“A lot of people don't get a ventilator when they come to a hospital now, no matter how young they are”

New York City paramedic speaks out about dire conditions amid the COVID-19 pandemic

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The World Socialist Web Site *spoke to a New York City paramedic about the unfolding disaster in the city’s health care system over the COVID-19 pandemic. New York is now the center of the pandemic. As of Monday night, 1,342 people have died and 67,325 have tested positive. Over 36,000 of the infected are in New York City. The interview has been edited for length and clarity.*

If you are a medical worker and want to speak out about your own experience with the COVID-19 crisis, please contact us *today.*

WSWS: Can you describe the situation that you and your colleagues are facing now as paramedics in NYC?

Paramedic: I’m mainly based out of Manhattan, but I also work in the Bronx. Some hospitals in Manhattan have not been seeing that many patients that we're seeing at Maimonides [in Brooklyn] or Elmhurst Hospital [in Queens]. All the public city hospitals [NYC Health + Hospitals] are getting swamped. They are running out of PPE kits. Last week, there was a picture showing nurses in trash bags at Mount Sinai West.

Dr. Colleen Smith at Elmhurst Hospital was videotaping the situation in the Emergency Room (ER). Now, she is facing disciplinary action; she might even get fired next week, at least that’s what I’ve heard from colleagues. As hospital workers, we're not even allowed to go on video with social media. If you do, you will probably never find a job in health care again.

All the hospitals were caught with their pants down in this public health crisis. At the start, comparing ourselves to China, we thought we were prepared, but we were definitely wrong. In EMS (Emergency Medical Services), we dropped the ball years ago. We've been running down ambulances from the fire department side. Forty ambulances are out of service, because we don't have crews to stock them. Twenty percent of our personnel have been cut, according to reports by the FDNY (Fire Department New York). The FDNY officially employs 4,500 people. A lot of trucks are out of service. We have even less ambulances now than we did in 2001.

FDNY reports that 20 percent are out of service now because they are either in quarantine due to positive exposure without symptoms or are positive COVID-19. We believe an additional 20 percent who went unreported are asymptomatic or are using their sick time to ride this crisis out.

There have been reports that this city is going to lose 50 percent of our workforce by the end of April because we’re told to go to work when we don’t have symptoms. As long as you’re asymptomatic you have to work even if you have tested positive. That is a city guideline. You only get seven days if you have serious symptoms like fever, and just three days if you get better. You won’t get paid past seven days and that’s not hazard pay, that’s from your sick time.

A lot of my partners have tested positive. I know many nurses and doctors have tested positive too. At my hospital, a nurse the other day had a fever, a cough, and a little bit of trouble breathing. She went to her manager and was told: “I don't have nurses to give up. You have to toughen it out.” It was a 12-hour shift.

In EMS, in a 24-hour period, we have been hitting 7,111 calls; that was Thursday. Today, when I walked off it was already about 5,000 calls, but the night shift was just about to start. One of my colleagues who used to have one cardiac arrest in his tour of eight hours is now doing 3-4 cardiac arrests every shift. It is bad. I passed Bellevue Hospital this morning, and I saw eight refrigerators [for corpses] between Bellevue and NYU. And we haven’t even seen the surge yet.

The situation is worst in Queens, Brooklyn and the Bronx. In order to backfill the boroughs, they are sending Manhattan units to the Bronx, or Brooklyn. There's a big problem with this. The neighborhood which that EMS unit used to serve no longer has a unit. So, say someone has a cardiac arrest there now another unit in a different location has to serve. You're adding five minutes, 10 minutes or 20 minutes, if not more, depending on the traffic. My ETA to a cardiac arrest the other day was 18 minutes.

Today in the Bronx, it took us almost five hours to get to this person who had chest pain and difficulty breathing. In fact, it was a husband and wife who both had tested positive. They had been home for seven days; they were in very bad conditions. In such a situation, all you can do is apologize for being late.

They just issued a new policy today [March 30], lowering the standards for the 911 ambulance units. Instead of two paramedics for a 911 ambulance, you now only should have one paramedic and one EMT (Emergency Medical Technician). And one EMT can go with one firefighter [who has less training in New York City than EMTs]. That’s even scarier.

This new policy will mean that the quality of care is being seriously reduced. We haven’t gone without double paramedic stock ambulances since FDNY took over EMS in 1996. The reason New York City used to be so strict about this guideline is that we are using medication that can be very lethal. If one paramedic gives the wrong dose for a cardiac arrest, this person is certainly not going to come back. The same goes for treating people with various cardiac or respiratory problems. The doses we have to give are very intricate and we can overdose someone very easily with the narcotics we carry.

Politicians are definitely playing the game. No one wants to admit that

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they have a problem of this magnitude in their city. If we as a city are not serving people, that points to a dire problem and a system that has failed. The easiest thing becomes for them to deny the problem that exists.

WSWS: Politicians from Cuomo to de Blasio and Trump have declared that there is, in fact, enough Personal Protective Equipment (PPE) for health care workers. Trump has also questioned that New York needs 30,000-40,000 ventilators to cope with the crisis. What is your response to this?

P: We don't have the PPE or equipment to adequately deal with COVID-19 patients. I've been using my personal N95 for four weeks, and I could not have gotten a new one without a friend. It's a completely soiled mask, probably infected at this point.

Our vehicles are not being checked; we don't have PPE kits. I haven't seen a department of health inspector in weeks. They don't inspect our trucks because we will not pass the department's check list.

A big problem for us is that they're changing the policies every other day. We were told last week to wear N95 masks, today we were told that surgical masks are enough. We have EMS workers who go to jobs without any PPE at all. Some units refuse to go to work before they get PPE.

One doctor suggested that we bleach our N95 and that's actually happening now at Maimonides Hospital. The PPE is locked up by hospital management and good luck getting 100 providers in a hospital with 100 percent of protection.

There is incredible price gouging going on. I went to a private provider the other day: they're selling N95s for $6 a piece. Some even charge $8. To produce it costs just 30 cents. A fully equipped viral kit costs $15. My hospital runs through close to one hundred PPE kits in about 3-4 hours. You have to calculate that for 24/7 and that's not even counting surges at peak time in a hospital. In addition, many companies won't take orders from hospitals of less than half a million units. So not only are you buying at an extremely high price, but you also have to place a large order or they're not giving you anything.

We also don't get firefighters anymore to help with a Fever-Cough [suspected COVID patients]. [In New York City, firefighters have CFR (Certified First Responder) level training and can perform basic life support if needed.] The FDNY has removed 90 percent of medical calls for FDNY. Now they only go to cardiac arrest, choke or drowning if the 911 text does not indicate FC [Fever-Cough]. They fear that the virus spreads further. If one firefighter gets infected, the whole station will be infected.

In the past, in 85 percent of cases they would be there before we would come. It takes 3-5 minutes for us as paramedics to fully put on our gowns and PPE—if we have it—and then get into the building. In a cardiac arrest, brain death occurs at four minutes without resuscitative efforts.

This is why the fire fighters were so essential to a cardiac arrest. They would start compressions or shock them right away. We're holding cardiac arrests now because we have no ambulances available to send. In the Bronx yesterday, they told us if an EMT goes to a cardiac arrest, they have no paramedics for that cardiac arrest. EMT are supposed to pick up that cardiac arrest and have to go to the hospital to pronounce them dead. That happens multiple times a day, in the Bronx, in Brooklyn, in Queens.

We've been pronouncing people dead in their own homes because we simply cannot come in time. We've been pronouncing people *a lot*.

The other day we brought a cardiac arrest to the hospital. She was a 32-year-old female, otherwise healthy, had no medical problems. We spent 40 minutes on her to get her heart starting, but we lost pulses once we got to the ER. The whole ER team looked at her and how much time we had spent on her [the national standard is 20 minutes] and said: you've been trying for 40 minutes, we have to pronounce her [dead], we don't have ventilators. You need to stop trying to save her life, because we don't have a ventilator right now.

We are told, especially if the patient is confirmed COVID, you can do your best at home, but don't bring them to the hospital, we don't have the ventilators or the staff to deal with it. That is literally what the doctor said.

The private hospital I also work for adopted the same policy. We're not doing compressions or BVM [bag valve mask, a handheld device used to provide pressure ventilation], or intubations anymore when they have a cardiac arrest. A nurse manager told me that this is a new policy to avoid infection of the medical staff because they don't know which patients with cardiac arrest have been infected. We're not even ventilating patients that are in cardiac arrest anymore.

Instead, the policy is that we're putting a nasal cannula [low flow oxygen delivery device], basically blasting them on oxygen with 25 liters of oxygen per minute [the average is 2-6 liters per minute]. This means essentially that we're not breathing for you anymore. It is passive oxygenation; the patient must take breaths on their own.

We've been using nasal cannula in the past as well but in a different way. We would not stop compressions, we would have them be done by a firefighter, and the paramedic at the same time would intubate the patient. However, even the best medical professional takes about 10-20 seconds to intubate a patient. So, in this interim period, we would do the nasal cannula.

Is the treatment now adequate? It's the best we got. It is going to better someone's oxygenation temporarily, yes, but once you stop the patient is going to crash.

It is a serious ethical question. The same goes for the sharing of ventilators which we are now doing. The ventilators are supportive care, they're not a cure. It means that we're giving your lungs some rest, so that you can fight the virus. There's definitely harm to hooking up someone who has a 20 percent lung damage with relatively mild pneumonia together with someone who has 80 percent lung damage with severe pneumonia. [Use of excessive lung volume or pressure settings can cause lung injury.] The question is how harmful is too harmful.

A few weeks ago, we were talking about Italy where doctors have had to choose who lives and who dies. That's literally what we do in New York City now. A lot of people don't get a ventilator when they come to a hospital, no matter how young they are. People don't understand that to be a COVID patient with cardiac arrest in a hospital is a death sentence.

WSWS: What are the main concerns of paramedics? What do you think has to be done to protect health care workers and first responders?

P: I know for a fact that we are all scared. We go into people's homes. We touch what they touch. We're going to their homes with gloves, goggles, and maybe an N95 from a few weeks ago. My partners don't have an N95, so we ask them to wait in the truck, since we have only one kit of PPE. We're trying to protect them and ask them to only drive.

One of the easiest and readily available things we could do is test first responders. One of the easiest ways for the virus to spread is for first responders to be sick. But they' re refusing to test us even when we're symptomatic. We're not getting tested, the doctors are not getting tested, nurses are working on their shifts for 12 hours and are told to toughen it out.

I'm not worried about myself, but I worry about my patients that are sick. You can still spread the virus even if you're asymptomatic. They are reserving testing for the sickest patients, and quite frankly they don't want to know that we tested positive. The city can just not afford asymptomatic workers to be put out. It's too expensive and we have no damn staff.

We are underpaid. We're underequipped and we're the front line of the city's crisis right now. We particularly need N95s and at least one N95 issued per shift. The standards by the Center for Disease Control and New York state was one N95 per patient. Reusing PPE is completely out of the question. That's the baseline of our practice.

If we had more PPE in the hospital or EMS, we would not be so damn afraid to show up to these calls. We are scared of infecting our families. I have elderly parents and a child at home so I'm staying elsewhere now. I

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called the Four Seasons Hotel; they were nice enough to put up the ad [for free rooms for health care workers]. But they told me there is no room.

Most of us are young in EMS. Many in EMS have underlying medical conditions like asthma. One of them is now in critical condition, even though she just had mild asthma. I'm a cancer survivor. Do you think I want to be on the street with confirmed cases? No, but people need help, and this is not the time for me to back out. I'm being told to not work; my chances of getting out of the hospital if I had the diagnosis are 10 percent. But I've made my peace with it. People need help and I'm not just going to abandon these people.

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