

# Omicron surge threatens to overwhelm health systems across the United States

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The Centers for Disease Control and Prevention reported Monday that the Omicron variant now accounts for 73 percent of all new coronavirus cases in the US, establishing it as the dominant strain in the country.

States and cities are being overwhelmed by new cases, with the largest number reported in New York state, over 23,000 new infections, a single-day pandemic high. The number of cases is higher than even during the deadly days of spring 2020, when New York City was the epicenter of the world pandemic and bodies were stacked up in freezer trailers for lack of time and space to bury them.

It has been 42 days since the first detected case of Omicron was sequenced in Botswana and 26 days since the World Health Organization alerted the world to the dangers posed by the new highly transmissible variant B.1.1529, which it named Omicron. Early estimates placed the doubling time at around two days.

On December 1, 2021, the University of California, San Francisco, reported that a man returning from South Africa on November 22 tested positive for infection with Omicron on November 29. By the week ending December 11, health officials estimated that circulating Omicron across the country had risen to 12.6 percent. This number has jumped six-fold in only a week.

With the holiday season upon the country, the number of people flying has doubled from a year ago and there is no indication that things will slow down as the restrictions being implemented are rhetorical in nature and will do little to halt the rapid trajectory of the new variant. More than two million people are transiting through airports each day according to the Transportation Security Administration.

Outgoing NIH Director Dr. Francis Collins, speaking with CNN host Anderson Cooper on Friday, explained that he expects daily infections to reach a million new cases. “The big question is,” he posited, “are those million cases going to be sick enough to need health care and especially hospitalizations?”

In recent studies by the Imperial College, London, titled reports 48 and 49, the authors found that vaccine

effectiveness for Omicron dropped by 4.5-fold compared to Delta. They also confirmed the new variant’s explosive exponential growth and wrote, “we find no evidence (for both risks of hospitalization attendance and symptom status) of Omicron having different severity from Delta, though data on hospitalization are still very limited.”

Lead author Neil Ferguson warned, “This study provides further evidence of the very substantial extent to which Omicron can evade prior immunity given by both infections or vaccination. This level of immune evasion means that Omicron poses a major, imminent threat to public health.”

Indeed, if upwards of one million cases of Omicron infections are expected each day, is the health care system prepared for such an onslaught?

The answer is was provided in a recent letter dated December 14, 2021, to Rhode Island Governor Dan McKee and the director of the state’s Department of Health, Dr. Nicole Alexander-Scott. Dr. Nadine T. Himmelfarb, an emergency medicine physician in Providence, Rhode Island, and president of the Rhode Island Chapter of the American College of Emergency Physicians, began with the following words: “I write to you on behalf of a community in distress.”

She explained, “We are, one could say, the canary in the coalmine of healthcare, and our state healthcare system is currently collapsing.”

Dr. Himmelfarb added, “Right now, in Rhode Island, citizens cannot consistently receive the standard of care of emergency medicine. In fact, in every hospital in the state, they are often receiving care that previously we would equate to what one would receive in an underdeveloped country: rationing resources, unable to provide privacy, and certainly unable to provide any COVID19 isolation precautions. *This is the care lucky patients receive* [emphasis added].”

The scenes Dr. Himmelfarb describes are reminiscent of the frontline wartime scenario where medics have to decide who they will save and who will have to die: “These nightmare scenarios have come true, in multiple departments

across the state, in the past few weeks. Imagine patients dying while waiting to be seen by a doctor who is 50 feet away and, because of lack of staff and thus capacity, simply unable to treat them.”

Statewide, she notes, 25 to 50 percent of nursing positions are vacant. These sobering statistics even predate the pandemic. Additional missing roles include secretaries, radiologists and laboratory technicians. A nurse or doctor is only as good as the ability for the entire health system to function cohesively. “Deficiencies at every level of this throughput chain have resulted in a complete gridlock of our state healthcare system ... Although COVID-19 may not be the immediate cause of the current capacity crisis, any surges from COVID-19 are unmanageable under current conditions.”

COVID-19 infections across Rhode Island have risen exponentially and are the highest across the country on a per capita basis. These seven-day averages now exceed more than 1,000 infections per 100,000 in a state which boasts one of the most fully vaccinated populations, with 75.5 percent having received two doses and 86.6 percent at least one dose. This raises the fundamental question of the effectiveness of a vaccine-only strategy out of this pandemic.

Emergency departments are at the forefront of any mass casualties or outbreaks of infectious diseases. Strains and deficits in any health care system’s ability to respond to these casualties are funneled into emergency departments, where they are amplified.

Two years of the pandemic have only accelerated the collapse of the health care systems in the United States. Delta has taken a massive toll recently across the upper Midwest and Northeast.

In Pennsylvania, where cases have continued their surge since the beginning of autumn, hospitals are at capacity, and the staff is stretched thin and exhausted by the deluge of patients.

As the state now faces the spread of the Omicron variant, a quarter of the state has few or no ICU capacity left, and two-thirds of hospitals lack any more bed capacity. More than 4,600 COVID hospitalizations were reported to the health department by Friday. The daily death rate is now above 100.

On Sunday in Ohio, where the Delta surge is pushing infections to 10,000 a day, soon to outpace last winter’s deadly wave, 4,675 Ohioans were hospitalized and 1,176 were in ICUs, according to the state’s hospital association. The daily death toll is approaching 100, the highest during the pandemic.

Along with these ongoing developments in the pandemic in the US, the COVID-19 Modeling Consortium out of the

University of Texas at Austin, on December 16, 2021, projected that if measures are not taken to slow the spread of Omicron, the country would see the most significant health care surge to date by the beginning of February 2022.

“In this extreme scenario, we project a wave that peaks on February 2, 2022, with cases, hospital admissions, and deaths reaching levels that are 2.2, 1.8, and 1.2 times higher than the January 2021 peak.” Cases are expected to reach one-half million per day and over 30,000 daily hospitalizations.

The Biden administration is responding to this catastrophe with complete callousness. White House Coronavirus Response Coordinator Jeffrey Zients, at the December 17, 2021, press briefing, declared, “We are intent on not letting Omicron disrupt work and school for the vaccinated. You’ve done the right thing, and we will get through this. *For the unvaccinated, you’re looking at a winter of severe illness and death for yourselves, your families, and the hospitals you may soon overwhelm.*”

Such a characterization is patently false as the blame for the skyrocketing toll of the pandemic is not on the unvaccinated but on the policies set in place early in the pandemic by the Republicans and observed by the Democrats. The Biden administration, as much as Trump’s, are culpable for the mass death that has befallen the population that has seen one in every 100 elderly persons (one in 400 in the general population) die from the virus.

And rather than employing efforts to end the pandemic through bolstering public health capacities, the Biden administration has insisted on a vaccine-only strategy which keeps schools and businesses open to ensure the flow of profits to the capitalist class. This is the policy of nearly all capitalist governments around the world: normalization of death and putting profits over human lives.

A Zero COVID strategy, shown to viable and effective in China, would have saved millions of lives already. It still is required to shut down the pandemic and eliminate COVID-19, before SARS-CoV-2 evolves into even more terrible forms that Delta and Omicron.



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