

# The crisis in US children's hospitals and the need for socialist public health

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Over the past month, children's hospitals across the United States have entered an unprecedented crisis. They are being inundated with a wave of infants and toddlers hospitalized with a range of respiratory illnesses, well before the normal peak in December. The most common source of hospitalizations is currently respiratory syncytial virus (RSV), but rhinovirus, enterovirus, adenovirus, the flu and COVID-19 are also implicated, and there are reports of children infected with multiple of these viruses simultaneously.

From coast to coast, pediatric hospitals have reached or exceeded capacity, with three-quarters of all pediatric hospital beds in the US now occupied. Entire states are near capacity, including Rhode Island (99 percent of all pediatric hospital beds filled), Texas (91 percent), Missouri (89 percent) and others.

Seattle Children's Hospital reports that its emergency room (ER) is now at 200 percent of capacity. At Rady Children's Hospital in San Diego, the largest pediatric hospital in California, the past few days have seen a doubling of visits to the ER, with wait times also doubling to up to six hours. Other major cities with pediatric hospital bed and staffing shortages include Chicago, New York City, New Orleans, Detroit, Washington D.C., Philadelphia, Baltimore, Austin and more. Many families have had to drive for hours or fly to other states when the pediatric hospital in their region has reached capacity.

At Connecticut Children's Medical Center in Hartford, Connecticut, officials are considering whether to ask the National Guard and the Federal Emergency Management Association (FEMA) to set up a field tent on the hospital's lawn to care for an overflow of children with RSV. Catherine Morgan, a mother from nearby Meriden whose two-month-old son Grant was just hospitalized with RSV at Connecticut Children's, told local news, "Once we got inside, there's gurneys throughout the hallways with families just waiting for a room."

Speaking on the terrifying progression of her son's illness, Morgan said, "It's very scary. Respiratory distress is very concerning. He has such little lungs and can't really breathe. ... Within four hours he was using his whole body to breathe. It makes me tear up thinking about it."

Throughout the country, thousands of children are undergoing

the trauma of hospitalization, which studies have shown can have long-term ramifications. Their parents and caregivers are sitting nervously by their side, holding their children, or turned away from hospitals which lack enough staff.

The only comparable mass child hospitalization of this dimension took place last January, as the supposedly "mild" Omicron variant hospitalized an average of 914 children daily and killed over 200 children that month alone.

Experts warn that in the coming weeks, expected surges of the flu and COVID-19—for both of which most children remain unvaccinated—will cause a "triple threat" that will strain pediatric hospitals past their breaking point.

RSV is a seasonal virus which can cause pneumonia and bronchiolitis in young children, severely impacting their ability to breathe, and can be life-threatening. It has historically caused an average of 58,000 hospitalizations and up to 500 deaths per year in children under 5 years old, along with 177,000 hospitalizations and 14,000 deaths annually among adults 65 and older. Collectively, respiratory pathogens are among the worst killers in the world, with the World Health Organization (WHO) finding they cause the highest global burden of disease measured by years lost through death or disability.

Almost all of the media coverage has sought to blame the present crisis on mitigation measures put in place in 2020 to limit the spread of COVID-19, including lockdowns, masking, remote learning and social distancing, which built up a so-called "immunity debt" among infants who were not exposed to RSV and other viruses. This unscientific term is a red herring meant to deflect blame from those who bear political responsibility for the current catastrophe.

In reality, the surge of these respiratory viruses is the direct consequence of the "forever COVID" policy now pursued by the Biden administration and every state government, which over the past year have systematically dismantled all anti-COVID mitigation measures. Unlike in 2020 and 2021, this school year began with the lifting of mask mandates in every major school district across the US, allowing all respiratory pathogens to spread unchecked among over 50 million children, most of whom were immunologically naive to many respiratory viruses due to masking and social distancing. Despite numerous warnings, nothing was done to prepare for the present surge.

Immunologist Dr. Anthony Leonardi, who has consistently spoken out against the “herd immunity” COVID-19 policies which have led to the mass infection of children, recently wrote on the concept of “immunity debt,” concluding, “We mustn’t delude ourselves into thinking infections actually confer a benefit or are a debt that must be paid. They are more like a tax we make the children pay for our civilization not being developed enough to prevent viral illnesses that hospitalize thousands of children per year.”

Dr. Leonardi also called attention to the growing body of research demonstrating that COVID-19 can cause significant damage to one’s immune system.

According to the latest estimates from the CDC, 86.3 percent of the US child population has likely been infected with COVID-19 at least once. Even if only a tiny percentage of these 62 million children now have damaged immune systems, it is very likely a contributing factor to the current surge of child hospitalizations. Many professionals have noted that healthy children who normally would not suffer severe disease are being hospitalized by RSV and other viruses.

In the winter of 2020-21, RSV, the flu and most other respiratory pathogens were nearly eliminated in numerous countries, a remarkable but unintended byproduct of the limited masking and social distancing then in place. During that winter, only one child died from the flu in the US, and this week in 2020 saw only 10 confirmed RSV infections, compared to over 7,000 last week.

One of the greatest scientific breakthroughs during the pandemic was the early recognition that SARS-CoV-2, the virus that causes COVID-19, is transmitted almost entirely through tiny aerosols that people emit through talking, singing and even just breathing, which then linger in the air for minutes or even hours at a time. Proving that SARS-CoV-2 is airborne prompted further investigation into other pathogens, including RSV, which had been shown to be airborne as early as 2016.

In a rational society, this scientific knowledge would have prompted the largest renovation of global infrastructure in history, in order to modernize buildings with high quality air filtration and ventilation systems. Instead, the science was suppressed and distorted by nearly every government and public health agency in the world, above all, the World Health Organization (WHO) and the US Centers for Disease Control and Prevention (CDC).

Fundamentally, the science of airborne transmission shifts responsibility for viral transmission from the individual to the social level, placing the onus on governments to clean the air in all public spaces. But under capitalism, even this minimal encroachment on private profit is beyond the pale.

In a remarkable press conference Wednesday, White House COVID Response Coordinator Dr. Ashish Jha stated that COVID-19 “is purely airborne,” the most open acknowledgment of airborne transmission by any White House official. He then falsely counterposed COVID-19 to RSV,

which he implied could be curtailed simply by hand washing and “keeping kids home when they are sick,” an impossibility for most working class families. When asked by a reporter whether parents should give their children masks to protect themselves from RSV and other respiratory illnesses, Dr. Jha evaded the question.

The same processes are unfolding globally. In Ontario, Canada, where all anti-COVID mitigations have been dropped, pediatric hospitals are also being inundated with RSV and other respiratory pathogens, while school teachers are no longer allowed to even report likely COVID-19 infections in their classrooms.

The COVID-19 pandemic has shown that capitalism is thoroughly hostile to the principles of public health which prove that SARS-CoV-2, RSV, the flu and numerous other pathogens can be eliminated globally through a massive expansion of testing, modernized contact tracing, access to health care, the renovation of infrastructure, temporary paid lockdowns and more.

The “infection tax” on children and all of society is being imposed by the capitalist class, which views the working class as nothing more than fodder for exploitation, whose “nonproductive” lives should be cut as short as possible.

Through their policies, the capitalists have nearly destroyed health care systems throughout the world. In the US alone, an estimated 333,942 health care providers left the workforce in 2021, while a recent survey found that more than one-third of nurses plan to leave their current roles by the end of the year. The same process has unfolded in schools, the key centers for viral transmission throughout the pandemic, with huge shortages of educators across the US and internationally.

In response to the inflationary crisis triggered by the unending pandemic and the outbreak of the war in Ukraine, the working class is entering into struggle throughout the world. This developing international class struggle must become the basis for the fight to stop the pandemic, end the war, and massively expand public health and all other social services. Only through the socialist overturn of existing property relations can mankind rebuild society and guarantee the universal right to a decent, long life free of poverty and disease.



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