

Health care workers in the US speak out: “We have PTSD”

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By early Wednesday, the number of men, women and children currently hospitalized from COVID-19 will surpass 100,000. Even during the dip in reporting caused by the Thanksgiving holiday, the number of daily coronavirus cases never fell below 160,000. The cumulative total since the beginning of the pandemic now exceeds 14.1 million cases in the US alone. Similarly, for deaths caused by COVID-19, at least 1,500 lives are lost each day, with a cumulative death toll of more than 276,000.

Such mass death is reflected internationally. An average of more than 570,000 cases are reported each day with more than 10,000 deaths. The overall total now stands at 64.1 million cases and 1.48 million deaths worldwide. Projections currently estimate another 400,000 deaths by the end of December and a near doubling of coronavirus deaths to 2.75 million by March.

Such numbers, however, do not always paint the most complete portrait of the human toll of the pandemic. Hospital workers in particular fear an oncoming “tidal wave” of new cases in the wake of the immense amount of travel surrounding the Thanksgiving holiday. Hospital workers in New York City, where Mayor Bill de Blasio has announced plans to reopen schools with no medical justification, and New Jersey recently spoke to the WSWs and described the steadily worsening pandemic on the front lines. Their names have been changed to protect their anonymity.

Sam works at a medium-sized regional hospital in New Jersey, less than an hour’s drive from New York City. “Basically, we have seen a dramatic rise in coronavirus patients in the last couple of weeks,” he said. “Before, we were down to single digits. In a matter of two to three weeks, we got back up to 80 or so patients. They just brought in two freezer trucks

because the morgue can’t keep up. They’re inundated like back in the spring. Basically, the hospital is trying to figure out where to park the trucks so they’re not so visible to the community.

“On the units, we are making preparations because things are back to where they were in the spring,” Sam said. “Back in the spring, 17 out of the 20 units were all for COVID-19. At the other hospital where I pick up shifts there were only two ‘clean’ units during the worst of it. Right now, the intensive care units are filling up fast and they are starting to designate other units for COVID-19 patients. So, what we have to do now is convert the [post anesthesia care units] into ‘clean’ units to compensate for all of the other units being designated for the coronavirus.”

Sam continued, explaining, “Just like in the spring, we are anticipating an end to all elective surgeries. So, what we’re going to have to do is use those units for non-COVID patients.

“They’re also reorganizing nursing staff to prioritize,” he said. “Last week they activated the proning and positioning teams again as well. These are the teams that lay patients on their stomach, which we learned in the spring helps them breath better when they are on ventilators. Basically, about 4 or 5 people come in to turn the patient onto their stomach because they are sedated. If the patient is not sedated, the positioning team comes in and helps the patient move into positions that help with breathing. This is a big help and really important for coronavirus patients, but it takes a lot of staff.”

Alex works at a hospital in New York City, where new cases and hospitalizations have doubled over the past month. “We have been preparing and definitely what you are hearing on the news is not the half of it. It’s a lot worse than what they are saying in city

hospitals,” Alex said. “You know from the calls that go out all day. They’re more frequent. And there is the same kind of reorganization going on with the units and we are seeing them fill up again too. At my hospital, we can’t even eat lunch in the cafeteria anymore. They set up a tent outside of emergency, so we eat outside.”

Asked whether the hospitals had enough personal protective equipment for the ongoing and oncoming surge, Alex responded, “We already have to ration. In the spring, it was the wild west because whenever there is a shortage people are going to be scared and think about themselves, protecting themselves and their families.”

This book compiles the most critical programmatic statements, polemics, scientific analyses, interviews, and news articles published by the World Socialist Web Site on the COVID-19 pandemic. It is a social and political chronology of this world historic event based on a Marxist and Trotskyist perspective.

Sam then noted, “I work at two hospitals, so it’s uneven. At one hospital, we have to reuse N95s three days and they sanitize them. We are already seeing shortages and the last time they got those duck bill ones to replace the N95s but those don’t always fit properly.”

Both workers also spoke on the harsh toll the resurgence of the pandemic in their areas has had on the morale of health care workers, after months of it being relatively suppressed. “Look, basically nurses have been calling out sick a lot more,” Sam said. “We can’t take it. It’s like you know what is coming and you don’t know what else to do. We have PTSD. A lot of staff are being called in for double shifts again so that just adds to the stress and then you have your family to think about too.”

Alex had similar experiences: “At my hospital they put together this team to talk to us because of the stress and the mental health issues with nurses and all the staff. People are like, ‘this is happening again,’ and it is scary. My friend was crying the other day because she had three people die during one shift.”

Such conditions are emerging across the country. Alabama, for example, reported 1,785 COVID-19 hospitalizations on Tuesday, up from 1,422 the week before. Commenting on the sharp spike in hospitalizations to the *Montgomery Advertiser*, Dr. Jeanne Marrazzo from the University of Alabama at

Birmingham said, “This is a really, really scary inflection point. ... Our health care workforce is continuing to work valiantly and struggling very hard. One of the things that keeps me up at night, among many, is if we’re going to have enough people to actually take care of what I think might be a tidal wave of patients in the next month. We haven’t seen the effect of Thanksgiving travel and socialization.

“We start to see cases, we start to see hospitalizations rise, and then we start to see deaths about three weeks later,” she said. “The fear is we have this constant level of surge, we see this spike right now, and now we’re going into the holiday season. We could really be in a situation in two to three weeks that compromises our ability to provide health care. I don’t want to undersell that, to underemphasize that. We’ve been cautious not to use alarmist terminology, to be scientifically accurate in our communications. But I think this is a time where we need to start thinking about tidal wave imagery, tsunami imagery.”



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