

NHS staff condemn UK health worker deaths and government herd immunity strategy

Our reporters
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National Health Service (NHS) and social care worker deaths from COVID-19 passed the grim milestone of 200 Thursday evening.

The UK has registered the highest number of fatalities in Europe from the virus. Under these conditions the Conservative government is making preparations for a “back to work” drive that will lead to thousands more unnecessary deaths.

Healthcare workers are angry. A Welsh doctor who works as a haematologist—including treating patients with blood cancer told the WWSW, “If health care workers were provided with proper PPE (personal protective equipment) and scientific advice at the proper time by an independent panel of scientists, none would have died. They were killed by the government allowing hospitals to be overwhelmed due to their criminal herd immunity policy.

“Liberal testing, contact tracing, scientific methods of quarantining would have saved lots of lives. Instead of these measures, they promote clapping for care workers and continue their criminal herd immunity policy. I think the majority of HCWs know that the government does not care about their lives.”

Stressing that the pandemic has overwhelmed the NHS, the doctor continued, “The BBC says it will take about five years to clear surgical lists! This means it is likely the NHS may need to hire private surgical groups. Even without the pandemic, the NHS had adopted this policy to cover available lists due to lack of staff, space and instruments, entailing huge costs.

“At the moment, almost all our clinics are being managed via telephone or video. This invariably makes patients unsafe, due to less intimate doctor-patient relationships without examinations.

“General Practitioner services are almost all carried out via virtual techniques, compromising patient care

and it will create a backlog, putting patients into great difficulties. One GP in North Yorkshire explained to me that the surgery cannot cope with patient demands for home visits. Patients are very reluctant to go to hospital, even if it is essential, due to fear of COVID-19. Referral systems [from GP to hospital] are not up to standard methods.

“A haematology doctor in Birmingham told me their service is compromised because they have been asked to manage COVID-19 patients. Some patients with lymphomas may now stay at home until the cancer get advanced, resulting in management difficulties and poor prognosis.

“A specialist in Bristol says that there are no services from the rheumatology, neurology, radiology, cardiology and pathology departments because they have been asked to see COVID-19 patients.”

The huge backlog of patients requiring treatment will translate into tens of thousands of unnecessary deaths on top of the growing COVID-19 toll.

A Higher Care Assistant in a Liverpool hospital told the WWSW, “Health care workers have died due to a conscious policy pursued and continued by the Tories.

“Professor [Neil] Ferguson was set up and snared in a ‘sex scandal’ to discredit the ‘stay at home policy’ and to facilitate this ‘back to work,’ ‘business as usual’ campaign. It’s criminal. It was about trashing the science by trashing the scientists behind it.”

Professor Ferguson, an epidemiologist at Imperial College London was recently forced to resign from government advisory body, SAGE, because his married lover visited him and broke conditions of the lockdown. He warned the government in March that up to 250,000 could die and is held responsible by the ruling class for the government enforcing lockdown.

The health care assistant works in a gerontology

ward, for patients with dementia. It had temporarily been turned into a red ward for COVID-19 patients until Monday.

“Our patients were moved to yellow wards, for people who have survived the virus or who are swabbed and waiting results. Everyone said they were scared, but then got stuck in. You get a real sense of the courageous nature of the working class. The ward accommodates about 18 to 21 patients when full. There are nine patients at the moment, all COVID-19 positive apart from one who is palliative, unrelated to the virus.

“A temporary morgue was built on the grounds of the hospital. It creates a kind of feeling that either they know something we don’t, or they’ve overestimated figures, but then you see the numbers who’ve died and realise that can’t be the case.

“We’ve been told all patients who fit the criteria for our red ward—no ventilation treatment and a do not resuscitate policy (DNAR) who tested positive in the Royal Hospital—are coming to us. So, it feels like the calm before the storm and maybe it is. Especially with this ‘back to work’ lifting lockdown policy—there seems to be a playing down of the virus in work, in the media—which will see a second wave for sure.”

Staff were struggling to obtain the correct PPE, despite repeated government pledges.

“On March 19, Public Health England (PHE) along with the Advisory Committee on Dangerous Pathogens, no longer classified COVID-19 as a ‘high consequence infectious disease’. What was this change in policy based on? It seems to contradict the WHO (World Health Organization) and it doesn’t make sense. As the pandemic was beginning to hit the UK, they downgrade it.

“An environmental health officer came on the ward recently, very patronising and any worries we have were poo-pooed. Public Health England are now not to be questioned. The officer said that we do not need the blue gowns, we do not need the special ffp3e masks, just standard surgical ones. The blue gowns and special masks are to be prioritised for ICU [intensive care units], which intubate and use ventilators.

“I raised about the mask and was put down with, ‘No no, the masks are perfectly adequate because the virus is spread through droplets.’ Yet I’ve just read an article in *Nature* that the virus is air bound. The policy of the NHS has always been ‘Clear from the elbows

down’ [wash hands and arms from the elbows down], according to him, so we now wear a white apron/pinny, visor or goggles, general surgical mask and gloves. They frown upon blue aprons now.

“We raised about the printing of posters a while back for red areas that had a person with a blue gown on. He said the trust went ‘above and beyond’ to make the staff feel safe, but the blue gowns were never necessary. All this has coincided with them running out of PPE. I understand that ICU are a priority, but the answer is to make more PPE so everyone has it.

“The hardest part is constantly being told PHE are correct—the gear is correct—and being hit with information and ‘science’ that undermines your concerns. Plus, the policy is changing day by day!

“Domestics can wear blue gowns (long sleeved) if they want because some refused to work without them. We have a supportive young doctor on the ward. She’s had the virus. She was telling me that environmental health basically alluded that staff were not using PPE correctly. Disgusting—plus the government acted so late that we weren’t even wearing PPE until mid-March!

“When I asked about testing [for coronavirus] I was told, ‘Well we could test you and you test negative, then you go out and get it at a supermarket,’ etc. I thought the reason to test isn’t to identify who hasn’t got it, but who has and to isolate them and trace their contacts. I get angry and think, ‘Don’t let these bastards get away with anything! Our lives are at stake!’”



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