



LETTERS - Posted December 2, 2021

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Letter to the editor: COVID demands systemic health care changes

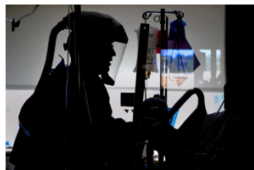
Burnout-related worker resignations, full ICUs and cancellation of non-emergency surgeries can't be allowed to become 'the new normal.'

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Your Nov. 30 editorial, "Our View: New COVID variant could be the new normal," argues that mutations such as delta and omicron are likely to continue to develop until global immunization is reached and "COVID is limited to small local outbreaks that can be isolated and controlled." From that premise, you conclude that "we know from experience what to do about it": more vaccines, more masking, more social distancing and all it implies for school, work and family.

I'm in favor of these interventions, but experience (specifically, 5 million global deaths) tells us that is not enough. That view requires an abundance of self-deception about human nature and the possibilities of collective action. In addition to personal responsibility and social policy, we need to recognize the need for institutional change. In an extended COVID era, health care – and the way we fund it – must adapt.



Dr. Matthew Payne supervises his colleagues at Stillwater Medical Center in Stillwater, Okla., as they intubate a critically ill COVID patient Sept. 17. Michael S. Williamson/The Washington Post

We can't perpetually cancel non-emergency surgeries because our ICUs are full. We can't countenance the burnout-related resignations of thousands of health care workers because hospitals are understaffed and overburdened. As a nation, we've got to face facts: COVID-19 has created a new normal, and our current levels of investment in health care isn't going to cut it. We need more doctors, nurses, lab techs and local facilities to care for our stricken communities and our most vulnerable citizens.

John Beaudoin
Stonington

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Viewing Options -

Yossarian 8 months ago

Americans are such suckers. We love "tax cuts" that turn the wealthiest into people who lend to deficit finance our government through bond buying - instead of funding it - and we accept huge tax increases as long as they are labeled as payments to corporations. What is a tax? A non discretionary bill you must pay or suffer the consequences. What is health insurance? What is college tuition? What is dental care? What is nursing home care? People in nations not so gullible don't have these bills. They pay taxes - roughly similar to ours and way less if you re-label things like health insurance, etc.

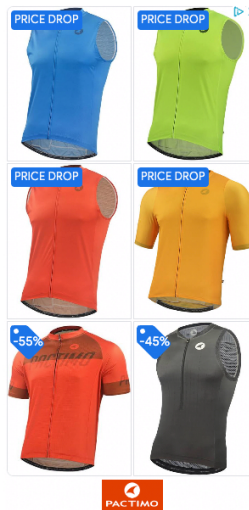
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Yossarian 8 months ago

But wait, we already spend about 18 percent of GDP on healthcare and average close to \$11,000 per person. 42 percent higher than Switzerland. Can the medibusinessmen safely absorb more of our money? Their racket may be suffering from catastrophic victory. They have grifted the suckers too far!

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KennebunkportIndependent 8 months ago (Edited)

The present surge in demand for hospital beds is unparalleled. We cannot run a cost effective hospital system based on numbers that arrive only when a once-in-a-century pandemic hits. Unless, of course, we think these numbers are here to stay, in which case we will need to plan accordingly.

No, in the case of the current surge, my solution is simple, fair and equitable: continue to admit vaccinated COVID patients as well as those with strokes, etc to the ICUs, and send the non-vaxxed home. Give them a supply of Ivermectin they so cherish. I cannot imagine, anyway, why they would want to be cared for in a hospital that believes in science.

See? Not so hard.

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mghmaine 8 months ago (Edited)

"Current level of investment"---there are very many areas where \$ we do not have might be spent.

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grassyacres 8 months ago

Right, we have to prioritize. What are your priorities?

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Yossarian 8 months ago

Enriching corporate medibusiness above all.

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JohnStuartMill 8 months ago

what does that even mean?

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