

“This is going to kill us—not coronavirus, but how broken the health care system is”

An Illinois nurse speaks out against corporate control of health care systems

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Lauren, a nurse from Illinois, spoke to the World Socialist Web Site after being furloughed for speaking out against a hospital’s corporate policies that discriminated against low-income patients during the COVID-19 pandemic. Her name has been changed and former hospital withheld to protect her from further retaliation.

“I worked in a case management position at a hospital in the central Illinois area,” she said. “I’ve worked in health care since I was 17 years old. In college I was working as a certified nursing assistant (CNA) and a waitress. Some days I went without sleep because I had to work non-stop.

“I was furloughed for speaking out about the visitor policy during the COVID-19 pandemic,” she explained. The state of Illinois had put a number of restrictions in place on the number of visitors and circumstances in which patients at hospitals could be allowed visitors. “The economic stress in central Illinois has gotten really bad, and a lot of the lower-income patients who were going through a difficult period in their treatment couldn’t have visitors when they needed them most.

“But if you knew the CEO—who makes a salary of over \$1 million per year—you could have visitors. It’s called a VIP policy, and basically every hospital has one.

“I’m not alone in speaking out. There are nurses being furloughed all across central Illinois and the hospitals are firing the nurses who are speaking up.

“I’ve been writing to congresspeople in the state and speaking to them about it, but it’s not really going anywhere with them. I spoke to [Democratic] Senator Durbin about it, and he just said that he spoke with the CEO of the hospital, and that was all.

“There are some staff in the hospitals who are getting furloughed who make much less money than the nurses, and I feel for them. [Supplemental] unemployment is going to run out in a month, what are they going to do then? I

remember the days living off of food stamps and hustling when I was growing up. It’s like treading water.

“The hospitals are making cuts because they’re not taking in revenue because other procedures have slowed down. At the last hospital I worked, they took away the nurses’ 401k, sick time, and made them take a 30 percent pay cut. How can these hospitals call us ‘heroes’ and then give us no benefits?

“It’s way worse in nursing homes. They are laying off nurses who got sick from COVID-19, and their revenue is down because people are afraid to be admitted to nursing homes because of the high death rate. All nursing homes are owned by big corporations, that is the problem.”

Both Democratic and Republican state officials, who are more concerned with serving the big business interests that they represent rather than the lives of millions of workers, criminally ignored warnings in December and January that the United States needed to prepare the medical system for the spread of the pandemic.

“When COVID-19 first hit the US in western states like Washington and California, the hospitals in Illinois were not ready by the time it took off in March. They knew cases were circulating in the US before, but hospital management did no preparatory work.

“We did get some new personal protective equipment [PPE] and supplies in advance, but not enough. We didn’t have enough N-95 respirators or PAPR [powered air purifying respirator] hoods. Nurses at the hospital where I worked were not fit-tested for N-95 masks, and even doctors were fit-tested too late.

“Floor nurses were told to wear procedural masks and only throw them away when they were visibly soiled, not between rooms, like we’re supposed to do normally. Another problem is that the Centers for Disease Control made a policy on re-using procedure masks without testing

to see how effective those re-used masks were. When we learned that it was transmitted through the eyes as well we got goggles and eye protection that we had to re-use and share.

“Our ICU rooms were still just standard rooms, and not prepared for COVID-19 care. If we requested a test for a patient who we suspected to be sick with COVID-19, the hospital always came up with some reason to tell us ‘no.’ For example, they’d tell us the patient didn’t have enough symptoms, even if it was known that they’d traveled from a state with community spread like Washington.

“In the beginning, in March, no one could get tested. Then they started to test hospital staff. But the problem with testing even now is we don’t know how effective all the tests are because we don’t know at what point viral load is highest. You should get tested more than once because a test which comes back negative may not really be negative after a few days. But when I was working if you got a test and it came back negative, you weren’t tested again and quarantined, you came back to the hospital.

“When I looked at the pictures of hospitals treating COVID-19 in countries like China I could see how differently they were prepared. The staff wore full hazmat suits, and in the US I don’t know of any hospitals that have them.

“Some nurses and doctors in the US are wearing shower curtains, and there are companies I’ve heard of in the US that are making garments from shower curtain material—but there hasn’t been enough testing done to really be sure that the kind of material is actually protective.”

Lauren contracted COVID-19 while working at the hospital, joining over 450,000 health care workers worldwide who have been infected with the disease.

“Over 30 nurses got COVID-19 at the hospital—out of the cases that were recorded. Long term, you’re not seeing the numbers of the support staff who get sick because they don’t usually tally them, but the support staff are just as exposed as we [frontline nurses and doctors]. Some of the staff who have the most exposure are the cleaning staff, they have no protection.

“COVID-19 has long-term effects. I still have trouble breathing when I’m walking upstairs. I have medical bills sitting on top of a bookshelf from when I was sick, that is where we are at as workers. I know where I got sick, at the hospital, but all of us need to know if the hospital is going to pay for these medical bills because it’s their responsibility.”

Lauren spoke out sharply against the astronomical growth of inequality since the pandemic began and the criminality of the corporate-controlled health care system.

“Insurance companies have been getting richer since this started. All the wealth now is filtering to the top, even in

health care, and the differences are between who has money and who doesn’t. It’s for the dollar, not for patients. It’s not that so much money is spent on health care, it that it’s spent so inappropriately.

“The hospital management has always looked at cutting costs, and where they look to cut is patient care. We had never been fully staffed. At one hospital where I worked in cardiology I had 16 patients with one Licensed Practical Nurse. I was told not to fill out any reports to save time.”

Lauren described the physical and mental toll that corporate cost-cutting takes on health care workers. “Mentally you can feel like you’re failing every day. Some nurses cry every day—I don’t know one co-worker who wasn’t taking anti-depressant medications. There is a lot of staff turnover because the people who really care will burn out. I feel like going through COVID-19 we’re going to have PTSD.”

Similar to corporate policies in the auto industry and others, giant health care corporations have begun hiring temporary labor to replace full-time nurses for lower costs. “Newer people are coming in at the bottom, like traveling nurses, who come from temporary agencies. They pay a high hourly rate but they have no benefits. Because they are new at every hospital job, they might be good nurses but they’re not as well-trained in other aspects of the hospital they’re working at.”

She spoke in support of the strikes taking place around the world by health care workers demanding decent pay, benefits and an end to unsafe working conditions. “I think the strikes are great. I don’t know one nurse who doesn’t care about their patients. We want a safe number of patients and to make sure everyone has a mask who needs one. We just want to be treated like humans.”

Lauren pointed to the need for fundamental change in the way that health care is produced and distributed worldwide. “If we had socialized medicine this would not be happening. Somebody has to do something. This is going to kill us—not coronavirus, but how broken the health care system is. All of us need to get on the same page on how we handle health care and relationships around the world.”



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