US health care workers infected with COVID-19 pressured to return to work

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Nurses, doctors and other medical workers in the US who have contracted COVID-19 are increasingly being pressured to return to their hospitals prematurely in violation of public health standards. The failure of health care facilities and employers to provide adequate paid leave—or, in many cases, any paid leave at all—has left health care staff with the cruel "choice" of risking hunger and homelessness for themselves and their families by forfeiting their paychecks or becoming transmitters of the coronavirus in their workplaces.

This homicidal policy is being pursued despite the already existing widespread loss of life and disastrously high infection rates for hospital staff. Health care personnel in many states now account for as many as 20 percent of known coronavirus cases. A joint research project of *Kaiser Health News* and the *Guardian* discovered that 167 health care employees have died of COVID-19 while treating infected patients.

Kaiser Health News and *Guardian* researchers have admitted that the actual number of health care worker deaths due to COVID-19 is likely far higher than 167. A total of 922 health care worker deaths in the course of the pandemic are now being investigated, having been identified as the likely result of coronavirus infection. Internationally, more than 2,000 health care workers across 74 countries have died from the virus, according to a recent "In Memoriam" list released by *Medscape*.

For the most part, the grievances of health care staff over unsafe conditions have either been ignored or dismissed outright by hospital executives more concerned with cutting costs and increasing profits than protecting the lives of staff members. Dozens of complaints from hospital workers were submitted to the Occupational Safety and Health Administration (OSHA) this past spring, many of them reporting infected employees being ordered to return to work.

Included is a respiratory clinic in North Carolina where COVID-positive employees were told they would be fired if they stayed home, and a veterans hospital in Massachusetts where ill employees were returning to work because they were not receiving compensation.

Although the bipartisan CARES Act bailout of Wall Street enacted in March included minimal paid time off for workers affected by the pandemic, health care workers have been given virtually no legal protection against unsafe conditions in their workplaces. Emergency responders and health care providers are exempted from the provisions of the Families First Coronavirus Response Act. Anyone who works in a medical facility, from a doctor's office or nursing home to a pharmacy or medical school, may be excluded by employers from receiving paid sick leave and/or expanded family and medical leave.

Department of Labor officials and other policy makers claim the exemption is necessary to avoid depleting the work force on the frontlines of the pandemic under conditions where large numbers of staff working in overcrowded hospitals have been exposed to COVID-19 patients. This has provoked outrage among health care workers, who point out that on top of being given inadequate personal protective equipment, being forced to work while sick places them and their patients at even higher risk of contracting the virus.

A Kaiser Family Foundation study in early June concluded that approximately 69.4 million workers, four in 10 of the working population, are potentially ineligible for emergency paid sick leave benefits. An estimated one in four of those workers is in the health

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care industry.

The law also automatically excludes 9.5 million health care workers employed by a private employer with 500 or more employees, while an additional 8.1 million health care workers are subject to the exemption at the whim of their employer. This amounts to about 17.7 million health care workers who are not guaranteed access to federal emergency paid sick leave benefits, even if forced to quarantine because of testing positive for COVID-19.

Moreover, some 15 percent of workers at health care and other social assistance firms are denied any paid sick leave by their employers. Lack of available paid leave has been the main factor discouraging workers with symptoms of COVID-19 from staying home and preventing mass exposure among colleagues and patients.

This exemption has been felt the most among the lowest paid and most exploited sections of the health care work force. About a quarter (24 percent) of the health care workforce who are excluded or subject to exemption are part-time workers. Many of them are highly unlikely to receive any paid leave benefits from their employer beyond sick leave. Additionally, 18 percent of them are low-wage, and therefore have very little saved for emergencies, making it nearly impossible to claw out of a financial hole caused by being deprived of work.

There are pervasive staff shortages at health care facilities. In nursing homes, which remain key hotspots for the spread of COVID-19, low staffing is cited as a culprit in the prevalence of COVID-19 outbreaks. A study released by two University of Chicago researchers who examined various characteristics of facilities with confirmed COVID-19 cases showed that staffing shortages were increasingly linked to nursing home outbreaks.

Another research study published by the JAMA (*Journal of the American Medical Association*) Network found that of three primary issues factored into a facility's five-star CMS (Centers for Medicare & Medicaid Services) rating—including health inspection, quality measures and staffing—only staffing coverage served as a reliable predictor of the scale of COVID-19 outbreaks.

In eight states, nursing homes with high ratings for nurse staffing had fewer COVID-19 cases than nursing homes with low ratings for staffing. The eight states that were investigated—California, Connecticut, Florida, Illinois, Maryland, Massachusetts, New Jersey and Pennsylvania—have all been devastated by the pandemic.

Staffing cuts at major hospital chains have produced significant eruptions of working class resistance and militancy. At California's HCA Healthcare conglomerate, nearly 1,000 nurses and support staff struck in late June to protest years of cuts and concessions imposed by management and the Service Employees International Union (SEIU). Similar struggles have taken place in other states against billion-dollar hospital chains, including 720 registered nurses in Illinois who went on strike in early July to oppose AMITA Health's abysmal staffing levels.

All of these struggles have been sold out by the unions, which have done everything in their power to isolate strikes and protests where they could not prevent them from taking place. They have stood by and allowed the health care corporations to pay strikebreakers. At the same time, they have limited strikes to pre-determined lengths so as to let health care staff blow off steam while they worked out concessionary contracts with management behind the backs of the workers.

Health care workers can secure adequate staffing and paid leave only through the formation of rank-and-file safety committees independent of the corrupt trade unions. Staff at clinics, hospitals and other medical facilities must unite their struggles in preparation for a nationwide general strike to fight for the containment and eradication of the pandemic and ensure that the economic needs of workers are met.

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