

# **An Update on COVID-19 Pandemic in the U.S.**

Wednesday 1 April 2020, by [SHEPPARD Barry](#) (Date first published: 31 March 2020).

**Today, March 31, is one week after my article on the impact of the corona virus pandemic in the United States. At that time, there were about 650 deaths due to the virus. That number has risen to over 3,700, doubling about every three days.**

Much has happened in this past seven days. The Labor Department announced that in one week there were 3.2 million workers who filed for new unemployment claims. This number is far higher than anything ever seen.

Obviously, the impact on the economy is significant, but how significant remains to be seen, as the pandemic will worsen in the next weeks, and perhaps months. Economists, whether bourgeois or Marxist, are being (correctly) cautious about making any firm predictions.

There is still a dire need for greater ability to test to see who is or has been infected, which is necessary to understand how the disease is progressing and planning how to deal with it. Currently, there have been 170,000 confirmed cases, but the real number is much higher but unknown.

Supposedly, new tests are “in the pipeline”, but they haven’t reached those medical centers yet that can use them in the quantities needed.

Yesterday Trump said tests are no longer needed, but even Republican governors are challenging that.

The epicenter is still in New York state, concentrated in New York City. But new hot spots are emerging, including in New Orleans, Detroit, Los Angeles, Chicago and more every few days, including small cities.

It will reach rural America. Hospitals are often 20 miles from towns, and are ill-equipped to handle those sick enough to require hospitalization. Many have few beds, have no ventilators, and do not have the personal protective equipment (PPE) for viruses for nurses and doctors.

Even in the bigger hospitals in hot spots, there is still not enough PPE to adequately protect the nurses and doctors exposed to the sickest patients, including in the Intensive Care Units.

Many nurses and doctors in emotional interviews on TV and in the press express fear that they will get sick, infect others, perhaps bring the virus home and infect their families. Some doctors have died, and more doctors are in danger. Significant numbers of nurses and other medical workers are in quarantine because they have tested positive.

But these heroes not in quarantine show up and spend long hours treating patients. They say they are in mental stress, especially in the ICUs where the deaths occur. In one New York hospital, large refrigerated trucks are being used as morgues as the bodies pile up.

The other great shortage is for ventilators for those patients who cannot breathe on their own. The

situation in the country is that tens of thousands will be needed in the next weeks as the cases increase at an exponential rate, that is keep doubling every few days.

In the New York epicenter, the state governor and the NYC mayor have said for weeks that 30,000 ventilators will be needed in the next two weeks.

Trump attacked them this week, saying "I don't believe you need 40,000 or 30,000 ventilators. You know, you go into major hospitals, sometimes they have two ventilators. And now, all of a sudden, they're saying 'Can we order 30,000 ventilators?'" "

Such abysmal ignorance on the part of the most powerful person in the country shows what we in the U.S. are up against.

A few days later, he reversed himself and said that he will use the powers under the national emergency he declared to force industrial companies to begin producing ventilators on a mass scale. In reality, he did no such thing, and has just requested companies consider whether they would do that.

Ford automobile company has pared with a smaller company that has the expertise that Ford can use to begin building ventilators. They promise to build 100,000 - beginning at the end of April through June. General Motors is doing the same.

State governments trying to get ventilators now as the need soars are forced to try to buy them from private vendors in the U.S. and internationally. The NY governor explains that puts the states in competition for ventilators. They are forced to outbid each other, jacking up the price. The vendors of course take advantage.

Trump said last week that by Easter the "stay at home" policy to reduce the spread of the virus would be ended, and everyone would go back to work and the economy would "take off."

Two days ago, two weeks before Easter, he backed off. Apparently, the scientists had gotten through his thick skull, and he reversed what he had been saying for months that there was only a small danger from the virus and that it would soon "miraculously disappear, poof".

For the first time he acknowledged the seriousness of the pandemic, and said that between 100,000 to 200,000 deaths would occur. The narcissist gave himself another pat on the back, saying that number would be achieved because of the great work he has been doing, and without him the number would be much higher.

There is another aspect of the pandemic: the disproportionate burden on the most vulnerable, including the homeless, prisoners, undocumented, and poorest.

What does "stay at home" mean to the homeless? Those on the street can't protect themselves that way. Many businesses that those on the street use for bathrooms and toilets like Starbucks are closed, causing greater distress. Where they congregate for mutual support, they are open to contagion. Many have no health insurance, or other reasons for not going to doctors when the first symptoms of the corona virus appear, which can appear to be a cold or flu. Undoubtedly, some get sick and die and are not counted.

The undocumented fear seeking official help, less they be deported by ICE.

Practicing "safe space" between individuals in prison or being held in ICE's detention centers is impossible. There are 2.3 million in jails or prisons.

Activists are teaming up with the homeless in Los Angeles and Oakland in California to occupy homes and buildings left uninhabited. Such acts of resistance are noteworthy, although they cannot meet the scale of the problem.

Others have succeeded in getting some prisoners released, and are putting the spotlight on children in ICE's dungeons, and this may have some results.

There have been articles in the socialist press about how the overall failure worldwide to take the steps early enough to have prepared for the virus are rooted in the decades of neo-liberal austerity, including privatization, deregulation, cutbacks in health services, etc.

Even in Britain, which does have socialized medicine, recent decades have seen big cutbacks in the National Health Service, including in preparedness for medical crises. Here in the U.S., with its private health system, the austerity business model has left the system completely unprepared.

Part of the neo-liberal business model is "just on time" delivery of goods used in production. For the health system, that has meant things like PPE or ventilators are only ordered to be just on time as determined by averaging use in the past. The supply has to be very low before reordering is done. Stockpiling in preparation for a sudden medical crisis is just not good business practice when profit is the main goal.

We see the result in the CORVID-19 pandemic.

**Barry Sheppard**

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