

New Jersey hospitals cut staff as COVID-19 cases surge

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Last week, several hospitals in southern New Jersey announced that they would cut hospital staff even as the coronavirus pandemic is ravaging the state.

The CEOs of Shore Medical Center, AtlantiCare Regional Medical Center and Cape Regional Medical Center explained in a column for the *Press of Atlantic City*, that they had to adjust “staff and other resources” because of the falling income from canceled elective surgeries. On Monday, every employee at Shore in Somers Point received a letter offering “voluntary” layoffs. Other hospitals are asking their staff to take a reduction in their hours or a furlough. Similar reductions in staff, as well as pay cuts to physicians and nurses now fighting to save the lives of COVID-19 patients are being taken across the United States.

The layoffs and cutbacks come as the pandemic is only beginning to fully hit New Jersey and many other states. On top of decade-long budget cuts to health care, a shortage of ventilators, personal protective equipment (PPE) for hospital staff and hospital beds, they will contribute to an increasing death toll.

New Jersey, which has a population of 9 million, has more cases than any other state in the US except neighboring New York. As of April 6, New Jersey had more than 41,000 cases of coronavirus. This number is higher than that of all but eight countries. At least 132 of the state’s 375 long-term care facilities had reported at least one case of coronavirus, and all four psychiatric hospitals had reported at least one case. In all, 1,003 people in New Jersey have died of coronavirus, more than the 704 New Jersey residents that died in the terror attacks of 9/11.

New Jersey governor Phil Murphy estimates that the state is about a week behind New York in terms of the rise in the number of cases. The peak is expected within approximately two weeks.

Like all states in the US, New Jersey started testing far too late. A nurse who is employed at several northern New Jersey facilities described the surge in patients to the WSWS: “First, the testing criteria was much too strict for too long ... we were only supposed to send patients for testing if they had come from a high risk country such as China or Italy, or if they had direct contact with someone else who had already tested positive for COVID-19. At the very earliest (late February or early March) there was really nothing to do for these patients but diagnose them for something else (pneumonia, lower respiratory infection, etc.) and send them home.

“So, weeks were lost when stricter public health measures should have been instituted. Then, even when the testing criteria were relaxed to include people with symptoms (cough, shortness of breath, and fever), testing was still difficult to obtain. Even now, there are not enough tests. ... I’ve heard some epidemiologists suggest that the actual numbers are up to 90X higher than what is being reported.”

The surge was initially expected to occur during the second week in April, but hospitals in the northern part of the state began seeing a sharp increase in infected patients as early as April 1. As of April 1, eight hospitals were in full or partial “divert” status. This designation means that a hospital, or one of its units, is temporarily unable to accept new patients, and that these patients must be diverted to other hospitals.

St. Mary’s Hospital in Passaic, one of the poorest cities in New Jersey by per capita income, was in full divert status, as was Robert Wood Johnson University Hospital at Rahway. By April 3, about 12 hospitals’ emergency rooms temporarily had become too full to accept new patients. Several municipalities, including Newark, whose population has been exposed to

poisonous lead in the water for years, have gone into lockdown.

The US Army Corps of Engineers is establishing emergency field medical stations in the Meadowlands Sports Complex and nearby Secaucus. Patients who do not have COVID-19 but need critical care will be moved from hospitals to the field medical stations to make room for patients with coronavirus. State officials and the Corps plan to set up similar facilities in Edison and Atlantic City, which would add 1,000 new beds. In addition, the state may reopen Woodbury Hospital and St. Joseph's Health in Paterson, which would make another 1,000 beds available for patients who need less acute care.

These short-term arrangements will do little to meet the actual need for hospital beds. New Jersey currently has 23,000 hospital beds and 71 hospitals. A recent study by Rutgers University found that even with maximum and early action of the state to enforce social distancing—something that did not occur—New Jersey would fall short by 33,455 hospital beds by mid-October. In the worst case scenario, New Jersey will fall short by 85,410 hospital beds by mid-May.

As is the case across the country and in Europe, medical staff in New Jersey suffer from a desperate shortage of personal protective equipment. In early April, pictures surfaced of workers in New Jersey nursing homes, which are among the hardest hit by the pandemic, resorting to wearing trash bags because gowns were unavailable. An unknown number of medical workers have been infected, and at least one nurse and one doctor have died.

A long-time friend of Dr. Frank Gabrin, a New Jersey ER physician who passed away from COVID-19 last week, told the *New York Post*, “He had one medical kit—including the face mask—for a whole week. He had one pair of gloves. They ran out of the large and extra-large gloves and Frank had to try to wear a size medium. Every time he put them on they ripped. They ran out of soap.”

New Jersey also does not have enough ventilators, which can mean the difference between life and death for critically ill patients. At least 50 percent of patients requiring hospitalization may need ventilators, and that proportion could increase.

Describing the state's need as dire, Governor Murphy, a Democrat, requested 2,500 ventilators from

the Strategic National Stockpile. President Donald Trump has sent the state only 850 ventilators so far and may well refuse to send more. Last Thursday, his son-in-law and senior adviser, Jared Kushner, declared, “The notion of the federal stockpile was it's supposed to be our stockpile; it's not supposed to be state stockpiles that they then use.” This pronouncement flagrantly contradicted the mission statement for the stockpile that had been in place since at least 2018. The White House quickly changed it to match Kushner's fiat.

But even the Strategic National Stockpile has a shortage of ventilators. As a result, many states are bidding on new Chinese ventilators. But, in a concrete illustration of the irrationality of capitalism, states are competing against each other and against the Federal Emergency Management Agency to buy this equipment. As demand surged, the price of a ventilator recently increased from approximately \$25,000 to more than \$50,000. “We have not been able to get a nonfederal source for acquisition for ventilators successfully,” said Murphy, calling into question a crucial part of the state's preparedness.

Some hospitals already are using all their ventilators. Others, forced to improvise, have been using anesthesia machines as ventilators. New Jersey likely will be forced to ship ventilators back and forth between hospitals, but the time spent transporting ventilators almost certainly will translate into lost lives.

New Jersey's shortage of hospital beds and ventilators is particularly scandalous when one considers that the state is the second wealthiest in the US. Major pharmaceutical companies like Johnson and Johnson and Merck have headquarters in New Jersey. Murphy himself is a multimillionaire and former Goldman Sachs executive who owns homes in Germany and Italy.

The current state budget, passed in 2019, included \$48.5 million in cuts to education and hospital spending. This amount could have bought 1,940 ventilators at their original price.



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