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Pediatric health care workers plead for help as US hospitals are overwhelmed by spread of respiratory viruses

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Pediatric hospitals throughout the United States are facing an unprecedented crisis as they are inundated with infants and children suffering from a number of respiratory illnesses, most predominantly respiratory syncytial virus (RSV), that are ripping through the child population. While reports show that three-quarters of all pediatric hospital beds in the US are now occupied, the number of intensive care unit (ICU) beds for the sickest children are at or near capacity as greater numbers of children are being hospitalized.

RSV can cause bronchiolitis, or inflammation in the lower airways, and may lead to pneumonia if the inflammation spreads deeper in the airspaces of the lung. Children are presenting with difficulty breathing, eating and drinking, requiring critical care services that include breathing tubes and IV fluids, with some requiring to be placed on a ventilator. While the majority of children being hospitalized are suffering from RSV, other viruses such as rhinovirus, enterovirus, adenovirus, influenza and COVID-19 are continuing to circulate among children, with reports that some children are presenting to hospitals infected with multiple viruses simultaneously.

Samantha, a Southern California pediatric nurse who works in an emergency department (ED), told the *World Socialist Web Site* that there are no beds at her children’s hospital, which is also running out of critical supplies. Her name has been changed to protect her identity.

“The lobbies are nearing triple digits, holding kids in the ER up to 30 hours because there are no beds. They’re making makeshift beds, dedicating sections of the lobby for respiratory kids. Respiratory therapists are running around, a lot of suctioning. And we’re being projected to be hit harder these next couple of months. Plus a shit-ton of ED to ED transfers from all the other hospitals.

“It’s getting out of hand. We are running out of HFNC. High flow nasal cannulas are a basic supply, especially for patients suffering from respiratory illnesses, that can supply a larger amount of O? for patients unable to be managed on the standard amount of O? flow.”

Samantha went on to describe serious safety issues she has witnessed in the ED during the current surge, “We’ve had nights where we were severely understaffed. Our charge nurse pleaded to our ED director to divert. They said no and to just hold the staff over for double time. No one stayed. We had a patient seize in our lobby for about 20 minutes before we noticed because our check-in line was wrapped around to the main entrance and our lobby was packed like sardines. Kid ended up being intubated and sent upstairs.

“We were told to move our admit holds to other parts of our ER to make room for patients from the lobby and runs. I once had a kid on a dopamine drip, another on an insulin drip, an oncology patient that was going septic and a seizure patient. In other words, patients were unstable but were being moved around just to accommodate the sheer volume. The floor hasn’t had the staff to fill beds, as is California law where ratios are mandated. So we hold patients in our ER for upwards of 30 hours.”

When asked how health care systems were so unprepared for this predictable surge, she said, “Hospitals look for the bare minimum. As in, what is the minimum amount of staff needed during these surges. They hired a bunch more travelers [traveling nurses] while refusing to raise the wages of their staff. Granted, the hospital I work at has stepped up as of late, but this could’ve all been avoided if they took all of our complaints seriously.”

In **Los Angeles County**, the most populous region of the state, the Children’s Hospital of Los Angeles reported in their most recent 7-day average bed occupancy figures that 93.7 percent of its ICU beds were in use, with inpatient beds filled at 92.2 percent of capacity.

The situation is worsening throughout California. Jenna Lyons, a pediatric hospitalist with Providence Cedars-Sinai Tarzana Medical Center, told ABC News 7, “We are at capacity and we’re having to overflow some of our pediatric patients onto adult floors and really wherever we can find space for them.”

The situation fares little better in **Northern California**. UC San Francisco’s Benioff Children’s Hospital Oakland is reporting 84 percent ICU bed occupancy. Nearby at the Lucile Salter Packard Children’s Hospital at Stanford, 89 percent of ICU beds were in use, with inpatient beds at 90.5 percent occupancy.

Meanwhile in **San Diego County**, Radys Children’s Hospital, the largest pediatric hospital in the state, is reporting 75.1 percent of ICU beds and 81 percent of inpatient beds in use. The latest figures from mid-October do not account for the massive influx of patients in the past two weeks. One San Diego high school reported that over 1,000 students were out sick in a single week this month.

Similar situations are unfolding throughout the country, including in the Northeast. In **Connecticut**, hospital officials at Children’s Medical Center in Hartford are considering calling on the National Guard and the Federal Emergency Management Agency (FEMA) to set up field tents to care for the overflow of children with RSV.

Tara, a nursing student in the Northeast Tri-State area, whose name

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has also been changed to protect her identity, told the WSWS, “Our 60-bed ED has 30 beds full as inpatient because there is no room on the floors. We also have a labor pool right now because of how overwhelmed it is.”

Tara described that the labor pool is used for dangerously poor staffing levels. “They send out a sign-up for other employees in the company (medical assistants, emergency medical technicians, physician’s assistants, medical doctors, registered nurses) to help with the overflow.”

Describing how unprepared the hospitals are despite knowledge that this pediatric surge was coming, she said, “In my experience with the hospital where I am, we took a lot of preparation at the beginning of the pandemic. I believe due to economic challenges we cut corners when things seemed to ‘settle down’ and laid people off.”

Children’s hospitals in the state of **Texas** are also reporting major shortages of pediatric beds, forcing some families to seek care out of state. The Texas Children’s Hospital in Houston, the biggest children’s hospital in the US, was already reporting 85.1 percent ICU occupancy in the latest published 7-day average, taken October 14.

Dr. Gerald Stagg, a pediatrician working in the Mount Pleasant region north of Houston, said the situation is intensifying at larger medical systems because there is also an influx from rural hospitals that are unable to provide higher levels of care. Stagg told KSAT.com, “We’ve had to even send kids to Arkansas or Louisiana from our Texas facility because we couldn’t find a bed.”

On the other side of the expansive state, El Paso Children’s Hospital is reporting major increases in hospitalizations, noting it has seen a 369 percent increase in RSV cases since August.

Hospitals throughout the **South** are being inundated as well, forcing long waits. In **Virginia**, numerous children’s hospitals are operating at or near full occupancy. Children’s Hospital of Richmond at VCU reported in the past few days being filled to 95 percent of capacity.

The tragic death of an infant at the overcrowded Inova Children’s Hospital in Virginia points to the depth of the crisis. Amanda Bystran, the mother of twin boys Brodie and Silas, told local news they waited 12 hours in the emergency room before Brodie was transferred to a bed in the pediatric surgical unit. They then were forced to wait 16 additional hours before he was transferred to the pediatric intensive care unit.

On October 22, Brodie’s situation worsened and Bystran noticed Brodie’s breathing had become more labored and called for help. Doctors would eventually decide to intubate him when other methods to increase his oxygen levels did not work.

“They decided to intubate him, so I stepped out so they can work on him,” Bystran told CNN. “Then 20 minutes passed by, and a nurse came to tell me that his heart rate had dived and they have been doing CPR on him for the last 10 minutes.” Bystran said her husband and family were not able to make it in time to the hospital before he passed.

She wrote on Facebook: “My heart has been shattered into a billion pieces. No mother should ever have to plan a funeral for her baby. He should have outlived me. This boy didn’t even get to see three months old. It’s not fair.”

Inova Children’s Hospital told CNN it had been working at capacity for a number of days, forcing it to activate its “Internal Emergency Operations Plan.”

Brodie’s twin brother Silas was also admitted to the hospital with RSV and was in the intensive care unit for 16 hours. The twins were born premature, at 34 weeks, on August 15 and had fought off COVID-19 and meningitis in September.

Terry, a CNA (certified nursing assistant) in **North Carolina**, confirmed to the WSWS the long distance the young patients and their families have been forced to travel in search of care:

“It’s been crazy. I’m a CNA on a 22-bed pediatric unit in a hospital that’s mainly for adults, with the exception of our unit. It’s like every kid is coming in with RSV or the flu. We’ve had a full unit and maybe one-two kids were there for something non-respiratory. We had to send this PICU [pediatric ICU] patient to a larger PICU unit and the closest one available was three-and-a-half hours away drive time. Luckily, she was being flown via helicopter, but still, her parents had to drive the distance.”

In a recent opinion piece in the *Hill*, Dr. Erin Paquette, a critical care pediatrician at Northwestern University Feinberg School of Medicine, noted the distance children and families are having to travel to find care and the strain on hospitals to find solutions. “Many emergency departments, then, are already in contingency status, utilizing resources in non-traditional ways in order to try to maintain standard of care.

“In other cases, children are being cared for in emergency departments in predominantly adult facilities or being transferred to distant but available pediatric resources. Some children who are denied transfer to regional pediatric centers that are at capacity are receiving care at adult facilities, which are again stretching resources in non-traditional ways.”

Paquette warned that the straining of hospital capacities puts all patients at greater risk, “We learned from COVID that stretching to more than 75 percent capacity resulted in increased mortality for patients. Already, 100 to 300 children die annually from RSV, and approximately 58,000 children younger than 5 require hospitalization.”

Contrary to the claims that children and society are paying an “immunity debt” for COVID-19 restrictions that kept the majority of children from contracting RSV and other viruses is the fact that RSV has a relatively similar infection rate this season compared to 2021–2022, according to the RSV interactive dashboard on the CDC’s website.

Meanwhile, numerous studies have shown that immunological dysfunction persists for eight months following initial mild-to-moderate SARS-CoV-2 infection. A study published in *Nature* in January noted, “We observe a comparable reduction in B cells in both diseases and a more severe reduction in the total amount of T cells in COVID-19 as compared to AIDS patients.”

According to CDC figures, 86.3 percent of the US child population has likely been infected with COVID-19 at least once. Given the fact that such infections decrease B cells and T cells, this causes significantly weakened immune systems. As the WSWS has stressed, “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.”

Adding to the worsening situation is the fact that numerous pediatric units and hospitals have closed in recent years or been converted into adult facilities because they are more profitable. The current surge of illnesses among children has been predicted, but this has not halted a reduction in pediatric services.

The *New York Times* reported, “In April, Henrico Doctors’ Hospital in Richmond, Va., ended its pediatric inpatient services. In July, Tufts Children’s Hospital in Boston followed suit. Shriners Children’s New England said it will close its inpatient unit by the end of the year. Pediatric units in Colorado Springs, Raleigh, N.C., and Doylestown, Pa., have closed as well.”

The overwhelming of pediatric hospitals and children’s health care providers is an indictment of the capitalist system and its treatment of society’s youngest citizens. It points to the need to remove the profit motive from health care, which is in turn bound up with the fight for socialized delivery of health care.

The real nightmare this Halloween is being experienced by thousands of parents and children in hospital waiting rooms—and by the millions of health care providers witnessing patients suffer and health systems collapse—long before the expected peak of respiratory viruses this winter.

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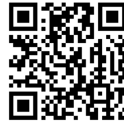

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