

# US hospitals rapidly reaching capacity as Omicron continues nation-wide surge

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The number of inpatient beds in use for COVID-19 continues to climb in the United States, a byproduct of the Biden administration's "learn to live with the virus" policy that has unfathomably enriched the financial markets while coronavirus infections spread at unprecedented rates among the population.

Yesterday, the Department of Health and Human Services reported 157,272 people in hospitals across the country for COVID-19, accounting for one in four hospitalized patients. Of these, 25,173 are being treated in intensive care units, representing 37 percent of all ICU admissions. The daily average in admissions has reached a pandemic high of 148,782, an 80 percent jump from just two weeks ago.

Hospitals in almost half the country are quickly approaching their capacity. In 18 states, at least 85 percent of adult ICUs are in use. Across 24 states, 80 percent of staffed inpatient beds are filled. Previously hard-hit states like Wisconsin and Michigan face a new onslaught of ill patients accessing their health facilities while the South is re-emerging as an epicenter of the Omicron surge.

Despite attempts by the Biden administration to downplay the dangers posed by Omicron, the pressure on health systems is creating a severe health crisis caused by staff shortages to which the federal government has no serious response outside of promising that it would deploy 1,000 military medical personnel. Meanwhile, the Supreme Court dealt a blow on Thursday to the president's vaccine-only initiative by striking down a national vaccine-or-test requirement for large US businesses.

According to the *New York Times* metrics, more than 2,224 deaths from COVID-19 were recorded on January 13. The daily average in deaths is 1,873, twice as high as at the end of November 2021. These trends are expected to continue with the astonishing spread of infections.

The average in new cases has reached over 800,000 per day, an unprecedented pandemic high. On January 13, more than 889,000 new cases were reported, and more than nine million cases have been logged since the New Year. At the present rate, the US can expect to have documented 70

million COVID cases before next weekend.

The cumulative death toll has reached 870,000. However, according to the *Economist*, excess deaths are now over 1.1 million. In historical terms, the scale of death is reaching the proportions of death that occurred in the population during the 1918 influenza pandemic.

According to Johns Hopkins Coronavirus Resource Center, the national positivity rate has reached 26 percent, underscoring the massive undercounting and the scale of infection that continues to run rampant across the country. The District of Columbia and Colorado, Kansas and Pennsylvania report a seven-day average of 100 percent positivity on COVID-19 tests.

As Kaiser Family Foundation's state COVID-19 data from January 12 demonstrates, the impact on health systems affects every region in the country.

Presently, the District of Columbia boasts the highest rate of COVID-19 admissions in the country, with 1,215 admissions per million population. Though D.C. public officials are spinning the statistics and celebrating a downturn in the peak of cases, hospitalizations continue to plague the region. One in four hospital workers are quarantining or isolating after testing positive for COVID-19. Health systems rely on traveling nurses at twice the rates than before the pandemic, paying \$160 to \$200 per hour for each nurse.

Notably, D.C. was one of the first and hardest-hit regions during the initial Omicron wave, providing an indication of what other states and regions can expect. As the surge ripples across the country, the impact on health systems will be compounded by the exhaustion of even the reserve of traveling nurses who are also becoming infected in droves.

In California, where more than 13,000 COVID-19 patients are admitted to hospitals, legal maneuvers are being employed to force infected health care workers to continue returning to their place of employment. If they resist by staying home, they are being threatened with disciplinary actions or told they would lose personal time off for not showing up. These measures, too, will be adopted by other

states as they face similar predicaments.

The demand for health care workers to remain on the job regardless of their infection status leads to many patients who were not COVID-positive becoming infected at hospitals. However, there is no federal database that is publicly tracking each hospital in this particular metric—*hospital-acquired COVID-19*. According to KHN Midwest correspondent Lauren Webber, there has been a wave of liability shield laws enacted by state legislatures across the country to protect hospitals from being held responsible for in-hospital infections.

“The reality on the ground,” Webber reported, “is that many families who have lost a loved one they can’t use a lawsuit as a way of getting hospitals to improve their infection control practices and has left them with no recourse to use their loved one’s death to cause change at the hospital.” The change in isolation policies due to staffing crises brings these dangers to the forefront. These are also a significant source of fear and frustration among health care workers who risk sickening the patients they have taken an oath to protect.

The majority of patients admitted to hospitals are COVID-negative. They are being treated for serious conditions like heart attacks or kidney failure and must spend several days in the hospital for tests and treatments. They have significant comorbidities that threaten them if they become infected despite their vaccination status. For instance, between April and September 2020, more than 10,000 patients, a vast undercount, acquired COVID-19 during their admission to a hospital. Twenty-one percent of them died, and most of them were over 65.

Florida, which is facing a catastrophic spike in infections, has 11,552 in patient beds for COVID-19, or 516 per million. According to the Florida Hospital Association, COVID-19 hospitalizations have risen 361 percent in the last two weeks. The Cleveland Clinic in Weston, Florida, has seen a ten-fold increase in COVID-19 patients, pushing the 206-bed hospital’s capacity over 120 percent.

In Texas, where a record 74,254 people were confirmed positive Thursday, almost 2,160 people were admitted to hospital on January 12, bringing their total to 11,764 or 401 COVID-19 admissions per million population. Children make up 4 percent of all these admissions. There are over 2,200 people in the ICUs leaving only 315 adult ICU beds left.

John Henderson, the president and CEO of the Texas Organization of Rural and Community Hospitals, told Vox, “Ideally, everybody would take this thing seriously and follow the steps that we know work, which is primarily get vaccinated and boosted, but also be smart about gatherings and wear a mask. But in Texas, especially rural Texas,

people have prioritized getting back to normal. On some level, I understand that. But the virus is in charge, and until we get control of the virus, we can’t get back to normal.”

Indeed, the virus has taken over, not because of any unique qualities, but as a deliberate policy enforced by political leaders to ensure that profit-making is functioning at whatever cost to the population. They are seeking to shift the blame for repeated COVID surges onto the backs of the population as a whole. This is part and parcel of deflecting all responsibility for any public health measure that would stem the tide of infections. They refuse to provide a respite for health systems that have faced a repeated deluge of patients for nearly two years, pushing health care workers to the brink of human capabilities.

The trends in hospitalizations are moving from the coasts and large cities towards the Midwest and more rural regions where health systems have faced decades of cutbacks and staffing shortages, which will be compounded by the sudden acceleration of patients seeking immediate life-saving treatment. These populations are also chronically debilitated by years of overwork and daily stresses that have seen life expectancy stall and now plummet.

As a trigger event in history, the pandemic has exposed the rot and decay at the root of the capitalist system. COVID-19 is a disease caused by the SARS-CoV-2 virus. However, every COVID-19 infection bears the mark of social relations that threaten the working class’s livelihood. The policy of the ruling elite and their political representatives is reactionary and opportunistic all down the line.

The false notion that herd immunity could be achieved, that vaccines by themselves would bring a swift end to the pandemic and the idea that the virus will soon be endemic are all political constructs that place the demands of the financial markets ahead of the life and well-being of the population.



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