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## **Opinion: Even without a new surge, COVID-19 is crushing Michigan hospitals**

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After nearly two years, it is easy to become numb to headlines about COVID-19. Stories of hospitals around the country filled with patients, families losing loved ones to the virus, are so commonplace — they no longer cause surprise.

Often when we hear of overcrowded hospitals, it can be tempting to assume that the problem is due to large numbers of Covid positive patients — or to consider a lower proportion of COVID patients as proof that they're straining our resources.

The reality is more complicated. While some states have had large portions of their hospital beds filled with COVID patients, in Michigan, only around 10% of hospital beds have been occupied by those patients in recent months.

However, because this group of patients accounts for 10% of capacity that would ordinarily be utilized by other patients, our health care team is still stretched thin.

And unlike the rest of the country, Michigan's numbers are continuing to slowly rise, as documented by state data. At least one model suggests that we will continue to see a slow rise in cases until a peak in December that may rival the last surge of patients seen in the spring of 2021.

### **The true impact on health care**

We should do everything we can to avoid returning to those times earlier in the pandemic when the state's entire healthcare system was under strain, and could not provide important care to all patients due to the rising COVID cases. While the numbers of patients currently admitted for COVID are a small portion of a hospital's capacity, it represents a portion of hospital resources that would be available for other patients if circumstances were different.

The disconnect between the general public and the health care community regarding the health care challenges related to the pandemic is often stark. Those who work in healthcare or are regular patients as a result of chronic disease see the challenges of the pandemic up close, but the impacts are less clear to the general public.

Health care workers are conditioned to press on despite challenges, to work under strain that can progress to dangerous levels before the cracks start to show. We should act before the cracks appear.

Much is often made of the relatively high survival rate for COVID-19. However, the survival rate fails to account for the many patients who experience serious functional decline and lingering symptoms known as long COVID. Additionally, these survivors can require extensive health care resources during the course of their infection.

In the emergency department, patients are commonly seen for COVID-19 infections, and many are surprised by how badly they feel in the throes of the infection. They may not be a majority of the patients in most emergency departments at any given time, but they consume resources that may prevent timely care of other patients.

The entire health system bears the additional burden of COVID-19-related care. Outpatient testing, hospitalizations, monoclonal antibody treatment at infusion centers — they all utilize resources that could be directed toward child well checks, annual physicals, cancer screenings and other necessary care.

When coupled with the lost productivity during the time that infected people are isolating, or exposed people are quarantining, the cost to the economy is even higher. We must do better.

## **Tools to prevent more cases, more damage**

What is so disheartening to health care workers is that so much of this economic cost and resource depletion is preventable. Vaccines can prevent so much of this unnecessary death, suffering and economic loss.

Why get vaccinated? A vaccine can protect you. They are the cellular and immune system equivalent of an Old West wanted poster: They can't protect you absolutely, but can provide important preparation through early recognition.

A vaccine trains the human immune system by exposing the immune cells to proteins that look like the outside of the SARS CoV-2 virus, but do not have the ability to cause the illness

itself. Once the body recognizes these foreign proteins, it can create its own natural antibodies to fight a real infection.

There is much said about natural immunity. However, I have seen several patients with a history of COVID-19 that became re-infected. Some of them required hospitalization. Though I have treated hundreds of COVID-19 patients, many who feel sick enough to come to the emergency department are unvaccinated. Only two fully vaccinated patients for whom I have cared have required admission, and both had significant comorbid conditions. Published data shows that this is not just my anecdotal experience.

Vaccines are the best way to prepare your body for the fight, the best way to limit the risk of becoming one of the patients that requires hospitalization or dies. No one understands this reality better than physicians. According to an American Medical Association survey from June 2021, 96% of physicians are vaccinated against COVID-19. The trust that physicians have shown in this vaccine is clear. We have vaccinated ourselves and recommend it to our families and patients.

Masks are also an important tool. COVID-19 is a respiratory infection, and doctors have understood respiratory infections for years. Small droplets of fluid expelled from our mouths and noses when we talk, laugh, sing, or even breathe, can travel several feet easily and infect vulnerable individuals if those droplets come in contact with mucous membranes like those in the eyes, nose or mouth.

This is, in part, why healthcare workers have historically worn masks for procedures. It is also why the universal use of masks has been shown to decrease the spread of COVID-19. This strategy has been enormously helpful in protecting healthcare workers, even in the early days of the pandemic before a vaccine was available and when N-95 masks were in short supply. Even a regular but well-fitting mask can decrease the movement of respiratory droplets from an infected individual while the potentially vulnerable individual has their mouth, nose and eyes covered. Masks are an effective countermeasure to respiratory illnesses.

We have the tools to end the seemingly unending human and economic devastation of the last 20 months. We have the tools to return to a more normal life and get our economy moving again. The previous administration made a smart investment in the development of these vaccines. The resources of the federal government made the development possible in record time, and over 400 million doses have been given in the U.S. alone. They are safe and effective.

With the recent authorization of vaccination for children ages 5-11, there is an new opportunity to help keep younger kids safer while in school or other indoor activities, as we head into another winter. My newly eligible children will be vaccinated as soon as possible.

If you have questions about vaccines, talk to your doctor. Talk to a healthcare professional that you trust. We are in this together. Your healthcare team wants to be there for you, but they need your help, your patience and your kindness. There is a way forward. Let's go there as a team.

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