

US health care workers face retribution for criticizing unsafe hospital conditions

Benjamin Mateus
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The modern version of the Hippocratic Oath, written in 1964 by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, asks physicians to take heed that they are treating human beings, whose illness may affect the person's family and economic stability. It says that their responsibilities include these related problems if they are to heal the sick adequately. It also reminds them they are a member of society that carries special obligations to all their fellow human beings, "those sound of mind and body as well as the infirm."

Almost four billion people are under some form of restriction in response to the pandemic. In the US, the number of cases is fast approaching nearly 300,000, while almost 7,000 people have perished from COVID-19. In New York state, approximately 400 people died yesterday, raising the total to almost 3,000. Mayor Bill de Blasio of New York City said on MSNBC, "Unless there is a national effort to enlist doctors, nurses, hospital workers of all kinds and get them where they are needed most in the country in time, I don't see, honestly how we're going to have the professionals we need to get through this crisis."

Yet health care workers, physicians, nurses, hospitals and medical workers in all areas of the health system are coming under the threat of being fired for speaking out on conditions where they are being asked to work without proper protective equipment. Hospital systems are warning them not to publicize what has amounted to a complete systemic debacle at every level from the federal government, state, and local authorities to medical systems in every locale in the nation.

The White House task force on the coronavirus, after weeks of denials and optimistic appraisals, has mostly acquiesced to real data that the best estimates for fatalities range from 100,000 to 240,000 people, and this only under the strictest of mitigation scenarios. There are continued promises of ventilators that have yet to materialize, test kits that are still en route, and masks and respirators that have been placed in commercial venues to go to the highest bidders.

The case of Dr. Ming Lin, an 18-year veteran of the emergency room in Bellingham, Washington, has grabbed national attention. He was fired last Friday for giving an interview to the *Seattle Times* after going public on Facebook that a lack of precautions at his hospital was unnecessarily exposing the staff to COVID-19 infection. He wrote, "PeaceHealth is so far behind when it comes to protecting patients and the community but even worse when it comes to protecting staff. As you know, there was an article in the *Washington Post* where two ED doctors are in respirators as a result of coronavirus. One in his 40's in Seattle who was wearing a full PPE suit."

He explained to the *Seattle Times* that the measures now being implemented at PeaceHealth only occurred after his "public protestation." The hospital had also asked Dr. Lin to retract his public statements, which he refused to do. His contract with TeamHealth, a national firm that contracts with PeaceHealth's emergency department, was terminated. Neither TeamHealth nor PeaceHealth St. Joseph Medical Center would comment to reporters.

The American Academy of Emergency Medicine issued a position statement on March 28, wrote, "It is an essential duty of a physician to advocate for the health of others. Dr. Lin, as a member of the medical staff, is entitled to full due process and a fair hearing from his peers on the medical staff. TeamHealth, a lay corporation owned by the private equity company, the Blackstone Group, should not be the employer of Dr. Lin according to the laws of the state of Washington. Their hand in this termination is not only inexcusable but likely impermissible." Blackstone Group acquired TeamHealth in 2016 for \$6 billion.

Testing continues to remain a significant problem for medical centers. Though the privileged layers of the media and celebrities can quickly obtain tests reported in hours, as was the case with CNN anchor Brooke Baldwin, a New York-based nurse who was working at two hospitals while infected with COVID-19, speaking anonymously, said the emergency departments refused to test the staff. She declined to give her name or that of the hospital's on fear of

losing her position and being blacklisted.

In the United States, over 200 health care workers have become infected. According to Medscape, more than 100 throughout the world have died. In total, 22 health care workers in the US have died from COVID-19, many nurses or workers in the emergency rooms in various cities throughout the nation.

Ruth Schubert, a spokeswoman for the Washington State Nurses Associations, said, “It is outrageous. Hospitals are muzzling nurses and other healthcare workers in an attempt to preserve their image. Healthcare workers must have the ability to tell the public what is going on inside the facilities where they are caring for COVID-19 patients.”

As Bloomberg News has noted, privacy laws may prohibit disclosing specific patient information, but this does not preclude a discussion on work conditions and safety. Yet NYU Langone Health’s executive vice president of communications warned employees that should anyone speak to the media without prior authorization, they would be “subject to disciplinary action, including termination.”

Lauri Mazurkiewicz, a nurse at Northwestern Memorial Hospital, was summarily fired for emailing her fellow employees, warning them that the masks provided by the hospital would not protect them against COVID-19. The hospital had told the staff they were not allowed to wear the N95 mask on hospital grounds. When she wore her N95 to work the next day, her employment was immediately terminated. She is currently suing the hospital for unsafe conditions.

Many nurses and doctors have turned to social media to express their frustrations as well as seek advice on how to find PPEs or configure them from industrial supplies. In each post, they write that they fear becoming infected, not being able to care for their patients, and, worse, infecting their patients and families. Dr. Ania Ringwelski, an emergency room physician at Weill Cornell in New York who procured her own PPE, told the *New York Times*, “I want to help out, but I need to feel protected. I’m not expecting the hospital to provide it in this time of shortage, but if I can get it on my own, then I’d like to be able to wear it.” She wasn’t allowed to wear it and sent home with an uncertain prospect.

New York Times columnist Nicholas Kristof is a frequent defender of American military intervention in the name of defending human rights, as well as promoting the right-wing #MeToo campaign. He was nonetheless impelled to admit, “It’s baffling that the richest country in the history of the world fails so abysmally at protecting its health workers, especially when it had two months’ lead time. And for the hospitals now to retaliate against health workers who try to protect themselves—ousting them just when they are most

needed—is both unconscionable and idiotic.”

On Thursday, the New York State Health Department issued a directive to hospital administrators and nursing and medical directors that they should plan and prepare to work without PPEs. The state’s health department directives also outline that health care workers who have recovered from COVID-19 will be assigned to treat infected patients. They also recommended that all expired and used facemasks should be saved and not distributed to patients.

The capitalist mode of health delivery is more than bankrupt. It is demonstrating utter disregard for the safety of its workers and patients. When the entire globe is in the throes of battling a dangerous pandemic, the very last thing that is required is subordination and allegiance to the dictates imposed by profit-seeking health care delivery enterprises.

The very oath that health care workers take requires of them a close identification with those they treat, seeing both their patients and their co-workers as fellow human beings with value. It is, therefore, necessary for physicians to organize with nurses and other health care workers against what amounts to utter disregard for their own safety and the safety of their patients. As one worker in a Michigan tertiary care hospital stated eloquently, “They encourage us to speak out against each other through safety events reporting but turn on us if we speak out against them.”

The corporate greed that runs rampant through the health care industry is threatened when physicians turn against them, because this can ignite the powder keg that sits under the whole infrastructure. Termination for insubordination is a desperate attempt to contain a social crisis that is soon to burst open as an existential threat to the present social regime. Already nurses across 15 hospitals across the country will be staging protests demonstrating against the dangerous working conditions the community is facing. In addition to organizing their own protests, health care workers must come to the defense of Amazon, warehouse, transport and other essential workers and coordinate and unite their struggles together with the whole working class.



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