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Do States Need to Lock Down Because ICU Beds Are Filling Up?

Leftists always want to ration goods and services because they think they are scarce. To the leftist-progressive mind, resources are always finite, and there are never enough to go around. In the year of COVID-19, this is applied to hospitals in general and intensive care units (ICUs) in particular. There aren't enough to go around, they claim, so we have to devise a way to keep people from using up these scarce resources. Indiscriminate lockdowns are the methods chosen.

The nature of the disease caused by SARS-CoV-2 strongly suggests that lockdowns for this purpose are unnecessary. Despite the mainstream media fear propaganda based on rapidly increasing case counts, the important fact remains that the vast majority of people infected with the virus will either have no symptoms or mild symptoms and will not need to be hospitalized.

In fact, the standard advice to people who think they might have symptoms of COVID is to stay home, as a trip to the hospital is probably not necessary.

For example, according to Healthline.com, people who think they have COVID-19 or another viral infection, should "stay home and get plenty of rest." Why? Because, as that site notes, "About 80 percent of people recover from COVID-19 without needing hospitalization or special treatment." Moreover, the site continues, "If you're young and healthy with only mild symptoms, your doctor will likely advise you to isolate yourself at home and to limit contact with others in your household. You'll likely be advised to rest, stay well hydrated, and to closely monitor your symptoms."

For those who do need to be treated in the hospital, in most of the remaining cases, the ICU is not necessary. Though statistics on the number of ICU admissions versus overall hospitalizations with COVID are variable depending upon location, doctors affiliated with Kaiser Permanente Northern California authored a study of hospitalized adults that was published by the *Journal of the American Medical Association* on April 24 that is likely indicative of the trend in U.S. hospitals. They note that "Northern California was an early epicenter of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) community transmission in the United States," meaning that the hospitals operated by their employer had a large influx of COVID patients. In their results they described the number of patients studied and the breakdown of treatment as either inpatient or ICU: "Of 16 201 tests in adults," they wrote, "results from 1299 patients (8.0%) were positive for SARS-CoV-2. Of these patients, 377 (29.0%) were treated as inpatients and 113 (8.7%) were treated in the ICU."

As the Kaiser Permanente data shows, most hospital admissions for COVID-19 do not require treatment in ICU. Still, during a significant disease outbreak, it is possible that ICU capacity may be exceeded by demand, leading to a need for surge capacity, something that hospitals have. Nonetheless, through the end of June, meaning through the original outbreak of the pandemic in the United States, including in

the worst "hot zone" in New York City, capacity was not exceeded.

Expert epidemiologist John P. Ioannidis of Stanford University was interviewed by Patricia Claus of *Greek Reporter USA* on June 27, and he described the impact of COVID-19 on the U.S. healthcare system. "The predictions of most mathematical models in terms of how many beds and how many ICU beds would be required were astronomically wrong," Ioannidis said. "Indeed, the health system was not overrun in any location in the USA, although several hospitals were stressed. Conversely, the health care system was severely damaged in many places because of the measures taken."

To his last point, the measures taken, specifically the lockdowns and the fear they inspired in the population, actually caused people to avoid going to healthcare facilities for non-COVID health issues. Many hospitals, especially in rural areas, were facing financial problems before the pandemic outbreak. After the lockdowns, these financial hardships increased and many healthcare facilities had to layoff workers — ironically at just the same time that the mainstream media was loudly promoting the idea that healthcare facilities were being overwhelmed. Examples are many and include Atrius Healthcare, an organization that provides healthcare services for up to 745,000 patients. In April, NPR noted: "Atrius Health, the largest independent physician group in Massachusetts, says patient volume is down 75% since mid-March. It is temporarily closing offices, placing many nonclinical employees on furlough and withholding pay for those who remain."

Through the first half of 2020, then, the nation's healthcare facilities had sufficient capacity to handle the COVID-19 outbreak. As for lockdowns, they had significant negative impacts on healthcare facilities by causing patients to forego healthcare services. Moreover, those who did forego the non-COVID-19 healthcare services they needed in many cases face severe outcomes, up-to and including death, from untreated or insufficiently treated health problems. As one example, the *Boston Globe* reported that at Tufts Medical Center, "Care for stroke patients … has dropped by 60 percent," according to Tufts CEO Dr. Michael Apkon. "It is true that we are quite busy caring for patients with COVID-19, but we have a growing concern about what we're not seeing," Apkon said in April according to the paper.

For the current surge in cases in southern U.S. states, it again seems that hospital capacity, though stressed, will prove sufficient. Arizona is one state where demand for COVID treatment has been high as case numbers have risen. On July 14, the *Arizona Republic* reported, "Inpatient hospitalizations, ICU beds in use and ventilators in use by suspected and confirmed COVID-19 patients each hit new records…." But, the paper noted: "The number of visits to emergency rooms by suspected and confirmed patients has dropped for six straight days."

These two facts suggest that the surge in COVID hospital utilization in Arizona has peaked or may be near peak. In fact, according to the Arizona Department of Health Services, COVID-19 hospitalizations peaked on June 15 and have been dropping since then.

Though it is too early to know with certainty, data from Texas suggests that that state also may be nearing a peak in hospitalizations. Texas experienced a rapid rise in hospitalizations beginning in the middle of June. The Texas hospitalization curve began to flatten on July 8, according to data reported by the state, and increases have been much more moderate since. Currently, the state reports that 11,402 hospital beds remain available, with 949 ICU beds available and 5,051 ventilators available.

During the rapid increase in COVID hospitalizations, in late June Texas healthcare experts assured the public that the state's hospitals had the necessary resources. "In response to the recent increase in COVID-19 cases and hospitalizations, we want to reassure the public that this pandemic is not eclipsing

our capabilities. Our hospitals currently have the ICU capacity, staff and supplies to meet the health care needs of our community," Dallas-Fort Worth Hospital Council President/CEO Stephen Love told the Dallas-Fort Worth local CBS News affiliate.

Speaking to the online site Daily Signal, Chuck DeVore of the Texas Public Policy Foundation in Austin also put the state's capacity into perspective. "Hospitals are not running out of ICU beds. ICU beds are costly to maintain, so hospitals typically keep them at 95% capacity," DeVore said. "Only 37% of beds are going to COVID patients. Since March, hospitals have expanded the ICU capacity by 89%."

DeVore's final point brings the matter full circle, back to the issue of whether or not resources are finite. The idea that lockdowns are required because healthcare resources for COVID treatment are permanently limited is not true. Wherever a vestige of market thinking remains, excess demand for a product or service, or even expected or forecasted excess demand, will spur increases in supply. And that is exactly what DeVore reports happened in Texas.

Indeed, increases in supply of necessary goods and services is exactly what is needed to blunt the current pandemic and prepare for the next one. Rationing via economic planning only spreads misery and exacerbates shortages, regardless of the product or service being rationed. This is precisely the wrong approach to dealing with a problem characterized by shortages. The proper solution, in such a case, is to find a way to alleviate shortages.

That is precisely the strength of a free market economic system, where shortages, or increasing demand, provides incentive for increased production and supply. By contrast, lockdowns blunt and distort demand and disrupt markets, exacerbating shortages, prolonging problems and creating new ones that were unforeseen.

It is too early to know with certainty what is going to happen in the states that have lately seen a surge in COVID cases. It does seem possible, and if one is inclined to optimism (perhaps a rarity or even a novelty in 2020!) maybe it is likely, that the southern states have reached a peak and will now see declines in COVID hospitalizations over the next two weeks.

Regardless, however, the fact remains that the United States needs more innovation, more production, and more services made available to meet the challenge of pandemics and other crises both current and future. This can only be accomplished under a system of freedom, something we should strive to recover with all due haste.

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