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Vaccines are coming, but hospital systems in US at risk in meantime

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After months of pronouncements that COVID-19's end is just around the corner, relief is in sight! The announcement of three effective vaccines pending regulatory approval, developed in less than a year, is an historic scientific triumph. While the finish line is in sight, its proximity may be deceptive. The home stretch risk may be collapse of parts of the U.S. hospital system.

During the week of Nov. 15, the number hospitalized in the U.S. due to COVID-19 grew by 18.7%, reaching 83,217 on Nov. 21. Of 792,417 staffed beds in US community hospitals, one in ten is occupied by a COVID-19 patient.

Reports tell of exhausted hospital staff treating

COVID-19 patients. The fatigue is both physical and emotional. Personal protective equipment — masks, shields, gloves and gowns — is cumbersome. It requires decontamination when taken off, often resulting in remaining in PPE for the entire workday, 8 to 12 hours, precluding such mundane tasks as drinking water or going to the bathroom.

COVID-19 patients are isolated. If they die, it is in solitude, with no loved ones to comfort them or ability to talk while intubated. The end can come quickly. Health care workers never become inured to death. Losing multiple patients takes a tremendous toll and can lead to PTSD.

As can the impact of the virus. The Centers for Disease Control and Pre-

vention recorded 216,049 health care worker coronavirus infections as of Nov. 15; a 36.8% increase since August. COVID-19 health care worker deaths grew by 39.2% since August, reaching 799 in November.

COVID-19 is growing in every state. The spring's isolated "hot spot" crises are now a national phenomenon. Where we once were able to reallocate staff and resources to hot spots, the entire nation is now a hot spot.

A February University of North Carolina study reported that 120 rural hospitals have closed since 2010 and 453 of the remaining 1,844 hospitals are vulnerable to closure. This was before COVID-19 began filling rural hospital beds. The need for beds increases as their numbers

have decreased. Hospitals are canceling or seeing a decrease in procedures that typically provide the money that keeps the doors open, exacerbating the crisis.

Mass gatherings have been super-spreader events. Colder weather forces people inside, increasing disease spread — a classic epidemiological effect. Even Thanksgiving poses risks. Harvard University researchers found that 20% of 104 local grocery workers tested positive, most exhibiting no symptoms, an infection rate "significantly higher than the surrounding communities." Students are going home, more people are traveling (the Transportation Security Administration screened over 3 million passengers this past weekend), and family

get-togethers are planned, 40% for 10 or more people.

Social media stresses overall survivability from COVID-19 and reduced fatality rates, which have not, in fact, improved significantly since summer. It is small comfort to families of the deceased that their loved ones' passing were "rarities". Statistics are anonymous, deaths personal.

Nor do the statistics reflect secondary effects. New York EMS reported increases in cardiovascular and cardiac incidents during that city's April spike. A Utah 47-year-old resident recently died of complications of a heart attack following a 2.5 hour delay in transferring her to a facility that could treat her — local beds were filled with COVID-19 patients.

A meme advises to not forgo Thanksgiving because "tomorrow is not promised." As COVID-19 spreads, already stressed hospitals may be unable to meet demand and people will die needlessly. There is overlap between individual rights and the common good. This nation was built on inhabiting that mutual space. Unless people comply with sensible precautions — wear a mask, wash hands, limit gatherings, spread out, open windows, get a flu shot — the holidays may see increased death and diminished capacity to treat non-COVID-19 patients. More concerning, the overloading of hospitals may break an essential and resilient system, drastically multiplying the casualties and inhibiting future hospital staff functioning.

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Crucial changes against COVID-19

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WELL, OF COURSE IT WON'T BOTHER ME
IF YOU HANG OUT IN THE KITCHEN.