cases on Saturday, a decline from the record high of 8,444 on Friday. On Saturday, 40 new deaths were reported, four days after the record high of 98 deaths on December 16.

According to an analysis by the *Raleigh News and Observer*, December has been the deadliest month of the pandemic for North Carolina, with 923 COVID-19–related deaths. Hospitalizations have also risen to a record high, with 2,846 COVID patients hospitalized on Saturday. According to the most recent report, 11.3 percent of all COVID-19 tests were positive across the state on Thursday. Health officials have set a positivity rate of 5 percent or less as the goal for controlling the spread of the virus.

The *World Socialist Web Site* spoke with one nurse who just graduated and is now working with COVID-19 patients in an intensive care unit (ICU) in Chapel Hill. The nurse, who requested anonymity, said:

“In the last three weeks, since Thanksgiving, the number of COVID patients we have had has been significantly larger. We have gone up to 23 beds with COVID, leaving seven beds for non–COVID-related issues. In relation to that, the patients have just been way sicker.

“Also, just to clarify, though there are only 23 COVID beds, that doesn’t mean there are just 23 COVID patients on the unit. The way it is set up is when someone has a certain amount of negative tests, or has had the virus for more than 21 days, they can be moved out of the COVID zone to make room for more COVID patients. Though they are no longer infectious with COVID, they are still in the hospital for COVID. There are static post-COVID patients who are hospitalized, whose bodies are wrecked by the virus even though the virus is no longer in their body.”

The nurse spoke about the reality facing many COVID patients who have left the ICU but continue to deal with long-term effects of the virus:

“Though I am not involved with the care of patients who leave the ICU, there are a lot of people who were in the ICU for more than a month struggling to get enough oxygen capacity so that they could

just leave the ICU and go to a less critical floor. There are a lot of patients who, even if they survived COVID, their lives are going to be changed for a very long time and are incapable of even walking a short distance without requiring oxygen assistance.”

The pandemic has also placed stress on staffing levels, with those who have decided to stay experiencing increasing levels of stress and burnout. The nurse said:

“According to a lot of the more experienced staff here and my manager, who I was talking to in the office the other day, she and a lot of the charge nurses are pretty stressed out right now. Because while it’s of course a stressful time to be on the providing-care aspect of things, it’s also from a logistics and staffing perspective very difficult, since we are pretty short-staffed right now. She said this is the worst it’s ever been on the unit since she’s been there.

“Everyone, pretty collectively, is feeling burnt out. The more experienced nurses are saying it’s never been this bad. It’s just not sustainable to live and work like this, just because the stress levels are really intense and 12-hour shifts are really long. There are a lot of things that I really like about the ICU, but there are a lot of stressors that come with it. It’s hard to imagine things staying like this for a long time without high turnover rates among the staff. I have only been there for four months and I am already feeling like this is not sustainable. I already feel like at some point I am going to need a break.”

In response to the rise in cases, which has accelerated since the holiday, nurses at Chapel Hill are bracing for an increase in new patients. The nurse said:

“I think everyone is expecting the couple of weeks after New Year and Christmas in early January to be really bad. I think Thanksgiving was kind of the first glimpse of that, and there is a general expectation that though things have been bad so far, the worst is still on the horizon, just because of people going home to see their family and not practicing safety precautions. I think we are all expecting for things to get a lot worse before they start to get better.

“Seeing so much suffering and so much death as a matter of course on your job is a very difficult thing to get used to and sometimes you can harden yourself to it. And then sometimes, in certain cases, it’s very challenging with certain patients who you have been working

with for a while to go through certain things. In some ways you do get used to it, and in some ways I don't think I ever will. I think that that is best from a humanitarian perspective."

In response to the rise in cases, hospitalizations and the positivity rate across the state, North Carolina's Democratic governor Roy Cooper has instituted a modified stay-at-home order that went into effect December 11, mandating that all individuals stay at home from 10 p.m. to 5 a.m. The order also includes more stringent regulations on the sale of alcohol at bars and limitations on the hours and capacity of businesses such as restaurants, bars, entertainment venues, retail stores and salons. The order will remain in effect through January 8.

Alongside these measures, North Carolina is still operating under Phase 3 of its reopening plan, which was implemented in the spring. Phase 3's expiration has been extended multiple times since the beginning of October, with the state mask mandate and capacity limits on businesses and gatherings still in effect.

Though the numbers continue to reach new records, in implementing these measures, North Carolina, with bipartisan support from both Democrats and Republicans, is following the other state and federal regulations that aim to curb the spread of the pandemic while refusing to implement any lockdown that would affect the production and accumulation of profit by the rich. Scientific research has proven that these measures, including the closure of nonessential production and all in-person classes, are the only way to slow the spread of the virus.

In response to the rapid rise in cases, Governor Cooper has aimed to place the blame on personal responsibility, while refusing to implement any real measure to stop the spread. According to a report by the *News and Observer*, while touring a medical supply manufacturer in Pittsboro, the governor stated: "There are a lot of people who are doing the right things. But it's irresponsible to ignore the rules and to create situations where people can become infected. This is why we are concentrating on enforcing the rules that we have in place."

How can the governor expect North Carolinians to follow the rules while workers are simultaneously forced into crowded factories and workplaces where the virus is running rampant? This narrative seeks to cover up the malign neglect of the state while foisting the blame onto individuals.

Prisons are also feeling the effects of the pandemic, with the COVID-19 virus spreading rapidly through correctional facilities across the state. In one mid-sized prison located in Nash County, just 45 minutes from Raleigh, 149 of the 630 inmates have tested positive for COVID-19. In mid-November, there were no detected cases at the facility. In less than a month, the facility has become the center of the worst outbreak in the North Carolina state prison system.

As reported by the *Charlotte News and Observer*, several inmates complained that the facility has attempted to cover up the full extent of the outbreak and is not conducting enough testing. Robert Odom, an inmate at the Nash County correctional facility, reported: "Many of us have had contact with people who tested positive...we let staff and administrators know and they still haven't tested us."

A relative of one of the inmates at the prison, Audra Williams, said one prisoner who worked as a janitor cleaning the cells of other inmates was required to clean the cell of an inmate who tested positive and has now contracted the virus himself, spreading it to others in Unit One, the section of the prison where the outbreak is most widespread.

In the midst of this health crisis, North Carolina is now two weeks

into the process of distributing and administering the COVID-19 vaccine to the population, with health care and frontline workers the first on the list, alongside high-risk groups such as those over the age of 75. As of last week, 53 hospitals had received shipments of the Pfizer vaccine and begun administering it.

According to the NCDHHS, as of December 18, 61,425 doses of the vaccine had been administered to the population. North Carolina is also expecting to receive its first shipment of the Moderna vaccine this week after its approval for emergency use on Friday by the US Food and Drug Administration. Though the development and implementation of the vaccine is encouraging, it will still be months before its widespread distribution will affect the rising number of cases and deaths. It is therefore imperative that the state take all urgent public health measures necessary to save lives now.

North Carolinians are also feeling the effects of the social crisis created by the pandemic and the lack of state intervention. A report by Logan Harris from the North Carolina Justice Center shows how the pandemic has compounded the already high levels of poverty in the state. In 2019, North Carolina had the 13th highest poverty rate in the country, at 13.6 percent, with 1.4 million North Carolinians, or one in seven people, living in poverty. For those under the age of five, the rate was just over 22 percent, or one in five. These were the numbers before the pandemic.

According to recent data collected by the US Census Bureau, 31 percent, or nearly one in three North Carolinians, have had trouble covering basic living expenses since the beginning of the pandemic. For households with children, the rate is 37 percent, or nearly two in five households unable to make ends meet. Hunger is also on the rise, with 1 in 10 North Carolinians reporting not having enough to eat in August and September. Recipients of Supplemental Nutrition Assistance (SNAP) benefits, known as food stamps, have increased by 22 percent since the pandemic began. Mass unemployment, caused by the economic shock of the pandemic as well as the lack of an adequate response by the state, has pushed the social crisis to new levels.

In contrast to these statistics, the fortune of Jim Goodnight, local Cary, North Carolina, billionaire and founder of SAS, a leading business analytics software vendor, has grown by more than 40 percent since the beginning of the pandemic, according to the recently published annual *Forbes* Billionaire report. Already by June, Goodnight's net worth had grown from \$6.1 billion to over \$8.4 billion since the beginning of the pandemic in March. North Carolina has the 12th largest economy in the country, having steadily grown from 2012 to 2019, yet people are still lacking basic necessities.



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