

# UK NHS workers speak to the WSWs: “Is it worth clapping the NHS without ensuring the safety of frontline workers?”

**Our reporters**  
**14 April 2020**

A haematology doctor from a hospital in Wales told the WSWs, “It is utter negligence and lack of commitment not to supply PPE [personal protective equipment] at least to the frontline NHS staff, wasting about three months since the outbreak of COVID-19.

“No one is wasting PPE in the hospitals, so [Health Secretary Matt] Hancock’s accusation against NHS workers is really evil. He is trying to hide his inability to supply enough PPE and put the responsibility onto innocent NHS workers.”

Another doctor from Wales, who works as a pathologist, responded angrily to Home Secretary Priti Patel’s refusal to apologise for the overwhelming lack of PPE equipment, “She narrowed it down to an ‘unprecedented event of COVID’ although the pandemic was predicted months ago by the World Health Organisation. This type of pandemic was predicted by Exercise Cygnus in 2016.

“Is it worth clapping the NHS without ensuring the safety of NHS frontline workers? Isn’t it criminal to ask the NHS workers to go to the frontline without proper protective armour? These are the questions asked by NHS workers in my hospital.”

A senior health care assistant told the WSWs his ward had been converted to a “Red Ward,” for COVID-19 patients only.

“I think Hancock is blaming health workers for misusing PPE to cover for the limited PPE resources. He’s saying there’s enough PPE to go around. There isn’t because we’ve had to scale down due to a national shortage. If there was plenty, he wouldn’t have to raise its misuse, which is a lie, we are not misusing it!

“We are having to scale down our PPE. The blue protective gowns are going to be replaced by basic white aprons. We were told blue were unnecessary and were told at the same time that there was a national shortage. I asked what was driving the policy, that it was no longer necessary—was it cost? We’ve got a stash of blue gowns, smuggled to us by a kindly housekeeper, but cleaning staff are refusing to go on the ward without blue aprons. It’s creating an atmosphere—some of us are saying ‘we do personal care and are in close proximity with patients, you cleaners aren’t.’ If we all had a good supply this wouldn’t

happen.

“There’s already squabbles taking place between health workers and cleaners etc over it—a fight over limited gowns mainly. There should be enough gowns for everyone.

“My polite response is, Hancock’s a criminal—as is [Prime Minister Boris] Johnson and his government. As for [Home Secretary] Priti Patel, she’s raising the unprecedented nature of the pandemic as an excuse for the pressure on the NHS regarding PPE, but they knew about a possible pandemic in advance and ran this exercise Cygnus, which showed massive failings and inability for the NHS to cope well in this situation, but they did nothing.

“I agree with what the leader of the RCN [Royal College of Nursing] said when Hancock spoke of ‘precious resources’ meaning PPE and she raised the point that the precious resources were the staff, human life. I know she said it for her own political reasons, but it was correct.

“I totally oppose this government’s response. Herd immunity was the eugenics approach and was criminal. I do not believe a word any of them say. This pandemic cannot be fought, let alone beaten under capitalism. It’s just the ‘new normal.’”

A microbiologist from a London hospital told the WSWs that “liberal amounts of PPE should be supplied to staff, so that they feel safe and enthusiastic to work. Further, their mentality will be improved. Otherwise, they will become discouraged and frightened to work.

“Matt Hancock’s and Priti Patel’s remarks will definitely discourage NHS workers and dishearten them further.

“I wonder why the government is so conservative about the utility of PPE?” he continued. “Over the last three months, they could have supplied massive amounts of PPE if they really wanted to. Always, the government officials ask people to protect the NHS but they are the ones who destroy it, at present and historically.

“Ideally, no NHS worker would be killed, if they were given proper protective PPE.”

A doctor from Birmingham told the WSWs about his experiences at the Dudley Hospital, between Birmingham and Wolverhampton. Outside of London, Birmingham is at the

epicentre of the UK outbreak in the Midlands.

“Hospital policy changed ‘no’ to ‘yes’ [180 degrees] from April 3 about PPE usage, after the death of two nurses in UK,” he explained.

“We have been given proper kit, including N95 (FFP-3) face masks and after-fit tests. By this time, many HCWs [hospital health care workers] would have contracted the disease in the hospital. But there are still no separate kits given to see different patients.

“I deplore the conservative policy regarding PPE. Before the [current] supply of PPE, some doctors did not go near patients to draw blood, for fear of getting COVID, even with surgical masks.

“There is no accepted programme for protecting NHS workers from COVID, even though the BBC says every half hourly, ‘Protect the NHS.’ Staff and family members are now tested for the virus if they have had fever, since there are staff shortages. The policy was totally against testing staff 10 days ago.”

The doctor explained how patients’ chances of recovery are being jeopardised because of delays in treatment, “Most patients get admitted at the last moment, due to the advice given by 111 [NHS first stop helpline]. They advise a patient to get admitted (ring emergency 999) if he/she cannot complete a sentence due to respiratory distress, which is very rough guide to respiratory failure. Earlier admissions would enable doctors to save them.

“If the prime minister was admitted to hospital on this criterion, the outcome would have been disastrous. I think this crude guide could be the reason for the higher death rates in ITU [intensive care unit] patients, which is roughly 50 percent.

“Some patients in the wards, who have a DNACPR [do not resuscitate] in situ, can complete a sentence easily even if the oxygen saturation is considerably low.

“The above inhumane guidance and policies are the product of hospitals being overwhelmed, due to the government’s herd immunity policy causing huge delays in carrying out lockdowns and school closures.”

A staff nurse for the Royal Bournemouth and Christchurch Hospital NHS Trust sent in the following comments to WSWs: “During the course of my work I am asked to care for suspected and confirmed COVID-19 patients. Although I consider myself to be fit and healthy, I am nevertheless concerned about the possibility of becoming unwell and even losing my life as a result of contracting the virus at work. I am proud to be a nurse and I wish to support my community by offering my service as a caring professional in the fight against this pandemic. In order to do this well, I must feel confident that I am protecting myself as best I can against contracting the virus while working.

“I have been ‘fit tested’ for the FFP-3 mask which is the most effective mask to avoid becoming infected as it has a filter that stops you inhaling COVID-19 droplets in the air and is

very tight fitting. Wearing an FFP-3 mask, goggles or visor, full surgical gown, gloves and hair net is the gold standard for protective equipment when caring for patients with COVID-19. Unfortunately, in light of a global scarcity of PPE, the WHO and Public Health England have made a dangerous distinction between protective equipment recommended for AGPs [aerosol generating procedures] and non-AGPs when caring for suspected and confirmed COVID-19 patients.

“AGPs are procedures such as intubation, providing high-flow oxygen therapies and suctioning of the respiratory tract. Although it is undoubtedly true that undertaking AGPs poses a greater risk of becoming infected, this should not negate the risk posed by undertaking non-AGPs without wearing sufficient protective equipment.

“At present, the guidelines dictate that nurses and doctors caring for confirmed and suspected COVID-19 patients should do so wearing only a flimsy, loosely fitting surgical mask, basic plastic apron, gloves and eye protection, unless they are performing an AGP. This is wholly inadequate and is too much of a risk to ask health care professionals to take. Just because you are not performing an AGP when caring for a COVID patient does not mean there is no possibility of them coughing or sneezing droplets in the air while you are in close proximity with them.

“While wearing a simple surgical mask with gaps between it and your face, the risk of droplets being inhaled is very real. If we become infected, how many colleagues and patients will we in turn put at risk before we exhibit symptoms?

“With constant reminders in the news every day of health care professionals dying as a result of coronavirus, is it not reasonable to demand access to the safest PPE at all times when caring for suspected and confirmed COVID-19 patients?”



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