

Record numbers of COVID-19 deaths and hospitalizations across the US as pandemic surge continues

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A record number of Americans died from COVID-19 on Wednesday and Thursday, according to data compiled by Worldometer. At least 4,100 people were confirmed to have succumbed to the virus on Wednesday, while the next day 4,134 were added to the death toll.

Over the last week, the US reported an average of 2,742 deaths every day, a record that is only surpassed by the record set just over two weeks ago just before the Christmas and New Year's holiday's disrupted reporting. The total number of American dead since the pandemic started in March now exceeds 374,000 people. According to an analysis from Reuters, almost 1 in every 914 US residents has died from COVID-19 in less than a year.

The number of new daily cases continues to increase with no end in sight. On Wednesday, the US reported 261,212 new cases, well above the weekly average of 228,925, already a record high number. Experts fear that these figures will translate into further hospitalizations and deaths, making January the worst month of the pandemic so far.

The worst outbreaks are in Arizona, California and West Virginia, which all reported record daily deaths, based on weekly averages, according to Johns Hopkins data. The weekly average continues to increase by at least 5 percent in 47 states and the District of Columbia, suggesting an expanding outbreak.

According to the COVID Tracking Project, founded by journalists at *The Atlantic*, there were more than 132,400 Americans hospitalized with COVID-19 on Wednesday, the highest number yet.

On the same day that Trump supporters tried to storm the US Capitol, the D.C. health department announced it would halt administering vaccinations early. The day's violence prompted the city's mayor to declare a 6 p.m. curfew and delayed the certification of Joe Biden's victory in the 2020 presidential election.

The government's disastrous rollout of the Pfizer and Moderna vaccines has exacerbated the already tense

situation. Officials such as Dr. Anthony Fauci of the National Institute of Allergy and Infectious Diseases and Trump vaccine czar Moncef Slaoui have publicly expressed their disappointment with the speed of inoculations that should have happened by now.

According to the Centers for Disease Control and Prevention, only 5.3 million doses have been given of the total 17.2 million doses currently available. Officials have expressed their desire for a faster rollout this month.

According to official guidelines vaccines will be administered to all people 75 or older next month, in addition to educators, childcare workers, emergency technicians, as well as food and agricultural workers. From there, residents 65 years or older will be next in line, followed by transport and logistics workers, and those working in essential manufacturing and crowded settings, such as homeless shelters and jails.

Meanwhile, conditions on the ground in Los Angeles County—currently a global epicenter for the virus—are worsening every day, as officials have been forced to ration care and prevent EMTs from responding to all emergency calls in a desperate effort to prevent hospitals from being further overwhelmed.

In a statement to the *Los Angeles Times*, Methodist Hospital in Southern California reported that a triage team will "make the difficult, but necessary decisions about allocating limited resources" to the sickest patients "based on the best medical information available."

So far the team "has yet to find the need to ration any care," according to the hospital's senior vice president and chief strategy officer, Cliff Daniels. He added, however, "We are very fearful of what the next month is going to bring."

Many hospitals are already past the breaking point, as evidenced by the announcement on Wednesday by Dr. Mark Ghaly, California's Health and Human Services secretary, who said that he could not say how many facilities are at the

crisis care level outlined by the state's Department of Health.

In a statement he said, "I do not want to ignore the criticality of the situation—the fact that we have hospitals who really are dealing with crisis situation(s)," adding "They're making difficult decisions. They are exhausted. They are working hard to meet the needs of Californians, in particular many older Californians, who need that level of care."

The situation in California is especially acute. According to data compiled by the *Times*, almost 1 in every 16 Californians have tested positive at some point for the coronavirus, which is more than 2.5 million confirmed cases. Los Angeles County Public Health Director Barbara Ferrer told the *Times*, "There really is no path forward to helping our hospitals unless we get the case numbers down. There just isn't."

Supplies of critical equipment, such as ventilators, are becoming extremely limited, with some hospitals reportedly rationing their use for patients who are deemed more likely to survive over patients who are unlikely to recover.

The Methodist Hospital released a grim statement this week saying, "If a ventilator or ICU is not offered or is stopped, the patient has the right to ask their doctor for further detail regarding this decision, and will receive everything needed to ensure that they are free of pain or discomfort."

The newly appointed state public health officer and director of the California Department of Public Health, Dr. Tómas Aragón, issued an order postponing all but the most essential lifesaving surgeries in Southern California and the San Joaquin Valley.

Paramedics have even been sent from Northern California to the southern half of the state through a mutual aid system. The majority of nonessential surgeries at Los Angeles County's four publicly operated hospitals have been postponed, as well as non-urgent and elective surgeries in Kaiser Permanente hospitals throughout the state.

The explosion of cases throughout the US after the holiday season was entirely predictable and preventable, but due to the bipartisan ruling class homicidal policy of "herd immunity" the population has been left to mainly fend for itself in the face of the pandemic.

The WSWS spoke to a health care worker on the front lines of the pandemic in California who spoke about the latest guidance on rationing medical care for new patients: "Usually when there is a cardiac arrest in the field, paramedics work to keep them stable and bring them to hospital where they enter into the care of an Emergency Medicine doctor. An entire team of specialists tend to them, nurses, doctors, and respiratory therapists. I've seen them

work for 45 minutes to try to revive a patient.

"What this order is saying is that if the field paramedics—and not a team of specialists—cannot get a pulse after 20 minutes or 'until futility is reached' then they can declare the patient deceased, but 911 paramedics are not equipped to make these decisions."

The worker described the gulf between the training of an emergency medical technician (EMT) and that of a doctor who should be making these calls, saying, "EMTs only go through nearly as much training as nurses and physicians. They are not trained to see underlying causes of cardiac arrest, sometimes you can correct that and bring the patient back. We go through years of training to pick up on what may be underlying issues. It may be a blood clot, an imbalance in potassium level, or they could be diabetic and their blood sugar is too low and they go into cardiac arrest. EMTs may not realize they are diabetic. We can imagine a situation in which they declare someone dead who just needed a glucose shot."

"What everyone needs to understand is that this could be anyone, COVID or not. Stroke, heart attack, trauma. Anyone who is in cardiac arrest, unable to get a pulse within 20 minutes or 'until futility' paramedics pronounce them dead on scene. But this is a slippery slope, what is futility?"

The health care worker said they were deeply concerned for the paramedics who do not want this responsibility and must face families in despair.

"I am sure that the EMTs don't want this, I can't imagine what they are going through. This is a lot of moral injury happening to them. Moral injury is sometimes called burnout, but that does not explain it as well. Moral injury is where you feel like you can't do your job because you do not have tools to do it, because the corporations want to maximize the profits. It causes severe depression, anger, you cannot sleep before your shift. You dread it the entire day and night before. I have experienced this and sensed it among many coworkers. I have seen nurses commit suicide over it. It is especially prominent in female nurses."



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