

Massachusetts health care professionals warn of Covid-19 testing shortage and lack of worker protections

Kate Randall
13 March 2020

Doctors and nurses on the front lines of the fight against the spread of the coronavirus in New England are warning of the dire consequences of a lack of testing kits for Covid-19, the disease caused by the virus. Nurses and other hospital workers are also being placed in danger by a lack of proper equipment to protect them from Covid-19.

Massachusetts Governor Charlie Baker, Republican, said Thursday that state public health officials now have the capacity to conduct four times as many tests as they did a week ago. But the new number of tests, 5,000, is woefully insufficient to test those who need and are seeking testing.

Massachusetts is one of the states with the highest number of Covid-19 cases, with state officials confirming on Thursday that the official tally of cases had jumped to 108. As in other states, however, health care professionals are warning that the real number is many, many times higher and that community spread is already well under way.

The majority of these cases stem from a leadership conference of executives of Biogen, a biotech company based in Cambridge, held at the Boston Marriott Long Wharf hotel February 26-27. Several days later, some conference attendees began to experience flu-like symptoms.

Numerous individuals connected to the conference went to Massachusetts General Hospital (MGH) or to their doctors requesting testing, but were rebuffed because they did not meet the criteria for testing at that time: symptoms in addition to recent travel to a breakout area or contact with someone known to have the virus.

According to the *Boston Globe*, on March 4, a “significant number” of people from Biogen came to the Emergency Department of MGH seeking testing. Dr. Paul Biddinger, chief of the division of emergency preparedness at the hospital, told the *Globe*, “For each person we talked to the [Department of Public Health] staff about these patients and whether or not they meet testing criteria.

“Some were tested and some were not.” Biddinger said that some of the Biogen walk-ins became “very frustrated”

that they couldn’t get the test and that there were “some challenging discussions.”

By March 6, MGH and Brigham and Women’s Hospital set up temporary testing facilities in their ambulance bays to test those connected to the Biogen conference. The vast majority of Massachusetts residents seeking testing, however, are unable to get tested.

David Dildine, a physician working in outpatient urgent care in the Boston suburbs, gave his personal observations in a Facebook post Wednesday. “I have seen three patients with symptoms and exposure to others who have tested positive for the virus. I have been in touch with Massachusetts Department of Public Health (MDPH) multiple times in the past few weeks. What I have experienced has scared me. I have never been an alarmist. I didn’t feel like this about Ebola, Zika or EEE. This is different. ...

“There have been other posts about what is going on in Italy and speculation about the devastation this will cause to our healthcare system. There has been reporting about the shortage of personal protective equipment for healthcare workers which could have been prevented. These and other stories have caused me to lose sleep.”

Dildine has been frustrated by the MDPH’s response to requests for testing, continually getting busy signals when phoning in. “MDPH does not have the capacity to handle this. I can only speculate about the response of other states with less robust public health infrastructure.”

He posts that secondary contacts to the Biogen case are still not being tested: “I do not believe we have contained that cluster and expect it to become widespread in MA in the coming weeks. I agree with others who suspect this has been spreading in the community. We don’t know because we aren’t testing.”

The *World Socialist Web Site* spoke to Christine Pontus, associate director in Nursing/Occupational Health at the Massachusetts Nurses Association (MNA), about the

concerns of nurses during the coronavirus outbreak.

“We’re just getting a handle on it,” she said. “It’s hard to get a handle on it because we have a limited amount of testing kits, so that’s one concern. We’ve been told that the kits will be available and that the CDC [Centers for Disease Control] will be coming up with protocols for when and how to test and how to contain it.”

Pontus spoke about the lack of protective equipment for hospital staff. “A concern for nurses is the PPE, personal protective equipment,” she said. “So, what’s been happening is that some are advocating for surgical masks as opposed to what the bedside nurse knows as the N95, which OSHA [Occupational Safety and Health Administration] has been pushing in the past in infection prevention, for a tighter fit. It allows people to get a pretty good fit, so that viruses and particles can’t get through.”

She said that some hospitals are now saying they’re low on the N95s: “They’re saying there’s not enough of them and you don’t need them unless you’re with a person who’s positive. But how do you know who’s positive?” because there aren’t enough tests to know.

“Why do we want to put hospital workers at risk? I understand that there are differences and variances and if you’re using social distancing you don’t have to be on top of the patient, but a bedside nurse is at the patient’s side.”

She added, “And if a patient is positive we want to know how to don and doff [PPE], put this stuff on and take it off correctly. Because you can infect yourself. So, there needs to be training. But with the short staffing across the board, we’re rushed on an everyday basis, never mind the crisis. And when people are rushed mistakes are made.”

Pontus described that current hospital cutbacks are exacerbating a situation that is already flawed. She said, “We don’t have a backup system because we’ve been lean, we’ve been cut to the bone. We’ve been operating with just a minimum amount of supplies.” She said cutbacks are being made on a daily basis “if the patient load exceeds what the estimates were by the bean counters, or the computer people who are doing this.”

She said that decisions in the hospitals are not being made on the basis of sound public health principles and worker health safety issues. She asked: “How about just scientific, sound health care principles? How about occupational health and safety principles? Just put that into the equation.

“How about nursing principles? How about medical and infection control principles? Seriously, all these principles, these specific areas of science have been ignored. And they’re being ignored because their voice was drowned out by a larger voice.

“I’m an older nurse and I’m not afraid to say it. The beauty of age is ‘been there, done that, seen it.’ I’m not

saying I’m a know-it-all, but I’ve seen better. And I think a lot of health care professionals would agree with me.”

Asked what she sees as the main driving force of this lack of preparedness, Pontus said, “Profit. It’s the bottom line. Everyone’s being driven to march to the bottom line. You’ve got people dictating and telling people to do things based on the bottom line, financials. I’m not an accountant, I’m not a financial person, but I can see what’s going on here.”

Pontus said that nurses have been doing “what they can to keep the health care system going, and it’s been bled dry.” She said that all the workers in the hospital—from the orderlies, to the people in the offices, to the doctors—were being affected.

“Yes, absolutely, every department, every worker,” she said, adding, “But my concern is that the nurses spend the most time with the patients at the bedside. The whole system has been affected by it, to the point that it affects the kitchen, what patients eat. I’ve had nurses tell me that they don’t have applesauce to give the pills at night because some of the hospitals run out.

“I’m board certified as an occupational health nurse. So, yes, every time I pick up that phone, every time I go to a meeting at the hospital, I’m practicing my profession. I’ve been practicing nursing for over 35 years.”

Pontus said that standards differ from hospital to hospital, “Because not every hospital has the same equipment, the same standards of operation, the same staffing. [At the richer hospitals] the lawyers, the financial people, they come in. They’re running these hospitals.”

She said the stress in the medical profession is becoming overwhelming due to the understaffing and cutbacks: “A lot of physicians will tell you that it’s hard to be a doctor. It’s just hard to practice your profession nowadays. It’s hard for nurses to practice what they know. Because you know what you have to be doing and you can’t. It’s just difficult to be in the medical system.”



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