

Respiratory therapist at New York's Elmhurst Hospital describes horrors during COVID pandemic:

## **“The patients in March didn't have to die like this, if we would have had more staff and better equipment to work with”**

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The WSWs recently spoke with a respiratory therapist at Elmhurst Hospital in Queens, New York City, about her experiences in the coronavirus pandemic. For two months, from March through April, Elmhurst Hospital, which serves a large and predominantly immigrant working class community, was “the epicenter of the epicenter” of the COVID pandemic in the US.

Respiratory therapists are trained to treat patients with severe respiratory diseases and operate ventilators and other respiratory equipment. They are, therefore, indispensable for the treatment of critically ill COVID-19 patients. We changed the first name of the worker to Patricia to protect her identity.

Patricia has worked with intubated patients for 22 years. At several points during the interview, she was overcome with emotion, recalling the deeply traumatic experiences of the past months.

“We started getting patients in late February, but we didn't realize they were COVID positive until March. It came on so fast, we were not prepared at all, we tried, but the amount of patients coming with COVID was more than we anticipated.”

Both the Trump administration and the Democratic Cuomo administration criminally delayed any social distancing measures and mass testing for the virus, even though the first COVID-19 case was registered in the US in January.

New York, the state hardest hit by the pandemic in the spring, only went into lockdown on March 22. Later scientific models found that already in early March about 10,000 people must have been infected with the virus in New York. In fact, March, Patricia told the WSWs, was “the hardest month” at Elmhurst.

“We had practically no staff and we were not able to get to

everybody. We had multiple codes, rapid response teams, and intubations at once. Although there were MDs [doctors] and nurses at these events, we could barely keep up with bringing vents and BiPAPs [Bilevel Positive Airway Pressure machines for non-invasive ventilation] to the floors for intubation. We had to choose who we could help. So many floors were paging us at once. It was so overwhelming physically and emotionally.”

She said that they had to “beg” their administrator for more staff. When she proposed that the hospital hire respiratory therapists from agencies for \$4,500 to \$7,000 a week, he responded, “I'm not paying that.”

In late March, an ER doctor from Elmhurst Hospital, Colleen Smith, published a desperate video plea for help in the *New York Times*, calling conditions at the hospital “apocalyptic.” By then, refrigerated trucks and makeshift morgues were beginning to appear outside major hospitals in New York City.

In early April, workers at Elmhurst were finally told that they would get help. By April 9, Patricia recounted, respiratory therapists from out of state began coming in. The Air Force and Army also sent personnel. In total, around 25 respiratory therapists came, she said. The last of them were set to leave on June 30.

“Prior to getting help, it was pure hell. Ten to 20 patients would die daily. Most of the time you would have two to three floors to yourself and/or multiple ICU units. That's about 20 to 30 vents to yourself, in addition to responding to cardiac arrests, rapid response teams, transporting vent dependent patients to units or procedures, and trying to give meds. And we were trying to help out our colleagues as well.

“Initially, we would have five respiratory therapists for the day shift and four at nights, but this went down as March

went on, due to people getting sick and quitting on us. Two elderly co-workers put in their papers early because they were overwhelmed. Another quit because he got sick and was stressed out. Another coworker got really sick and was intubated. He's not intubated anymore, but it will take a long time for him to recover. He is not the same." She estimated that five or more hospital workers had died from COVID-19 at Elmhurst.

The shortage of personal protective equipment (PPE), above all masks, was particularly acute at her department. While limited PPE was supplied to other departments, her department, Patricia said, did not get any deliveries at all. "It was very degrading to have to beg the nurses in the units and floors for PPE, even though we assist with intubations, extubations, cardiac arrest teams, transports of vented patients, and more. We were literally in the patients' face and mouths. Sending us to the floors without proper PPE and adequate staff is like sending a soldier into war without a helmet, bullet proof vest, and firearm. I felt like we were going to die. We were so exhausted and terrified."

On top of the criminally negligent response of the government to the pandemic, decades of austerity in health care have played a major role in driving up the death toll of the pandemic. As part of the public hospital system Health + Hospitals, and set in one of the poorest neighborhoods in New York City, Elmhurst Hospital has suffered particularly severely from these cuts. In an analysis published on July 1, the *New York Times* found that, due to understaffing and lack of equipment, patients were up to three times more likely to die at poor community hospitals like Elmhurst than they were in facilities in the richest parts of Manhattan.

Even as the pandemic was at its peak, New York state was pushing for \$400 million in Medicaid cuts that will, above all, affect public hospitals like Elmhurst Hospital which treat uninsured patients.

Patricia emphasized that staffing shortages among respiratory therapists had been severe even before the pandemic hit, and that she and her co-workers had warned of it time and again.

"When I began at Elmhurst over 15 years ago, there were 30 to 35 respiratory therapists. Now, we are down to 19. There were no layoffs but every time someone retired, they barely replaced them. It would be better to hire more staff, but apparently it's cheaper just to give out over time here and there. People have come and left because of poor treatment and favoritism. We all love our jobs and try our best, but it's very hard when you don't have enough staff and support from your director and administrator.

"In most of the country, the safety average of respiratory is four to eight ventilator patients in a unit. At Elmhurst for the last 10 years, you could have anywhere from 10 to 20

patients. This is very unsafe; it makes it very hard to provide good respiratory care." *Becker's Hospital Review* noted in late April that New York, New Jersey, and Connecticut, were the three states with the most severe shortages of respiratory therapists in the country. For an adequate response to COVID-19, New York needed an additional 7,400 respiratory therapists, more than twice as much as the 4,490 respiratory therapists that the state was employing at the time.

Patricia stressed that deaths could have been prevented through proper staffing and PPE. "The patients in March didn't have to die like this, if we would have had more staff and better equipment to work with. We also would not have been as stressed out."

Patricia warned that Elmhurst Hospital was in no position to adequately meet a new influx of patients in a second wave. Coronavirus cases have been skyrocketing across the country, rapidly approaching the 3 million mark. While New York is in the advanced stage of reopening, New York City is still recording hundreds of new infections every day. At Elmhurst Hospital, Patricia said, cases are picking up again. "It's very scary because it's not even flu season yet."

Even though the hospital is still treating COVID-19 patients, the already low standards for PPE have been lowered yet again. "Before, we were able to wear protective gear, but now you're not allowed to wear PPE outside the designated COVID units. There are goggles, gloves and scrubs, but it's very hard to get masks." Patients with and without COVID-19 are still mistakenly put together, something that has been occurring throughout the pandemic, further driving up infection.

Patricia stressed the failure of management at her hospital and concluded, "If they don't get more [respiratory] therapists we're going to be ill prepared again if a second wave hits. We really need proper staffing in order to have better safety outcomes."



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