

# US hospitals running out of beds amid COVID-19 surge

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17 September 2021

The Delta wave continues to ripple across the United States with approximately 150,000 new cases each day. Consistently, daily death tolls are reaching or exceeding 2,000 per day. Businesses are operating without restrictions and schools are forced to open.

Only 54.2 percent of the country's population (180 million) has been fully vaccinated, and 63.5 percent has received at least one dose. The seven-day moving average of administered doses declines again, with approximately 774,000 doses being given each day.

This has led to a renewed health care crisis that has inundated hospital systems across multiple states. Presently, states where the worst outbreaks have been confirmed—Tennessee, Kentucky, Alaska, Wyoming and West Virginia—are also seeing their hospitals and ICUs reach critical levels comparable to previous winter highs. Many realize that they have to turn to rationed care to provide for those who might fare better with the available resources while others are left to die.

The situation is presently most egregious in Idaho, where the state has activated “crisis standards of care,” allowing health facilities to ration treatment. There are more than 628 beds occupied with COVID-19 patients, a 35 percent increase above the winter peaks.

Speaking before reporters at a press conference, Chris Roth, president and chief executive of St. Luke's Health System, said, “COVID is absolutely crushing us.” He warned that if measures weren't taken to halt this onslaught, “We will consume every single bed, and every single resource we have, with COVID patients in our hospitals.”

Department of Health and Welfare Director Dave Jeppsen wrote last week, “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 care we expect.” In informal

language, this means the hospitals will determine who has the best chance to survive.

Brian Whitlock, the president and CEO of the Idaho Association, said in disbelief, “It's just nonstop trying to find placement for these patients and the care that they need. It really is a minute-by-minute assessment of where beds are open, and hospitals saying we don't know where we're going to put the next one.”

According to the *New York Times* coronavirus tracker, cases across the South and West have peaked. However, given the uncertainty in testing the population and tracking infections, these reported statistics must be taken with sobering skepticism.

COVID-related deaths in Florida continue to rise, with an average of 363 fatalities each day. In Texas, deaths continue to climb, and have reached 300 per day on average. Georgia sees 120 deaths per day, and the rise is exponential. Meanwhile, Alabama's state health officer Dr. Scott Harris, has reported that hospitalizations decrease because people are dying. “Alabama is seeing double digit numbers of deaths, which accounts for some of the decline.”

The regions of the country that are reporting a rise in infections include the Midwest and Northeast. Specifically, in West Virginia, where the number of fully vaccinated individuals is the lowest in the country, new cases have skyrocketed to 109 new cases of COVID-19 per 100,000 people.

Like every region where the Delta variant led to mass community transmission, health care systems quickly became inundated with COVID-19 patients leading to pleas from nurses and physicians to heed the call to get vaccinated. Meanwhile, elective surgeries were once more placed on hold as units were converted to manage severe cases.

As of yesterday, the number of COVID-19 patients

admitted to West Virginia's hospitals reached 905, according to the state's Department of Health and Human Resources, with 278 in intensive care units and 166 on ventilators. Dr. Clay Marsh, who heads the state's COVID-19 response, told the *Guardian*, "This has been more severe than we've seen at any point in the pandemic. I believe people are getting very anxious over what they're seeing in West Virginia."

Jim Justice, a Republican governor, recently commented on the issue of rising hospitalizations in his state, "We can stop this, West Virginia. We can stop it. The vaccines are safe. The vaccines are not an invasion on anyone." The Governor's response has been typical of the blame game that pits the vaccinated against unvaccinated but refuses to call for measures that focus on the right to profit. He lifted mask mandates on June 20 and has opposed mandating their use in schools. He has also denounced vaccine mandates as encroaching on businesses. Meanwhile, some of the most rural counties in the state face the highest per capita rates of infection.

Rural Ohio hospitals are reporting that their ICUs are also at capacity. Portsmouth, a small town of 20,000 people about 80 miles to the south of Columbus, is running out of beds at Southern Ohio Medical Center. Creative reconfiguration of the ICUs and wards will create additional vital space. However, with staff shortages, the situation is getting direr. The hospital released a statement to its staff on social media, writing, "At no other point in the pandemic have these steps been necessary. Because patient volumes can change rapidly, it is difficult to predict where we will be in weeks, days, or even hours. What we know right now is we cannot guarantee a bed..."

In fact, some 60 million people live in what is defined as rural regions relying on local health systems for their medical needs. These same systems are seeing a mass exodus of their experienced nurses who are being enticed by recruiting agencies with higher salaries that can be on the order of five to ten times above what they could ordinarily expect to earn.

Audrey Snyder, president of the Rural Nurse organization advocacy group as well as being a faculty member at North Carolina Greensboro School of Nursing, explained, "If you lose one or two nurses, that makes a difference. These hospitals are small, and they don't have a large nurse workforce." Many local rural

populations live in deep poverty and are uninsured, leading to declining revenues for these community hospitals that can't keep pace with their burgeoning budgets.

According to the Cecil G. Sheps Center for Health Services research, since January 2005, there have been 181 rural hospital closures, 138 of these since 2010. Last year, according to NBC News, dozens had filed for bankruptcy. Another 216 are at high risk for closure. Brock Slabach, chief operations officer with National Rural Health Association, told NBC, "the rural hospital workforce has always been a challenge. What COVID was uniquely suited to do was take advantage of every fracture and widen it significantly and make it even harder to cope with demands being placed on them."



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