

# Mass opposition among healthcare workers as estimated deaths exceed 20,000

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The International Council of Nurses (ICN), a federation of 130 national nurse associations across the globe, has confirmed the deaths of 1,500 nurses across 44 countries, equal to the number of nurse deaths in World War I. The council also estimates that up to 20,000 health care workers may have died from the virus.

The ICN arrives at this figure by estimating that health care workers make up approximately 10 percent of the global COVID-19 cases. While case fatality is roughly 2.6 percent internationally, the ICN has cautiously used a low estimate of 0.5 percent case fatality among health care workers to arrive at more than 20,000 health care worker deaths internationally.

In comparison, the Centers for Disease Control and Prevention (CDC) estimate of US health care worker infections and deaths seems shockingly low, at 228,553 infections and 822 deaths. The US government has no comprehensive record of the frontline health care workers who have died of COVID-19 and the CDC itself has acknowledged that its counts are a vast underestimate. In their examination, health care worker status was only confirmed for 21 percent of the more than 8 million surveyed, and death status was only available for 73 percent of those surveyed.

Journalists at the *Guardian*, in conjunction with Kaiser Health News, are searching through obituary websites, nurse union websites, and sites like GoFundMe.com in order to calculate a more accurate US death count and to tell the stories of the deceased workers. Their ever-growing list of health care worker deaths has reached 1,396.

Messages blare across the mainstream media that individuals who refuse to wear masks or quarantine appropriately are to blame for these deaths. Across social media, nurses and other health care workers write statements or make videos pleading with individuals to forgo holiday gatherings and to take the virus seriously. One cartoon depicts health care workers performing CPR on a COVID-19 patient while the other side of the frame shows people laughing and drinking at a bar without masks.

The real responsibility, however, for the explosion of cases is the world's ruling class and its apologists who base all social and economic decisions on the needs and interests of the capitalist profit system. Schools, workplaces, bars and restaurants are opened against expert scientific advice as students and workers fall ill, die or suffer long term health issues after their initial infection.

These illnesses and deaths exacerbate the dangerous conditions in the hospitals as staffing is stretched increasingly thin and health care workers' physical and mental endurance wanes in the tenth

month of the battle against the coronavirus. Cases and hospitalizations are reaching record highs as hospital staffing is set to reach record lows.

The Cleveland Clinic, a renowned medical center with affiliate hospitals across Ohio, confirmed last week that nearly 1,000 caregivers are currently off work with COVID-19 infections, triple the number out sick two weeks ago. "Caregiver" is a term the hospital system uses for all employees from nurses to janitorial staff to HR workers, but the infection rates are likely much higher among employees on the front lines. A letter sent out to employees from CEO Tom Mihaljevic cynically stated that these infections are a result of community spread and are not contracted at the workplace.

A Cleveland Clinic nurse recently spoke with the *World Socialist Web Site* about conditions in the hospital: "I don't work on a COVID-19 unit, but I have heard that they are filling up. Surgeons who work on my unit have been told to cancel all surgeries that require recovery in the [intensive care unit]. While staffing seems to be acceptable right now, I know that won't last.

"I'm extremely concerned that the hospital could end up in a situation where it requires hiring a pool of travel nurses. The issue is every hospital is going to be drawing from that same pool. In April we had hotspots in major cities and travel nurses could be deployed to New York City or Los Angeles. Cleveland Clinic even sent a group of nurses to NYC. But now it's Bismarck, Pittsburgh, El Paso, Southern Ohio; it's everywhere."

When asked about the recent announcement from the state health officer in North Dakota that asymptomatic health care workers infected with COVID-19 will continue to work in the COVID-19 units of their hospitals, the Cleveland Clinic nurse added, "It is a horrendous policy. However, in my opinion, this is likely happening in a more subtle way at hospitals across the country."

She continued, "At Cleveland Clinic, which often sets a national example for other hospital systems, it is difficult to get a COVID-19 test even if you have symptoms. You have to have the correct set of symptoms. My coworkers and I have had experiences of being exposed to the virus, developing symptoms, but not being able to get a test. In a sense, this is asking us to work with coronavirus."

Mass opposition is growing among health care workers against the criminal policies of governments and hospital systems that have continued to put their lives at risk. Just in the past month, hospital laundry workers in Manhattan and nurses in Flint,

Michigan, East Liverpool, Ohio, and Langhorne, Pennsylvania, have gone on strike or threatened to strike against unsafe working conditions.

Additionally, hundreds of workers at 11 Illinois locations of Infinity Health Care Management nursing homes will begin a strike today against low staffing levels, poor pay and the lack of proper personal protective equipment. These workers are members of the Service Employees International Union (SEIU).

Over 800 nurses at St. Mary Medical Center in Langhorne, Pennsylvania, 30 miles northeast of Philadelphia in Bucks County, went on strike November 17 after management refused their demands to improve dangerously low staffing levels.

St. Mary's nurses voted to join the Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP) last year. The union, however, has not yet been able to negotiate the first contract, pushing 85 percent of the nurses to authorize the strike.

St. Mary's is owned by Michigan-based Trinity Health, a massive "non-profit" Catholic health system, which operates 93 hospitals and 120 continuing care locations in 22 states. Trinity received \$600 million in federal grants in April and May as part of the \$175 billion CARES Act bailout of health care providers by the US Congress and another \$1.6 billion of Medicare advance payments.

Hospital management has worked to suffocate the strike, replacing workers with non-union staff and travel nurses. While the union only authorized a two-day strike, striking nurses were not allowed to return to work until Sunday in order to allow the temporary nurses to finish out their five-day contract.

St. Mary's nurses returned to work Sunday with no contract. Even if a contract deal is reached in the coming days, nurses should hold no illusions in PASNAP. In early November, PASNAP reached a deal with Trinity Health System at Mercy Fitzgerald Hospital averting a planned walkout by 260 nurses. The new contract was vague and does little to ensure safer working conditions. The three percent wage increase for three years will barely keep pace with inflation, and the precise number of offered additional staff is unclear.

A rally held during the first day of the strike gave St. Mary's nurses a chance to express their anger and frustration over their working conditions. Nurses spoke in front of a banner that read "243," the number of nurses who have left the hospital in the last two years. Many nurses expressed anger that hourly pay at St. Mary's is several dollars less than nearby hospitals, leading many nurses to seek employment elsewhere, further worsening staffing ratios and patient safety.

Coy Clark, an ICU nurse, who is also a COVID-19 survivor, said, "Trinity Health is telling patients that everything is separated. There are different elevators for COVID and non-COVID patients, there are different entrances, the entire lobby is even separated. What Trinity doesn't tell you is that this separation stops when you get to the unit. Then your nurse has multiple COVID patients and you."

Clark contracted COVID-19 from work and was out sick for three weeks. "When I came back in April, life was a living hell. We had to wear the same mask for 15 days. We had to wipe down our blue gowns and reuse them. Then we got new gowns... where

the label said, 'not for medical use.' All the while, the administration is as snug as a bug in their offices. They aren't short staffed. They haven't gotten rid of their secretaries, they don't care about us."

A medical-surgical nurse, Kathy, said, "Hospitals need to be brought back to health care instead of turning into corporate entities where watching the stock market is more important than the health of our community."

While recent health care strikes have broken out in response to expired contracts, the concerns of nurses are tied to the broader crisis of health care in the United States, a 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.

The degradation of the health care system has been abetted by the various health care-related unions in conjunction with the political establishment. Unions have repeatedly accepted sellout contracts and endorsed Democratic Party candidates who push through policies that worsen the conditions of nurses, including recent school and business reopenings that have undoubtedly contributed to the recent surge of the pandemic.

As the pandemic rages out of control, the WSWS urges health care workers to contact the WSWS *Health Care Workers Newsletter* today to tell their stories and discuss building rank-and-file committees to take their fight forward in opposition to the corrupt union bureaucracy and political establishment.

Instead of massive bailouts for the hospital chains and Wall Street investors, vast resources should be reallocated to provide protective gear, adequate staffing and life-saving equipment to health care workers. The only rational way to organize the health care system is to take profit out of medicine and transform the giant hospital, medical equipment and pharmaceutical companies into public utilities as part of a socialist medicine that will guarantee free, high-quality care to patients and good living standards and working conditions for health care workers.



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