

# The massive Omicron surge is leading to soaring hospitalization in the US

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The number of COVID-19 cases across the United States during the week leading up to New Year's Day exceeded 2.5 million, up 50 percent from the preceding week, which included the Christmas holiday. This means an average of more than 361,000 COVID-19 cases each day, far above any previous peak during the pandemic. On Monday, the moving average of new cases exceeded 400,000 for the first time. In line with the rise in infections, hospitalizations for COVID are now accelerating, having surpassed 100,000 as of yesterday.

Principled scientists and epidemiologists have warned that even these extraordinary figures will soon be eclipsed as a return to school and work, which the Biden administration and its house scientists and public health officials are furiously promoting, will only further fuel the surge and every metric associated with the pandemic. According to a recent Institute for Health Metrics and Evaluation estimate, more than 140 million Americans will be infected with Omicron, more than 40 percent of the US population in the next three months. Since January 2020, the US has had some 57 million reported cases and almost 850,000 deaths.

Hospitals are flooded with patients well before the full impact of the Omicron surge is felt. The health workforce is rapidly shrinking as doctors, nurses and other workers become infected and must quarantine. These two processes are putting unbearable strain on the health infrastructure in the US. It is on the brink of collapse.

The Centers for Disease Control and Prevention (CDC) and Biden's White House coronavirus task force have engaged in brazen maneuvers to meet Wall Street's demand for workers to stay at their jobs, by making changes in guidelines which lack any scientific merit, but actually lead to more infections and deaths. This has shattered whatever respect for and trust in the CDC and other health institutions existed in the population.

In fact, in its most recent call to limit isolation to five days, the CDC openly cited the impact it would have on the economy to allow workers to appropriately quarantine for the sake of their health and the welfare of their community. As Dr. Anthony Fauci noted this week and continues to defend, the CDC guidelines were introduced to "get people back to jobs." This is a major factor in the stock market's continual ascent. Yesterday the Dow Jones average reached its highest level

ever, along with the daily average of the deadly pandemic.

Meanwhile, the unprecedented rise in infections has led to soaring test positivity rates of over 20 percent, up from their lows of 4.6 percent at the end of October. The only other time such figures were ever seen was in April 2020 in the initial weeks of the pandemic, when the country lacked any significant testing capacity, a byproduct of the opposition (and incompetence) of the Trump administration. Indeed, even these startling infection rates cited by every COVID dashboard should be considered drastic undercounting of the accurate scale of infections.

In the northeastern state of New Jersey, where daily case rates exceed 30,000, the positivity rate is at an unbelievable 100 percent, meaning that every test reported has confirmed an infection. New Jersey Governor Phil Murphy—a Democrat and investment banker with 23 years at Goldman Sachs—evades his responsibility to protect the people of that state with nonsensical arguments about "staying the course."

The mantras of Murphy and other state governors are all variations on themes cited by the Great Barrington Declaration, the bible of the advocates of "herd immunity" and "living with the virus." These phrases have long been disproven by experience: "lockdowns don't work," "children don't get infected or get sick," "schools aren't a nodal point for community transmission," "if you're vaccinated you won't get infected," "masks aren't required if you're vaccinated."

Adapting these arguments on the fly, most recently Murphy even defended his response with the argument that "the speed at which Omicron is spreading is staggering," implying that the intrinsic qualities of the virus and not the failure on the part of federal and state officials to impose strict measures to protect the population from such a highly contagious pathogen is at the root of the current dilemma. In short, the coronavirus has become too infectious to eliminate, so there is no use trying.

Hospitalizations in New Jersey have now exceeded 4,000, the highest figure since May 2020, according to the State Health Commissioner Judy Persichilli. Almost 300 of these patients are currently being ventilated. And each time such horrific statistics are cited, the blame is immediately shifted to the unvaccinated. Such maneuvers have become part and parcel of their playbook.

New Jersey is but the most obvious example of the growing health care crisis across the US that is rapidly crumbling. According to the Department of Health and Human Services public data hub, with 5,933 hospitals reporting, the number of admissions for COVID-19 has jumped to over 103,300, up from 47,000 in mid-November.

Allocation of intensive care beds to the treatment of COVID-19 has followed a similar dramatic rise, contradicting the deceptive attempt by CDC Director Rochelle Walensky to assert that people are being admitted with and not for COVID-19. With close to 80,000 ICU beds available in the country, 61,575 (75 percent) are currently occupied, of which 18,557 are for COVID patients, up from 11,715 in mid-November, a 58 percent rise.

These developments are creating a health care crisis beyond that of the earlier stages of the pandemic. In New York City, 876 new COVID patients were admitted to hospitals in a single 24-hour period, a faster rate of increase than even during March-April 2020, when the city was the world epicenter of the pandemic.

At stake is not just a shortage of ventilators, beds, or rooms, but of health care workers who have either left the field or fallen ill with infections that create dangerous conditions for patients and for the communities in which they live. According to a Becker's Hospital Review report from November, the US health care sector has lost almost half a million workers since February 2020, accounting for one in five.

Dr. Sheetal Rao, a primary care physician who quit in October 2020, told the *Atlantic*, "Physicians are some of the most resilient people out there. When this group of people starts leaving en masse, something is very wrong." Many are frustrated by the unrelenting working conditions and repeated promises that things would soon return to normal. But such is the new normal.

Troubling also is the increase in hospital admissions for children, who remain the least vaccinated of all age groups. For the week ending December 30, 2021, the number of pediatric cases exploded to its highest levels, with more than 325,000 children infected, the highest ever reported thus far. More than 1,000 children were hospitalized, according to the American Academy of Pediatrics, and fourteen more children died. Meanwhile, pediatric hospitals such as Texas Children's in Houston report admission numbers are far above the Delta peaks. At a news brief on Monday, Dr. Jim Versalovic, a pathologist and co-leader of the hospital's COVID-19 command center, said that 90 percent of pediatric cases were due to Omicron.

Nonetheless, the bourgeois press continues to downplay the threat Omicron poses, with repeated claims that the disease caused by the new variant is much milder. Intrinsically, the Omicron variant is almost as dangerous to unvaccinated people without any previous history of infection as any previous variant. The current claims of milder disease utilize confusion

about the limited protection against more serious infections with Omicron, afforded to previously infected or immunized individuals.

Omicron's dangerous ability to reinfect or cause breakthrough infections has been transformed from a public health threat—the millions infected, even if they do not suffer greatly themselves, pass it on easily to many others who will be hospitalized and even die—into a propaganda weapon to justify mass infection.

The new variant has arisen as a consequence of a deliberate policy that has placed profits over lives, allowing the virus time and sufficient victims to mutate and emerge more able to infect and more resistant to vaccines. The vaccine-only strategy of the ruling elites has been a cataclysmic failure.

As the World Health Organization Director, Dr. Tedros Adhanom Ghebreyesus recently said, "There is this narrative going on which is 'it's milder or less severe.' But we're undermining the other side, at the same time, it could be dangerous because the high transmissibility could increase hospitalizations and deaths."

Even as Omicron is creating catastrophes in nearly every region of the world, there are recent reports out of France of a new cluster of infections caused by a new variant of interest dubbed B.1.640.1 first detected in Marseille from a person returning from Cameroon. The new variant has 46 mutations and 37 deletions, many of them located on its spike protein. Though Omicron appears to be outpacing every other variant, it underscores the dangers posed by a policy that allows the coronavirus unlimited access to populations.

In a timely report published just yesterday in the *British Medical Journal* making an urgent call for global action against the coronavirus, the authors demand that the WHO declare SARS-CoV-2 an airborne pathogen and promote high-quality facemasks and the effective ventilation and filtration of air in all public buildings as measures to slow the pace of infections. They also highlighted the dangers posed by a vaccine-only strategy.

The letter is evidence of the deep-seated anger and frustration surfacing among principled scientists towards the murderous policies enacted by capitalist governments, particular in the major imperialist powers. The global approach evidenced in the opinion piece is critical. But more than "vaccine-plus," the task is to fight for the elimination of COVID-19 on an internationally coordinated scale. Instead of turning to the WHO, these scientists should turn their attention to the international working class, whose interests are aligned with their efforts to bring an end to the pandemic.



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