

As hospitals overflow with patients

FDA director tells Senate “Most people in the US are going to get COVID”

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Testifying before a Senate hearing Tuesday, the acting commissioner of the Food and Drug Administration, Janet Woodcock, blurted out the grim reality facing the American people if there is not a drastic change in policy toward the COVID-19 pandemic.

Woodcock said point blank that given the enormous infectivity of the Omicron variant, “most people are going to get COVID.” More than a statement of fact, it is a declaration that the US government’s policy is to allow everyone to get infected with Omicron, regardless of the deadly consequences that arise from allowing hundreds of millions of people to catch a virulent pathogen.

This remark was not disputed by the senators, Democratic and Republican, who attended the hearing, nor by the two principal witnesses for the Biden administration, Dr. Anthony Fauci and CDC Director Rochelle Walensky. Instead, Fauci and Walensky defended both Biden administration and their record of handling the pandemic debacle.

Not once did either senators or government officials even consider the possibility of implementing broad-based restrictions to provide the health infrastructure breathing space, save the lives and livelihood of the population, and begin a serious effort to contain and eliminate the COVID-19 virus.

Republican Senator Richard Burr of North Carolina said, “I’m not questioning the science ... but I’m questioning your communication strategies.” This remark highlights that there are no real disagreements between the two parties over the priorities that have been firmly established to save the “economy,” i.e., the interests of the corporations and super-rich. It is the rapidly developing social crisis that has the senator on edge.

According to the Department of Health and Human Services (HHS), as of yesterday, there were close to 146,000 people in hospitals for COVID-related admissions, a pandemic high for the United States. COVID now accounts

for 26 percent of all entries into hospitals. Intensive care utilization has also climbed, with approximately 24,000 COVID patients in these highly specialized treatment units, making up nearly 37 percent of all current admissions.

The present admission rates for adults across all age categories have essentially matched the previous winter’s peaks despite 73 percent of all people 18 and up having been fully vaccinated and nearly 23 percent with a third dose of the COVID vaccines.

According to the American Academy of Pediatrics weekly reports, 1,636 children were hospitalized the week ending January 6, 2022. There are now close to 4,500 children in hospitals for COVID treatment, and these figures are up 60 percent from last winter’s peak. For those under the age of five, ineligible for vaccines, that figure is up 130 percent, a rate of admission of 5.4 per 100,000 children.

According to NBC News analysis of HHS data, in two weeks from December 27 to January 10, average COVID hospitalizations jumped by more than 60,000. The West Coast, eastern seaboard, and South are presently facing the brunt of the health system crisis. The increases for five major states include:

- Florida – from 2,426 to 9,169 (277 percent)
- California – from 4,232 to 10,315 (143 percent)
- Texas – from 4,311 to 10,424 (141 percent)
- New Jersey – from 2,635 to 6,067 (130 percent)
- New York – from 5,821 to 12,285 (111 percent)

This overloading of the health care sector intersects with the continued sharp rise in infections across the country. Yesterday, the United States reported a one-day high of 1.4 million COVID-19 cases. The seven-day daily average of new cases has reached an astronomical 737,000, three-fold higher than even last winter’s peaks. With the meteoric rise in Omicron infections, the daily average in deaths has begun to climb, reaching 1,653, up 68 percent from a month ago.

Noticeable, however, has been the sudden sharp drop across the US in the utilization of inpatient beds even while

admissions for COVID-19 continue their dramatic upsurge. This is a byproduct of measures being taken by hospitals due to a significant number of their health care workers who have fallen sick with COVID or quarantine after high-risk exposure to COVID.

Beds are left empty simply because health systems do not have enough specially trained staff to care for patients safely. A quarter of US hospitals are currently facing a critical staffing shortage, the highest ever reported during the pandemic, leading to the cancellation of elective procedures.

On Tuesday, New Jersey Democratic Governor Phil Murphy declared a new public health emergency but asserted that “this step does not mean any new restrictions.” In some instances, as in Colorado, the health department is reactivating crisis standards of care due to hospitals' inability to safely treat patients and their emergency medical service's inability to meet the high demands for patient transportation.

Furthermore, the current acute shortage is compounded by an already anemic health care workforce that has seen its numbers dwindle during the pandemic. A whopping 18 percent have quit, and 12 percent have been laid off, based on a special report published by Morning Consult on October 4, 2021.

In short, one in three health care workers is no longer working in their field, while another one in five is contemplating leaving the field. More specifically, the American Association of Critical Care Nurses found that two thirds of critical care nurses are thinking about quitting the field.

As the report noted, the mass exodus “driven largely by the pandemic, insufficient pay or opportunities and burnout ... has implications for the entire healthcare system, both in the short term as the country struggles to overcome the COVID-19 pandemic and beyond as the country continues to age.”

The survey also noted that four out of five had been significantly impacted by the national shortages of medical professionals. Workloads being shifted are increasing, which has implications for the standard of treatment that can be delivered to patients. Without a doubt, people will die due to medical errors.

The present situation is untenable, especially as the surge begins to spread into more rural regions where health networks have been under decades of economic assault. The pressures workers face will further fuel frustrations and resentment that are growing day by day. It is no hyperbole to assert that the health infrastructure is in a rapid state of collapse.

The psychological scars of an unending trail of ill patients working under impossible conditions reach a breaking point

where health care workers find themselves in conflict with the noble virtues of their profession and the realities of medicine and disease as a profitable market. Salary cuts, reduced benefits, canceled raises, long hours, and worsening working conditions have inflicted a deep burning wound into their consciousness.

In light of these developments, piling the real insult on the even more real injury, the California Department of Public Health has temporarily revised its guidelines, which will allow nurses, medical assistants, and physicians to immediately return to their work even if they test positive for COVID and are asymptomatic without needing to isolate or test. The state health department said that “the critical staffing shortages currently being experienced across the health care continuum because of the rise in the Omicron variant” is placing health systems in extremis.

Under significant pressure from their rank-and-file, even the nurses' unions have had to concede these measures are perilous for patients and will make health systems into centers for perpetuating community infections.

On January 8, 2022, the president of the California Nurses Association, RN Cathy Kennedy, wrote in a news release, “Governor Newsom and our state's public health leaders are putting the needs of healthcare corporations before the safety of patients and workers. We want to care for our patients and see them get better – not potentially infect them. Sending nurses and other healthcare workers back to work while infected is dangerous. If we get sick, who will be left to care for our patients and community?”

Looking at the period of infectivity with the Omicron variant, a recent study from Japan, using real-time PCR, found that peak viral loads in people infected with the Omicron strain occur between three and six days after they develop symptoms. Levels continued to remain high up to nine days in nearly all patients. These findings pour cold water over the attempts by the Centers for Disease Control and Prevention to assert five days of isolation after a positive COVID test is sufficient to ensure a safe return to work.

The maneuver by Governor Newsom and the health department to abandon all infectious control policies only underscores the real motivations behind these shifts in guidelines that place the economic interests of the financial markets over those of their population. These measures will rapidly be adopted by other states who face similar hardships by all indications.



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