

California nurses denounce lack of access to PPE

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As the Trump administration and Democratic and Republican governors push to reopen the economy, frontline health care workers continue to struggle to access personal protective equipment, or PPE.

The PPE shortages have led to growing numbers of nurses and health care workers contracting COVID-19. According to an announcement by the International Council of Nurses (ICN) last Wednesday, some 90,000 health care workers around the world have become infected with the virus, while more than 260 nurses have died.

Moreover, many health care workers who are risking their lives to treat COVID-19 patients are poor and lack health insurance.

According to an article published April 28 in the *Annals of Internal Medicine*, 3.7 million health care workers (out of a total of 13.8 million workers with patient contact) are at higher risk for complications from the disease, and 7.5 percent of this group, 275,000 people, lack health insurance. The rate of uninsured among health care workers is particularly stark among nursing home staff (11.5 percent) and home care workers (14.9 percent).

The large number of deaths resulting from COVID-19, the fear and uncertainty arising from a lack of adequate PPE, and self-isolation from family members to reduce the risk of disease transmission are taking a heavy toll on the mental wellbeing of health care workers. This was tragically highlighted last month when Dr. Lorna Breen, a New York City emergency room doctor, took her own life. After recovering from COVID-19 herself, she had returned to the grueling frontlines to continue to treat patients.

A joint project between the *Guardian* newspaper and *Kaiser Health News* has been highlighting the health care workers who have died from COVID-19. On Friday, the publications documented the lives of 45 health care workers who have perished from the disease.

The *World Socialist Web Site* recently spoke with two nurses in Southern California who continue to struggle to access PPE, even as they are forced to work longer hours under unsafe conditions. The nurses asked to remain anonymous out of fear of retaliation.

A nurse who works in the Long Beach area, located in metropolitan Los Angeles, noted the difficulties encountered by nurses in accessing PPE and getting testing for COVID-19.

“I have procured N95s [face masks] for some of my friends at Long Beach Memorial because the hospital is providing them with only surgical masks if they are caring for a COVID patient,” she told the WSWS. “But we know from research that droplets have been found on inanimate objects, fomites, outside of the rooms.”

In order to get tested for COVID-19, the hospital, which has received funding to test employees, is requiring that nurses demonstrate that they contracted the virus at the hospital. “Then they direct them to get tested by the Health Department,” she said.

Despite the emergency pandemic conditions, the hospital has been laying off nurses and forcing those who remain to compete for work hours.

“They displaced the entire staff in one unit in April,” she said, “closed the unit down for ICU (intensive care unit), hired ICU travelers, and told us our options are to fight for shifts in the ‘float’ labor pool or apply for unemployment. Floaters are nurses who float to different areas of the hospital, wherever there’s a need for staff.”

The use of floaters by the hospital poses additional challenges for nurses, while putting patients at increased risk. Floaters may find themselves without work when staffing levels are adequate. When they do have work, they “have to learn each floor’s specialty.” This can place patients at a higher risk “because they aren’t familiar with the conditions of the patients,” the nurse said.

Over the past four months, health care workers in the region have carried out job actions to protest unsafe working conditions. In February, nurses in Culver City refused to work because of lack of PPE and inadequate staffing. In April, Providence St. John’s Health Center in Santa Monica suspended 10 nurses who had demanded N95 protection before working in the COVID-19 unit. Last month, hospital staff at UC Irvine Medical Center carried out a candlelight vigil at their shift change to demand more PPE.

In response, Long Beach Memorial and other hospitals are using temp agencies, which are advertising for “rapid response travel nurse jobs” throughout California. Nurses refer to these workers as “travelers,” or traveling or temp nurses, who may not be trained for highly skilled positions, endangering not only patients, but also themselves.

Offering \$6,000 a week pay, an ad by Westways Staffing Services states: “We’re in need of ICU, ER, and TELE Travel RNs in Southern California—all out-of-state RN licenses accepted. Start date is 4/13 and travelers must be willing to float between facilities... Free housing available if needed. 60 hours a week guaranteed. \$1,200/shift and \$6,000/week.”

On its website, American Mobile offers “crisis pay rates” for specialty nursing positions and provides help in getting nursing licenses for crisis positions. It states that California is allowing out-of-state nurses to work during the crisis. American Mobile will provide health insurance, matching 401K, free housing and continuing education.

The WSWS spoke to a longtime registered nurse at Hollywood Presbyterian Medical Center in Los Angeles.

The nurse noted the complete lack of adequate PPE and unsafe working conditions, even as the hospital moves to open up a new \$300 million-\$400 million wing.

“If you work on a regular non-COVID-19 floor, you are given one surgical mask for the entire week,” she said. “So we end up buying our own protective gear.”

Nurses have been forced to purchase their own N95 facemasks, or the Chinese-made KN95 facemasks. The KN95 masks, although similar to N95s, are more difficult to properly align with the contours of the worker’s face, which is necessary to prevent infection. Last month, the public health authority of Canada stated that the one million KN95 masks

it had purchased from China failed to meet government standards for use by frontline health professionals.

“We have no idea if they are really helping us or not,” the nurse said. “Some people put the KN95 or the N95 on and then put another mask over it. We wear these for 12 hours. They’re supposed to be fitted, with no space to allow for transmission. Many nurses use rubber bands or tape to tighten them to their face. All of us have bruised faces from these things.

“We are breathing in our own CO2 for 12 hours. When I take my break, I close the break room door and take off my mask for 25 minutes. But if another nurse is in the room, I cannot do that. So I go into the bathroom to remove the masks,” she said.

Normally, masks are supposed to be disposable and used one time per patient. “So the question is,” the nurse told the WWS, “if we are coming into contact with COVID-19 patients, which most likely we are, we could be colonizing [bacteria] on our masks, wearing them all over the place and even to rooms with non-COVID-19 patients. I am not sure how safe those other patients are with a nurse who is reusing a surgical mask.”

While the hospital has stopped supplying nurses with minor comforts such as meals, it is offering \$500 bonuses to nurses every two weeks as long as they do not call in sick. “But they’re flexing us,” the nurse said, “giving us only one or two hours’ notice before the shift so that we don’t qualify. It’s such BS. Also, if you don’t have 72 hours, you won’t get it.”

Nurses at the hospital “are highly stressed,” she said. “They work you like a dog, and then pit workers against each other. If you have more seniority, you’re the last to be flexed. And the union is the eyes and ears of management.”

All of this is taking a tremendous toll on the nurses at the hospital. “I have constant headaches,” she said. “All of the nurses do. We’re panting under the masks. I work three days in a row.”

One elderly nurse in her 70s continues to work despite the high risks because she lost so much money from her 401k, first in the 2008 crash and now in the current one. “She told me, ‘Do you know how long it took me to make that, working two jobs? I can’t retire. I don’t have the money. They don’t recommend that people over 65 work near COVID patients, but I have to work.’”

Nurses at Hollywood Presbyterian have had to deal with the recent tragic death of 16-year veteran Filipina nurse, Celia Lardizabal Marcos, 61, who died from COVID-19 on April 17. On April 3, she was one of three nurses who responded after a suspected coronavirus patient went into cardiac arrest. Wearing only a surgical mask, she intubated the patient. Three days later, she felt ill. On April 15, she was admitted to the hospital, and two days later, she went into cardiac arrest and died. A candlelight vigil was held for her on Wednesday, May 6.

John Marcos, Celia’s son, told KTLA 5 that his mother lacked access to N95 masks and wore only a surgical mask.

“It was definitely heartbreaking,” he said. “She passed away alone, without family by her side. The hospital she was admitted in, it was also the hospital she was working in, so at least there were coworkers who knew her.”

The nurse told the WWS, “Her death hit all of us hard. Many nurses cried. She was a great nurse, and everybody knew how hard she worked.”

In response to her death, hospital management called her a “hero.” “Yes, she was a hero,” the nurse said. Until Celia Marcos’ death, which made the news, nurses were given only one mask. “Now the hospital is giving us two masks. All the nurses are furious and disgusted. One of them asked, ‘Why does it take the death of a nurse to make them give us more masks? Where were these masks?’

The nurse shared with the WWS a picture of the note accompanying the N95 masks handed out. It states, “To better ensure your SAFETY, we have provided you with an approved N95 particulate respirator to keep, reprocess and reuse, and this bag to keep it in.”

She said, “There’s no one looking out for us. The union couldn’t give a damn. They just rubberstamp contracts. When you have a grievance meeting, the union rep comes without a pad and pen, no laptop to take notes. How are they going to represent you if they don’t know your situation?”

“We don’t know how many medical workers have died here because of COVID-19 because neither the hospital nor the union tells us.”

The trade unions have played a critical role in isolating and shutting down strikes by health care workers and pushing through concessions contracts that have left workers exposed as they face the onslaught of the pandemic. Last Wednesday, the Service Employees International Union (SEIU) blocked a potential strike by 10,000 nursing home workers in facilities across Illinois.

Similarly, the California Nurses Association (CNA) and the National Union of Healthcare Workers (NUHW) have a long history of isolating struggles by nurses and limiting strikes to one or two days. In March 2018, 18,000 registered nurses at Kaiser Permanente facilities voted overwhelmingly in favor of a strike, but the CNA refused to call the strike, instead ratifying a new five-year contract that included a meager 2-3 percent annual wage increase. Later that year, the NUHW called off a strike by 4,000 mental health care workers at 100 Kaiser Permanente facilities across California without having resolved any of the demands made by workers.

Both nurses interviewed by the WWS criticized the unions for their numerous betrayals of workers’ struggles and their cozy relationship with management. “The CNA is useless!” said the Long Beach nurse.

The Hollywood Presbyterian nurse noted that her SEIU union rep did nothing after management threatened a nurse that she would lose her job if she did not treat a known COVID-19 patient despite lacking the necessary protective gear.

“The unions are no good,” she said. “SEIU at Kaiser West LA has a partnership with management that includes a no-strike clause, and the union rep works per diem for Kaiser. How can you represent me when you’re working for the company? They don’t care about us. They don’t give a damn.”

Health care workers need to break from these bankrupt organizations and form independent rank-and-file safety committees to enforce on-the-job safety and reach out to other sections of the working class—including Amazon workers, autoworkers, teachers and others—both in the US and internationally. This must be linked to a socialist perspective. The fight against the global pandemic is at the same time a fight against the capitalist system, which has no qualms about sacrificing workers’ lives in the pursuit of profit.

“Workers should own the factories, and the hospitals should belong to us,” the nurse from Hollywood Presbyterian said. “We should be able to have a much better life. We should be able to retire at 50, fully covered, with full pay. We have the resources to do that, but it’s just what we’re spending it on.”



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