

# Alabama cardiac arrest patient dies after being denied admission to 43 hospitals at capacity due to COVID-19 surge

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Earlier this month, Ray Martin DeMonia, an Alabama antiques dealer, died from cardiac arrest after being turned away by 43 hospitals due to lack of space in their intensive care units (ICUs), which have been filled with COVID-19 patients.

DeMonia, 73, from Cullman, Alabama, had to be airlifted to a hospital in Meridian, Mississippi, about 200 miles from his home. There were no hospitals closer with a free ICU bed to take him due to a surge of COVID hospitalizations in the region. DeMonia died shortly after arrival at the hospital in Meridian due to complications from the cardiac arrest event.

In writing DeMonia's obituary, his family made a plea for increased vaccinations: "In honor of Ray, please get vaccinated if you have not, in an effort to free up resources for non COVID related emergencies," the obituary read. "Due to COVID 19, CRMC emergency staff contacted 43 hospitals in 3 states in search of a Cardiac ICU bed and finally located one in Meridian, MS. He would not want any other family to go through what his did."

DeMonia, who was vaccinated against COVID-19, is one of many who have died as an indirect cause of the pandemic, which is surging in Alabama following homicidal school and workplace reopenings. Alabama's vaccination rate is the second worst in the nation, with just over 49 percent of adults fully vaccinated.

According to the Centers for Disease Control and Prevention (CDC), the state of Alabama has been experiencing some of the highest surges of COVID-19 cases in the country, with 541 cases per 100,000 people per week and just over 250 deaths reported in the last seven days.

While particularly grim, the situation in Alabama is part of an ongoing problem across the nation as hospitals are once again being overwhelmed with an influx of COVID-19 patients in need of intense care, taking up beds which would otherwise be used for other critical care patients. Approximately 100,000 hospital beds nationwide are filled with COVID-19 patients, and an average of 1,349 people are dying every day.

The latest surge of the pandemic has forced some states to enact rarely used "crisis standard of care" because of recent surges. More than 10 states have already reached their limits for hospital admissions, and many are breaking records for highest number of admissions numbers.

While guidelines for crisis standards can vary state to state, the result when enacted is to ration care based on the limited availability of beds, staff and resources, meaning many patients will not be treated as effectively as possible. Crisis standards allow hospitals more freedom to allocate resources based on what is needed most, and in some extreme cases such as when a patient is on the verge of death, it could mean those patients are not given ICU beds; enacting these standards also provides legal protection to doctors in case of litigation.

Crisis standards of care were already enacted at 10 hospitals in northern and central Idaho last week. Hospitals in that state began rationing out care where facilities have been overwhelmed with COVID-19 patients. Just over 53 percent of adults in Idaho are vaccinated, and state hospitals have seen massive surges in cases in the last few weeks. Officials have told the press that patients should not expect the usual standard of care they may be used to in normal circumstances.

The Idaho Department of Health and Welfare Director Dave Jeppesen released a statement following the move explaining, “Crisis standards of care is a last resort. It means we have exhausted our resources to the point that our healthcare systems are unable to provide the treatment and care we expect.”

Under these guidelines, beds will be reserved for those most likely to benefit from the care while some services such as elective or non-emergency surgeries are given lower priority and pushed back to later dates. In some cases, patients may be discharged from the hospital earlier than they would normally, while nurses, already overworked due to lack of staffing, may receive more patients to treat than they are used to.

Under such circumstances patients will be given a “priority score” based on several factors including their likelihood to survive. Those patients facing the direst chances will be given “comfort care” instead of intensive care.

Intensive care doctor Kenneth Krell spoke to NPR about the situation, comparing it to the worst period of the winter surge last year. “It’s worse than ever, with—at this point—seemingly no end in sight,” Krell said; “So by no means are we delivering a usual and customary standard of care.”

Dr. Eric Toner of the Johns Hopkins Center for Health Security spoke on the need for such standards. “In the absence of a declaration or a plan, doctors and nurses, on their own, are the only ones left to make these gut-wrenching decisions,” Toner told NPR. “We have individual doctors calling other hospitals, even out of state, trying to transfer patients—that should not be happening. We’re not balancing patients enough between hospitals. We’re not sharing resources as well as we should.”

As workplaces and schools are being forced open across the country and even minimal mitigation efforts increasingly abandoned, the pandemic is set to continue to overwhelm hospitals. Workers and students and educators must organize rank-and-file committees to fight to close schools and non-essential workplaces to stop the spread of the virus and save lives.



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