

# Omicron's surge through rural America will take a terrible toll

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The Omicron surge continues to pummel health care systems throughout the country. COVID-19-related US adult hospitalizations are nearing 22,000 daily admissions. The total number of COVID-19 patients admitted to health care centers across the US is now almost 158,500, the highest recorded during the pandemic. Pediatric COVID-19 daily admissions have also skyrocketed to over 1,000 per day.

This trend is expected to continue for the next few weeks as Omicron spreads out of the Northeast and deeper into the Midwest and Southern states, especially in rural regions where vaccine acceptance is much lower, and health care systems are threadbare. Yet, the Biden administration and the Centers for Disease Control and Prevention are sitting on their hands and allowing the pandemic to wash over every region across America.

Last week, when metropolitan counties saw infections jump 250 percent from mid-December figures, rural counties were just beginning their experience with Omicron. Now, however, explosive infection rates are occurring everywhere. And rural regions have had an ever higher per capita death rate than metropolitan areas during the pandemic.

What drives these differences is not simply vaccination rates as in January 2021, before mass vaccination showed similar trends as did the summer surge with Delta. Poverty and lack of access to adequate medical treatment facilities, in addition to chronic disabilities, make more people in rural areas vulnerable to sickness and death once the pandemic reaches them.

After two years of repeated waves of sick and dying patients, health care workers are reaching a boiling point, asking how much longer this can continue.

Jenn Landerver is an Arizona nurse who runs the Arizona Nurses COVID-19 page. In response to a query about working with COVID-19, she replied, "Imagine being a patient. Not only are you compromised, but you

are also fragile. You are at the mercy of the health care system. Your medical team is already overworked, overwhelmed, underpaid, under-appreciated, and just plain burnt out. And now they are expected to come to work sick ... to compromise their health, co-workers, and medically fragile patients. Hospitals always felt like a safe space for patients to get help, and those days are gone."

An Ohio physician, who asked to remain anonymous, told this reporter about her health care system's recent town hall. "I want to go punch a wall. There was not a single mention about airborne transmission. They are sending people back to work in five days wearing baggy blues, not N95s. I asked questions in the question-and-answer session, but they weren't addressed and were hidden from other participants. Authoritarianism prevails! Even the hospital's infection prevention refused to respond to my emails."

RN Mihaela Murphy explained, "I have done everything I could this pandemic to avoid the virus. I stayed away, didn't travel, barely saw my parents. I'm back to 14 days working straight. If the governor wants to keep this level of community transmission going by being silent, he can come and work in health care. Patients don't deserve a sick, tired, weak nurse to come take care of them."

Many are reporting having to work back-to-back 12-hour shifts without notice. There is hostility directed against health care workers by management if they dare to push back. Others are reaching their rope's end and looking to quit and change professions. However, many of the posts on social media are from traveling nurse recruiters dangling higher pay and benefits to nurses.

The shortages in hospital staff are growing more dire in the South in conjunction with the rising number of COVID-19 cases. In Mississippi, cases have risen 20-fold since mid-December, reporting 9,300 new COVID-19 infections. Meanwhile, the state is reporting that the

hospital capacity is reaching its limits, with the number of patients at 1,330, nearly four times the number of patients from several weeks ago.

The state has also reported being short 3,000 nurses. About a third of the state's hospital nurses have left for other positions. Dr. Alan Jones, chancellor of clinical affairs at the University of Mississippi Medical Center, said, "The game has changed since the Delta wave. The challenges we are facing are really around staffing. Compounding that is this is a much more infectious variant, taking more staff than we have in the workforce." Mississippi also has one of the lowest vaccination rates in the country at 49 percent.

Tennessee also reported a pandemic high in daily cases with more than 20,000 COVID-19 infections. The positivity rate in the state has reached 40 percent, and nursing homes in the state are now being infected at 10 times the rate of a month ago. The CDC reported that by January 9, the state reported 500 new infections among residents and about 1,000 new infections among the staff. More than 200 facilities across the state are reporting outbreaks.

Dr. John Dunn, a state epidemiologist, speaking with the *Tennessean*, explained, "Our elderly populations, including those in long-term care facilities, are still our most medically fragile folks, not only with COVID and with Omicron but with other diseases that could circulate. We are going to continue to take precautions among this group because the outcomes will be worse."

Perhaps these were the patients that CDC Director Rochelle Walensky was referencing when she celebrated the fact that most people who succumb to COVID-19 have a significant number of comorbidities.

As cases in the state continue their rise, more and more health care workers are falling ill, leaving the health systems *in extremis*. Dr. Todd Rice, associate professor of medicine at Vanderbilt University Medical Center, told the local media, "We have tons of employees that have Omicron COVID. They may not be that sick, but they are infected. So, they are quarantined at home and not eligible to work. One of our biggest problems is just finding employees to take care of patients because we have so many employees that are out sick."

These scenarios were echoed in states like Louisiana and Alabama. Yet, at no point have health officials or state political leaders demanded or called for implementing restrictions or lockdowns to stem the tsunami of infections that is bringing their health care systems to the brink.

Much has been made by the Biden administration about the supposed mildness of Omicron. Yet, three US cities—New York, Boston and Chicago—after the surge in cases saw, according to the *New York Times*, "deaths [follow] cases at a slightly reduced scale than in previous peaks, [but] the number of COVID-19 patients who [needed] intensive care or mechanical ventilation approach levels not seen since last winter." This has dire implications for the rest of the country as it faces the brunt of the Omicron wave.

Many Midwest state health care systems are turning internationally to recruit nurses from the Philippines, Nigeria, India and Brazil. This will have significant repercussions for health care systems across the globe.

Sanford Health, which serves parts of the Dakotas, Minnesota and Iowa, has seen 34,000 employees out sick with COVID-19. Additionally, many nurses have left the region, making recruiting local nurses more difficult.

On the current trajectory, there is no indication that COVID-19 will ever become "endemic," in the sense of a manageable perennial infection, given the development of new variants and the short-lived character of immunity. "Living with COVID-19" implies repeated outbreaks of powerful, fast-moving epidemics and inundated health care systems.

Micah Pollak, associate professor of economics at Indiana University Northwest, noted, "We really don't know what the tail of this thing looks like. ... People say that we're on the verge of the health care system collapsing and things like that, and I think we're probably past that point."

He added, "We're going to come out of this with a health care system just incredibly diminished because of what it's gone through. We have some very serious long-term consequences for our health care system that, if we don't address them, you're going to see more sickness, more preventable illnesses, whether it's Covid or otherwise, showing up in the population that we just can't deal with."



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