

# Hospitals overwhelmed by COVID-19 cases as Michigan Governor Whitmer resists calls for statewide restrictions

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On Wednesday, the Michigan State University pediatrician, Dr. Mona Hanna-Attisha, who was instrumental in exposing the Flint water crisis, took to Twitter demanding Michigan “Shut down” in the face of the growing COVID-19 crisis for which Democratic Governor Gretchen Whitmer has abandoned all responsibility. “From a nurse friend just now: ‘I’m exhausted. It’s crazy here. I’m overwhelmed. There are 125 people in the emergency room. No room, so, they are in tents,’” Dr. Hanna-Attisha added.

The continually rising seven-day average has surpassed 7,870 daily COVID-19 cases in Michigan. The figure is above the previous winter peak, which had topped off at 7,546. The percentage of tests confirming an infection is now 18 percent in the state. In Detroit it is running at 21 percent.

Many in the medical community are confronting the harsh reality that Michigan will not be able to vaccinate itself out of this predicament. The surge comes despite over one in three residents of the state having received at least one dose of the COVID-19 vaccines and one quarter fully vaccinated. With the Johnson and Johnson single-dose COVID-19 vaccine indefinitely on pause, the vaccination campaign has hit a considerable roadblock. Yet, the political establishment has taken an intransigent stand on any basic public health measures, including the closure of schools and non-essential businesses, which will slow the spread of the deadly virus.

Michigan reported 10,277 new COVID-19 cases Wednesday, the highest daily total in the state since the pandemic began sweeping across the United States early last year. The seven-day average of deaths has also turned sharply upwards, having tripled since a post-

winter surge low on March 17 of 16 deaths per day to 46 deaths per day. On Wednesday, 81 Michigan residents succumbed to their infection.

Dr. Nick Gilpin, Beaumont Health’s medical director of infection prevention and epidemiology, told the *Detroit Free Press* the situation is “like a runaway train.” All eight hospitals in the state’s largest health care system are full of more than 800 COVID-19 patients, according to the *Free Press*. One of the cornerstones of the public health tenets for pandemic control is to ensure that health systems do not reach capacity and become inundated. Even this last measure of warning has been cast aside.

Though Dr. Gilpin reported that the present situation is “taxing [the] staff and resources,” Michigan’s government is taking no measures to impose any effective restrictions to stem this present surge of infections.

Tents are already up at Beaumont’s Grosse Pointe hospital to make room for overwhelmed emergency rooms. Additional triage tents will be raised at their Dearborn and Farmington Hills hospitals. Non-urgent surgeries are being postponed and all surgeries requiring overnight stays are being canceled. With hospitals reaching 90 to 95 percent capacity, more than just making more room, a shortage in nursing staff has the executives at the health system deeply concerned.

Like many hospitals across the US that have faced a crushing surge of patients during the COVID-19 pandemic, supplemental staff are being hired through agencies, Beaumont is redeploying the present reserve staff to critical locations, calling retirees back to work, and doubling and extending shifts to ensure medical staff is available to tend to the patients.

Beaumont Health's chief nursing officer, Susan Grant, somberly told the *Free Press*, "After having done this for over a year now, our nurses, our doctors, respiratory therapists, our teams, they're tired, and they're worn. They're not only physically tired, they're emotionally tired. They want this to go away. They have seen a lot of death over the last year, and now they are experiencing and seeing younger people who are in our ICU beds who are very, very, sick... and some are dying."

To place the present surge into context, just a month ago, Michigan had reported there were 981 patients hospitalized with a diagnosis of severe COVID-19. The current figure has risen to 3,988 as of Wednesday, or more than a four-fold increase. Of these, 841 have been admitted to the ICUs and 471 people are on ventilators.

Health care officials have attributed the present surge to the B.1.1.7 variant of the coronavirus that has become the dominant lineage of the coronavirus in the state, specifically among a younger population that has not yet received the COVID-19 vaccines. According to the Centers for Disease Control and Prevention, in the category of "the proportions of SARS-CoV-2 variants of concern by state," Michigan, with 57.6 percent, leads all other states other than Tennessee with 60.5 percent.

While being more transmissible, B.1.1.7 has been shown to be approximately 30 percent more lethal in epidemiologic studies out of the UK. Dr. Teena Chopra, a professor of infectious diseases at Detroit's Wayne State University Medical School, speaking with *the Detroit News*, said, "This variant seems to me like a whole new pandemic because it is more virulent, it is highly contagious and it causes serious illness."

However, it is not just the properties of the virus that have created the present crisis. Effective public health measures are capable of curbing and reversing the present trends. Dr. Chopra added, "Isolating is something we have control over. Shutting down is one good way of bringing the surge down. We are better equipped this time. We know how to do virtual school, we know how to take care of our health without going to the gym, by spending more time outside."

In response to these developments, Governor Whitmer announced that the state was expanding treatments for COVID-19 patients with monoclonal antibodies, adding, "we are using every mitigation strategy, every medication, and every treatment option

to fight the virus here in Michigan. These antibody treatments could keep you out of the hospital and save your life, and my administration and I will continue working with the federal government to make sure we are using all the tools in our toolbox to keep you and your family safe and get back to normal sooner."

Monoclonal antibody treatments are intended for symptomatic individuals who have risk factors for severe disease and presently are not requiring oxygen. They have had mixed but limited benefit. Though the NIH has provided recent guidance for their use, a commentary published in the *New England Journal of Medicine* on February 25, 2021, provides a snapshot regarding the complexity surrounding them, explaining that the outcomes of these studies may have been confounded by additional therapies, specifically steroids, that were given to patients in combination with the monoclonal antibodies.

Conclusive trials on the use of such therapeutics to treat COVID-19 are urgently needed. But the most effective treatment is prevention through implementing a shutdown, as Dr. Hanna-Attisha emphatically declared.



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