Over 62,300 US health workers infected and 291 dead from COVID-19

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According to new data from the Centers for Disease Control and Prevention (CDC), 62,334 health care workers in the United States have been infected with COVID-19 and at least 291 have died. Just six weeks ago, on April 17, the CDC said infections among health care workers totaled 9,282, with 27 fatalities.

The CDC admits that these numbers are likely an underestimation because only 21 percent of those who are infected identify their profession. In addition, there are low testing rates among health care providers, with the National Nurses United reporting that only 16 percent of nurses surveyed in a recent nationwide study had been tested.

Amidst climbing infection rates, banners hailing health care "heroes" drape parking garages, lawn signs and water bottles are passed out for "national nurses week," and saccharine messages from hospital CEOs clog work email inboxes.

But the widespread employer and governmental neglect of hospital worker safety cannot be disguised. Respiratory therapists, physicians, residents, medical scribes, nurses, lab technicians, nurse assistants, social workers, physical therapists and occupational therapists are in and out of patients' rooms on an hourly basis. Without the proper protection or protocol, each exam, lab draw, bed linen change, medication pass or nebulizer treatment is a potential moment of exposure putting workers and patients at significant risk.

Health care personnel who work with patients with known COVID-19 infections as well as workers maintaining other medical services throughout the pandemic are facing unsafe conditions. In some areas, these conditions are worsening as states reopen, elective surgeries are restarted and hospital infection control policies and procedures are relaxed amidst the blaring and false proclamation that the pandemic is virtually over.

The National Nurses United study collected data from 23,000 nurses across the country, with results spanning April 15 to May 10 and questions focused on dangerous health care conditions. Eighty-seven percent of nurses report reusing single-use respirators or surgical masks. Before COVID-19, this practice was unheard of. Masks were disposed of after each patient encounter and removed with evidence-based techniques that reduce chances of contamination.

Now, nurses place their surgical masks in their scrub pockets during lunch breaks or reuse an N95 for up to a week, placing it in a brown bag at the end of the shift. Additionally, the fit of N95 masks, which must be sized correctly for each individual—a process called "fit testing" that health care workers go through annually—is compromised after multiple uses and can fail to protect the wearer after multiple days of use.

Twenty-eight percent of respondents reported being forced to reuse "decontaminated" N95 respirators while working with confirmed COVID-19 patients, a process that has not yet been scientifically deemed safe or effective.

It is well known that inadequate PPE puts hospital workers at an increased risk of exposure to COVID-19. After known exposure, there are certain steps that must be taken to mitigate further spread. While policies and procedures vary hospital to hospital, the CDC recommends that any health care worker exposed to a known COVID-19 case without PPE should self-quarantine for 14 days, seeking testing only if symptomatic. If wearing proper PPE, health care workers resume work as normal, seeking testing or self-quarantining only if symptoms arise.

These recommendations are truly just recommendations, with no legal implications for hospitals that do not follow these specific policies. The recommendations are also inadequate and do not account for the well known fact that the virus can be transmitted pre-symptomatically and

asymptomatically.

Workers are often unaware of exposure. Most hospitals do not have a system to retroactively alert workers who had close contact with a patient who tested positive days later on a different unit or once returned home. Hospitals that do have such a system are overloaded with cases and often unable to reach workers by phone for several days to a week, a time during which that worker has interacted with tens or hundreds of patients or coworkers.

Under the pretense that the worst of the pandemic has passed, policies that once benefited a lucky few—providing paid time off or hazard pay for infected or exposed workers—have been withdrawn.

The conditions facing health care workers during the pandemic are the product of a decades-long social counterrevolution in which the health care infrastructure has been pushed to the brink in the interests of enriching a tiny oligarchy. Prior to the COVID-19 outbreak, rural hospitals hemorrhaged funding; nursing shortages and unsafe staffing ratios pushed nurses across the country to protest; and deep cuts to Medicaid created provider shortages and spiraling health care costs.

Since the onset of the pandemic, hospital workers have protested lack of PPE and unsafe conditions. As Latin America becomes the new epicenter of the virus, protests by medical workers have spread across Mexico, Brazil, Peru, Colombia, Ecuador and Honduras in recent weeks, raising the same basic concerns, including the lack of adequate personal protective equipment, medicines, respirators, testing and personnel.

In the US, health care workers across the country have reported being reprimanded or fired for speaking out against conditions in their hospitals that put their lives and their patients' lives at risk. While unions have organized a number of the protests, they have predictably worked to channel anger back behind the Democratic Party, which has long worked with the giant hospital chains, insurance companies and other health care corporations to slash costs, reduce staff and increase the exploitation of health care workers.

Whatever their tactical differences with Trump, the Democrats are equally committed to the reckless reopening of the economy and lifting of social distancing measures, even as a new surge of patients overwhelms intensive care units in Mississippi and other states. The class interests the Democrats serve were on display this week when New York Governor Andrew Cuomo—who recently signed a budget bill that provided legal protections to nursing home operators—rang the opening bell at the New York Stock Exchange.

With the national death toll continuing to rise and the need for health care workers greater than ever, nearly 1.5 million health care workers lost their jobs in March and April. While a majority of those laid off worked at dental practices and smaller outpatient practices, some mass layoffs occurred at hospitals overrun with COVID-19 patients.

At the same time, as part of the bipartisan CARES Act, the Department of Health and Human Services has granted $72 billion (with plans to disperse an additional $100 billion) to hospital groups, largely favoring some of the wealthiest institutions. A Kaiser Family Foundation study recently found that hospitals with a higher share of private insurance revenue received roughly twice as much CARES Act funding as poorer hospitals serving primarily Medicaid patients.

As large sections of the working class, including the health care "heroes," have been forced to put their lives and their families' lives at risk, the political establishment has come together to give a limitless amount of funds to the largest corporations.

In response, health care workers should form rank-and-file safety committees to oversee health and safety conditions in their workplaces and fight to implement those measures necessary to protect health care workers and patients, regardless of the cost to the corporations' bottom line. The fight to defend the day-to-day interests of workers must be fused with the development of a powerful political movement of the working class to fight for socialism, including the replacement of for-profit medicine and with a system of socialized health care.