

# Massachusetts hospitals “gasping for air”

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In Massachusetts, the meteoric rise in COVID-19 cases has led to a flood of hospitalizations, sending the depleted health care system to the brink collapse. Rising case numbers are being compounded by the growth of infections among health care workers themselves, as well as the exodus of staff from the field due to burnout.

On January 18, 3,192 patients were hospitalized in the state for COVID, 30 percent more than the peak during last winter’s surge of 2,428. In the ten days from January 2 to January 12, hospitalizations increased by 959. Three hundred or more new patients with COVID have been hospitalized every day since December 30, hitting 400 on January 10 and 463 on January 11.

Every hospital system in the state is faced with unsustainable rates of admission, and worker shortages due to burnout and infections have reduced capacity across the state by 700 hospital beds. As of January 18, 88 percent of all beds in the state were occupied.

Massachusetts Governor Charlie Baker recently deployed National Guard troops in a supporting role and passed emergency measures aimed at reducing hospitalizations and bolstering staffing levels. However, some facilities are still waiting for the support and the emergency measures amount to little more than getting rid of some red tape. Absent among these emergency measures are essential public health practices such as mask mandates, robust contact tracing, business closures and remote learning for students.

In the case of nursing homes, in which workers are now mandated to be vaccinated, new admissions will be allowed as long as there are fewer than 20 positive cases among residents—a twofold increase from the previous limit of ten.

The deluge of cases is causing hospital systems to once again cancel so-called “elective surgeries.” Mass

General Brigham is canceling 2,200 surgeries per week. UMass Memorial Medical Center, the central region’s largest system, has canceled all surgeries and medical procedures for conditions not considered an imminent threat to life. Mass General Brigham, the largest hospital system in the state, has set February 4 as the earliest date to begin rescheduling the thousands of postponed procedures. Among procedures being canceled are cancer surgeries; slower-growing tumors will be postponed.

For Baystate Health, the largest in the western part of the state, more than 600 staff are out with COVID. It has canceled all elective surgeries and reduced the number of transfers it is accepting. Meanwhile, engineers are scrambling to maintain airflow throughout Baystate Medical Center in Springfield to provide enough supplemental oxygen to COVID patients.

The Baystate system had 300 COVID patients last week. It has roughly 1,000 beds in total. Baystate Medical Center, its main campus, has had more COVID positive patients than many of the larger hospitals in Boston. With more patients coming into intensive care units, Baystate’s chief executive, Dr. Mark Keroack, fears a shortage of medical equipment, including cardiopulmonary bypass pumps for the most critical patients.

At Brigham and Women’s facilities in the Boston metropolitan area, 1000 staff were absent with COVID-19. The chief medical officer there describes the situation as a “double whammy” as absences due to infection come in addition to the large number of workers who have already quit from burnout.

On Friday, the Massachusetts Health and Hospital Association published a message on its website characterizing the health care workforce as “beyond the point of exhaustion.” The message begins: “Every corner of our health care system is gasping for air.”

Every unit and hallway is full, procedures are being canceled, and patients are waiting in ERs for hours on end for the care they need. We have never been more fearful for what is to come if things aren't turned around quickly."

The statement includes comments from several hospital executives. Dr. Eric Dickson, president and CEO of UMass Memorial, said the Omicron surge is "much worse" than the surge at the beginning of the pandemic, pointing to the 250 percent increase in hospitalizations since Thanksgiving, the compounding factors of health care worker shortages, and patients more gravely ill for having delayed care.

Dr. Keroack added: "There's just nowhere to go to hide from this thing. Even people who are trying to be careful are going to be breathing in some Omicron before long. Many people have no symptoms."

While Governor Baker has not instituted an indoor mask mandate, the president of the MHHA urged that "people must mask at all times in public."

Following the desperate plea from hospital administrators, the Baker administration slapped together new "emergency measures" that amount to little more than bureaucratic shuffling and promise to do more for public perception than hospital capacity.

The measures primarily address easing bureaucratic restrictions that would otherwise prevent clinicians from providing care. The measures allow physician assistants to practice independently, open state licensure to internationally trained physicians and speed up worker transfers between facilities.

However, the measures also include a regressive reduction in standards of care. Emergency rooms will now turn away people seeking "nonemergency services," and outpatient dialysis facilities will treat patients with fewer trained dialysis technicians to operate them.

The systemwide failure of the health care system to deal with the Omicron surge was preventable. The measures taken by the state and Governor Baker will do little to ease the burden on crumbling hospitals. What is necessary to save hospitals, relieve health care workers and prevent continued and lasting suffering among the population is what is necessary to end the pandemic: policies that set the elimination of COVID-19 as the primary goal for society.



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