

The COVID-19 crisis in New York City

Nurses at Elmhurst Hospital speak out: “I’ve never seen so many young people die”

Clara Weiss
9 April 2020

The names of the nurses have been changed to protect their identities. If you are a medical worker and want to speak out about the crisis of the health care system amid the COVID-pandemic, please contact the WSW.

Elmhurst Hospital in Queens, part of the New York City public hospital system, has been described as the “epicentre” of the coronavirus outbreak in the city. Elmhurst Hospital has a total of 545 beds, all of which are now being turned over to treat COVID patients only.

In late March, Colleen Smith, an emergency doctor, sounded the alarm in a video which exposed the conditions in the hospital. The facility is running low on personal protective equipment (PPE) for its staff, and running low on nurses, on doctors, on ventilators, and even on medication.

The *World Socialist Web Site* spoke to two nurses at the hospital, Elizabeth and Leyla, who have both been working for weeks with COVID patients.

Elizabeth is a critical care nurse in the surgical intensive care unit. “We have about 50-60 patients on ventilators, and roughly 300 COVID patients overall in the hospital. Most of them have pneumonia, they need oxygen but they’re not at the point where they need to be intubated, but that can happen any time. That’s how easily people deteriorate. Yesterday, two people died. Today at work, another two people died.”

“The stress of the staff is through the roof. They moved all the chemo patients, and we are not taking in cancer patients or level 1 trauma patients anymore. People are still driving, people are still breaking their legs and hips, but they’re not going to come to my hospital anymore.

“It’s very depressing, you take care of these patients all day long, and the next day you come in and they’re gone. Most of them are young, our age and younger. It’s very, very emotionally exhausting. I’ve never seen something like this, I’ve never seen so many young people die. It’s terrible. We’re totally unprepared for this. People are going to die, lots of people are going to die and it’s going to be like Italy.”

Leyla, a nurse in another unit, said, “Once you enter the hospital, everything changes. It feels like a dangerous, frightening movie. It’s fear, once we’re in the hospital we feel

scared. So many of the nurses have kids, the kids are small and are looking for answers. They have the same look. And the cleaning people too, in everyone’s faces you can see fear.

“No one wants to work, but we feel that we have to. Not that many people call out sick, and that’s the thing that I like. Everyone has that feeling that they’re needed. I spoke to PCA [Personal Care] nurses, they’re nurses that clean the patients, and they told me that yes they feel scared, and that they could die, but when they come to work at least they get the joy of knowing that they’re helping someone.”

Elizabeth added, “Out of 12 patients [in my unit] 11 were men. A lot of them seem very obese and a lot of them have uncontrolled diabetes. Many are immigrants but at Elmhurst Hospital it’s always like that. We’re a public hospital so we treat everybody, and Elmhurst is the most diverse neighborhood in New York City.”

Elizabeth said that in her unit, the nurse-patient ratio was still 1:2 “but it could change to 1:3 to any time. We have 12 patients and six nurses, but I don’t know what’s going to happen next week. Out of the 32 nurses we have in the unit, six are out sick [from COVID].”

In Leyla’s unit, the nurse-patient ratio is much worse. “Nurses usually have a patient ratio of 1:6, every nurse has 6 patients. But now, we are taking 11-12. A single nurse is doing the work of two nurses. I get so tired; I don’t want to do anything. One of my friends tested positive, and now she’s in isolation. Two of my other friends have been exposed, and there is not enough PPE.

“Every day it’s like a battlefield, do you understand? [You are] five minutes in and you’re already taking care of a patient in critical condition. You have to resuscitate the patient. Many survive but many are dying and dying. Before our own eyes we’re seeing people dying. It’s hard. We can save one patient, but then another’s condition worsens. The manpower is low, so we often can’t go help.

“After resuscitating so many people, I sometimes feel like I might collapse and need help. Resuscitating patients requires a lot of people, you need groups.”

The stress on nurses like Leyla who are not critical care

nurses is particularly high, because they were not adequately trained to treat such conditions. In the past, Leyla used to treat patients who had had strokes or neurological disorders. The adjustment to treating COVID patients, she said, was very difficult.

Elizabeth explained: “They take all these nurses who are not doing anything else because elective surgeries have been canceled, and now they are taking care of COVID-19 patients. The stress is phenomenal. They’re taking care of patients that they’re usually not taking care of, it’s really not safe.”

Due to shortages, nurses and doctors are being forced to reuse protective equipment, in contravention of CDC and World Health Organization guidelines. “We were told that we could wear only one N95 mask for 5 days. Unless it’s visibly soiled, you cannot get a replacement for it. Every day we come in we don’t know whether we’ll have proper PPE for ourselves.”

The exposure of the medical workers to infection is also heightened by the lack of negative pressure rooms. “I’m sure a lot more of us are positive because we don’t have negative pressure rooms,” Elizabeth said. “You need negative pressure rooms for COVID-19 patients because this is an airborne disease. Negative pressure rooms make it a lot less likely that you get infected.”

Leyla added: “Last month we went almost without any protection. We had very limited supplies. It’s only just recently that we started getting masks. Look at [South] Korea or Japan, they had full body protection. We don’t even have face-shields.”

She said she and her colleagues had “all written to the union for help. My friends in quarantine, they’ve written to them as well. I don’t think they’re [union] doing anything about it. They [only] take dues out of your paycheck.”

In addition to shortages of PPE, there are also shortages of staff, ventilators and medication.

“I know we need ventilators desperately,” Elizabeth said. “They were looking for 10 ventilators today in the ER, I don’t know whether they found them. They keep saying we need ventilators, but we also need nurses and respiratory therapists. The respiratory therapist is the one who hooks up the patient to the ventilator. You can’t take care of anybody unless you have the people to do it.”

“These patients are all on heavy medication. They are in such bad condition that they cannot even be touched, or turned, because as soon as you do anything, their oxygen goes down and they start crashing.

“It’s not just the ventilators keeping them alive, it’s also medication, which we are running out of. There is a shortage of fentanyl, propofol (a sedative) and other drugs. The patients are on the maximum amount of these medications to keep them sedated. Every day the pharmacies are saying: we’re running out of this and we’re running out of that. They never had this amount of patients on all these medications before and I don’t think they can make it fast enough.”

The drug shortages are a nationwide phenomenon which threaten a further rise in death and suffering. Between March 1 and March 24, there was a 51 percent increase in the demand for half a dozen different sedatives and anesthetics that are used to intubate COVID patients. The fill rate (the rate that filed prescriptions are actually filled and shipped to the hospitals) declined from 100 percent at the beginning of March to just 63 percent by March 24.

The demand for three analgesics, including fentanyl and morphine, rose 67 percent, while the fill rate dropped from 82 to 73 percent. The demand for four neuromuscular blockers rose by 39 percent, with a fill rate of just 70 percent. Given the explosive spread of COVID-19 in recent weeks, it is all but certain that the fill rate has since declined even further.

On top of all the pressures of their work, many healthcare workers are still struggling to get tested. Moreover, they are facing serious emotional stress because they fear exposing their families.

Elizabeth said, “I’m taking care of COVID-19 patients every day. Why can I not get tested? I think they don’t want us to get tested because they don’t want nurses out for 10 days. I have a co-worker out for more two weeks already, he has a serious fever and it hasn’t been going down. I check my temperature every day, I have had a headache, but everyone says if you were wearing the N95 [mask] all the time you can get a headache. I’ve had a lot of body aches.

“We’re all trying to get appointments to get tested, but they put you on hold and never get back. I sent my two sons away who are in college because I’m taking care of COVID-19 patients and my daughter is also a nurse taking care of COVID-19 patients. She’s quarantining herself in the basement and I stay in the family room by myself.”

Leyla concluded: “We hear in other countries that [medical workers] are given certain facilities. We need those too. We should have a place to quarantine ourselves to prepare. ... The lack of preparedness shocks me. We had two and a half months. In late January we started to see a lot of cases in China, but where’s the preparation? And this is supposed to be a powerful country? It can’t even prepare for a pandemic.”



To contact the WSWP and the
Socialist Equality Party visit:

wsws.org/contact