

Immigrant worker with COVID-19 dies after being sent home by Tennessee hospital

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Miguel Ordoñez, a 44-year-old self-employed painter, died on June 18 of complications from COVID-19 after being sent home from Erlanger Medical Center in Chattanooga, Tennessee days earlier with nothing more than a prescription for Tylenol. Ordoñez, who had immigrated to the US from Honduras and only spoke Spanish, had been diagnosed by the hospital with COVID-19 on June 12 but was given no assistance.

“The many unanswered questions—such as why a man displaying some of the worst COVID-19 symptoms was discharged without further evaluation—have left [the family] angry over what they consider a failure by the health care system,” the Chattanooga Times Free Press reported.

“How did they let him go?” Angelique Lopez, who is engaged to be married to Ordoñez’s brother Eduardo, asked the Times Free Press. “To me, he had to stay there at the hospital and be treated.”

As the newspaper noted, Ordoñez did not have health insurance and as an immigrant worker was not eligible for public assistance programs. Like their brothers and sisters on the auto assembly lines and in hospitals and restaurants, immigrant workers are some of the most vulnerable to the virus.

“Hamilton County has the worst disparity in confirmed COVID-19 cases in the state for Hispanic residents, who make up 6% of the county population but around 60% of infections and a third of the deaths,” the Times Free Press reported.

Ordoñez went to Erlanger Medical Center at 11 p.m. on the night of June 12 after his symptoms of constant, uncontrollable coughing and an inability to take a deep breath had begun three days before. The Erlanger Health System operates as a non-profit, publicly licensed and owned health care provider with six hospitals and four health care centers. They are

overseen by the Chattanooga-Hamilton County Hospital Authority.

Erlanger is used as a teaching hospital and is considered part of that group of medical centers traditionally known as “charity hospitals.” The 25 pages of records provided the family and shared with the Chattanooga newspaper revealed that although Ordoñez was diagnosed as a “patient with known COVID-19” there were no tests for secondary infections, chest x-rays or lung scans conducted.

Instead of immediate treatment he was told to take Tylenol at home and seek “medical attention” from his “health care provider” if symptoms worsened. Hospital officials told the media that because Ordoñez was 44 he was considered a good candidate for recovery without hospitalization.

Nearly a week after Ordoñez had been to the Erlanger emergency room, he became even sicker. Without a health care provider to call he reached out that morning to Eunice Mendoza, director of Latino ministries at New City East Lake where Ordoñez was part of the congregation. The church director recalled to the Times Free Press the words he said to her: “He was saying ‘I am dying. I can’t breathe.’”

Ordoñez was taken to Parkridge Medical Center where he received a chest x-ray, was placed on a ventilator, given convalescent plasma and a dose of the expensive new drug Remdesivir. The disease had progressed too far. Nothing could save him. He died that evening at 6:22 p.m.

Accounts from friends, family and acquaintances describe Ordoñez as “a gentle, loving man who was always there to help and who was dedicated to the Lord,” the newspaper reported. Eduardo Ordoñez, Miguel’s brother, must mourn his brother’s death as he himself struggles to recover from COVID-19.

The newspaper did not report if the family will be billed for the use of the new “miracle” drug, well beyond the reach of the poor and working class. Last month, Gilead Sciences, the pharmaceutical corporation which owns the rights to Remdesivir, announced it would charge \$3,120 for a five-day course of its new drug. Reporting last week, the World Socialist Web Site referred to this announcement as “nothing less than the extortion of the American public amid the COVID-19 pandemic.”

As a heavily exploited section of the international working class, migrant workers have been forced back to work in businesses like meat and poultry plants where they are required to work well within the suggested social distancing of six feet and without adequate protection. Many never stopped working throughout the pandemic due to abusive policies which did not allow them to collect benefits, leading to tens of thousands of infections.

Like millions of workers around the world, the health of immigrant workers is being sacrificed for owners and stockholders who see profits as the alpha and omega of all production. The Memphis Commercial Appeal reported that while only 6.6 percent of the city’s residents identify as Hispanics, this section of the population accounts for 28 percent of the cases of COVID-19. In the middle of June, The Tennessean reported more than one-third of Nashville residents and Tennessee residents with COVID-19 were identified as Hispanic.

“Hispanic residents also are overrepresented in essential jobs, or jobs that went on despite the shutdown for nonessential workers. Dozens of cases have been linked to workplaces throughout the county, including at local poultry processing plants,” states the Chattanooga Times Free Press.

In addition to the impact of the virus, immigrant workers and their families have been subjected to abuse and harassment from the highest levels of the state. Raids by Immigration Customs and Enforcement (ICE) patrols are a frequent occurrence.

The New York Times reported on a 2018 raid at a meatpacking plant in Morristown, Tennessee, a town of about 30,000 northeast of Knoxville: “Dozens of panicked workers fled in every direction, some wedging themselves between beef carcasses or crouching under bloody butcher tables. About 100

workers, including at least one American citizen, were rounded up—every Latino employee at the plant, it turned out, save a man who had hidden in a freezer.”

In July 2019, residents of a working class neighborhood in Nashville defended a migrant father and son as ICE agents accosted them in the driveway of their home, forming a human barricade separating the agents from their neighbors. Such acts of solidarity will be repeated as the working class begins to formulate its strategy in opposition to the capitalist class’s homicidal “back to work” campaign being implemented in every state.



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