

# Hospitals in Massachusetts exceeding capacity, threatening collapse of the state's health care system

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Hospitals in Massachusetts are experiencing an explosive increase of new patients in the first weeks of 2022, threatening the collapse of a system which has been strained by the pandemic for two years.

On January 3, the state reported its single highest daily figure of 31,184 new cases. Hospitalizations in the state reached 2,637 on Friday, exposing as false claims by the corporate press and the Biden administration that the Omicron variant is “mild.”

Test positivity rates in Massachusetts were 23.02 percent on Friday, suggesting the real number of infections is far higher than the reported total. In Worcester, the second largest city in New England, the main testing site recorded a positivity rate of 40 percent. Even these metrics may be conservative, according to studies of wastewater, which contain genetic material of Sars-CoV-2 and can be used to forecast and account for cases that go untested. The organization tracking this data for the city of Boston has had to increase the top of the y-axis of their graphics by a multiple of five in order to capture the exponential rise in the virus' spread.

The highest daily number of deaths from the previous winter surge was 118 on December 31, 2020. On January 4, 2022, 94 people died of COVID-19 in Massachusetts, indicating that the death toll is rapidly approaching record levels.

The casualties of the current surge are exacerbated by the crumbling health system. As a whole, the capacity of the state system is being stressed at an “unsustainable” rate, according to researchers tracking recent admissions increases and hospital capacities. These researchers, who initiated their work to identify critical tipping points in the health care system in order

to trigger “circuit breakers,” such as business closures, etc. to stem transmission, are reporting state hospital occupancy of 86 percent. Major hospitals are already over capacity, leading to delayed care and backlogs.

Administrators for the state's flagship hospital system, Mass General Brigham, sent an email last week offering \$900 incentive pay to work 10 hours or more at testing or vaccine sites. In a desperate effort to mitigate the surge, the email hoped to rally “any and all volunteers.”

In western Massachusetts, the Baystate Health System accounts for 12 percent of the state's COVID hospitalizations while it only accounts for 5 percent of the state's bed capacity. Administrators there describe the situation as “all hands on deck.”

UMass Memorial Hospital in Worcester, the main hospital serving central Massachusetts, has exceeded capacity with 115 percent occupancy on Sunday. Five hundred staff members were absent at the facility on Sunday due to COVID-19, up from 300 on Thursday. In response to the 40 percent test positivity rate in the city, hospital CEO Ed Dickson declared that arriving ambulances will have to hold patients until a bed or staffing can be found, during which they will be unable to respond to additional 911 calls.

Earlier in December, in a half-hearted effort to prop up hospitals, Republican governor Charlie Baker ordered a reduction in elective procedures. In 2020, Baker also instituted a rule freezing new admissions to nursing homes with 10 or more COVID infections. However, the administration recently doubled this threshold to 20, allegedly to clear a patient “bottleneck” in hospitals.

In neighboring Rhode Island, the state government is

permitting health care facilities to allow COVID-positive health care workers, whether asymptomatic or not, to continue working, and has eliminated quarantine altogether.

Michael Osterholm, the infectious disease expert and previously an adviser to Biden's transition team, has stated that it is not a matter of if, but when and how, many other states will enter "crisis," opining that it will be better for a COVID-positive patient to be cared for by a COVID-positive worker than no one at all.

However, the political establishment in the state, as with the rest of the country, is moving rapidly to minimize and obscure the full scale of this disaster. On January 17, when the state will still be near its peak in terms of new infections and hospitalizations, the state Department of Public Health will begin separating COVID-19 hospitalizations into "primary" and "incidental" categories. This is part of a nationwide campaign to obscure statistical reporting of the pandemic by drawing an arbitrary distinction between those admitted to hospitals "for" COVID and those who were admitted "with" COVID, but for other reasons. Similar measures are also being considered in New York state.



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