



Covid-19: hospitals brace for disaster as US surpasses China in number of cases

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The US has become the country with the most confirmed cases of covid-19 with 86 762 diagnoses on the morning of 27 March—more than China or Italy—and 1306 deaths. The rise in cases is steeper in the US than in any other large country.

Almost half of US cases are in the state of New York while neighbouring New Jersey has the second most cases. Texas and some other states now require people coming from New York to self-quarantine. But there are multiple cases in every US state and every sizeable city, with prominent clusters in New Orleans, Detroit, Chicago, Miami, Atlanta, and the Denver region.

As US hospitals brace for a deluge of patients, they must grapple with a particularly acute shortage of personal protective equipment (PPE). In hard hit areas like New York and Oakland, California, some hospitals have given staff one mask and told them to look after it indefinitely.

But the shortage is being felt even in states where covid-19 has yet to make a large impact. In Oklahoma, with 250 cases, health secretary Jerome Loughridge said at a briefing that the state will run out of PPE in nine days.

The federal government has already run out. Large companies such as 3M and Ford have volunteered to switch production capacity to protective equipment and ventilators, but the quantities promised fall far short of those demanded by states. President Trump is resisting calls to apply a wartime law to commandeer production.¹

Across the country, state governors and hospitals are appealing to local building firms and hairdressers for their supplies. Several governors have complained that states are bidding against each other and the federal government for PPE, succeeding only in driving up prices.

“I can’t find any more equipment. It’s not a question of money,” said New York governor Andrew Cuomo.

The shortage has forced hospitals to consider universal “do not resuscitate” orders for covid-19 cases, irrespective of patient or family wishes. The close patient contact of resuscitation brings too much risk to vital staff, some hospitals argue, and consumes too much PPE.

“It’s a major concern for everyone,” Richard Wunderink, intensive care medical director at North western Memorial Hospital in Chicago, told the *Washington Post*. “This is something about which we have had lots of communication with families, and I think they are aware of the grave circumstances.”

So far, do not resuscitate orders are voluntary but encouraged. In Washington, DC, George Washington University Hospital told staff to continue resuscitating covid-19 patients for now, but through a plastic sheet. At the University of Washington Medical Center in Seattle, staff still respond to a “code blue,” but in smaller teams.

In New York, where Governor Cuomo said that cases are doubling every three days, hotels and university dorms are to be transformed into hospitals.

Cuomo railed against the federal government’s dispatch of 400 ventilators to his state, saying he needed 30 000. Hours later, the number rose to 2000 and then 4000 from a national stockpile of about 16 600.

The governor promised other states that New York would pass on surplus ventilators when its crisis abated. But to the federal government his message was harsher. “You pick the 26 000 people who are going to die,” said Cuomo.

1 Pollack R, Madara J, Cole L. AHA, AMA, and ANA letter to the president to use DPA for medical supplies and equipment. March 2020. www.aha.org/lettercomment/2020-03-21-aha-ama-and-ana-letter-president-use-dpa-medical-supplies-and-equipment.